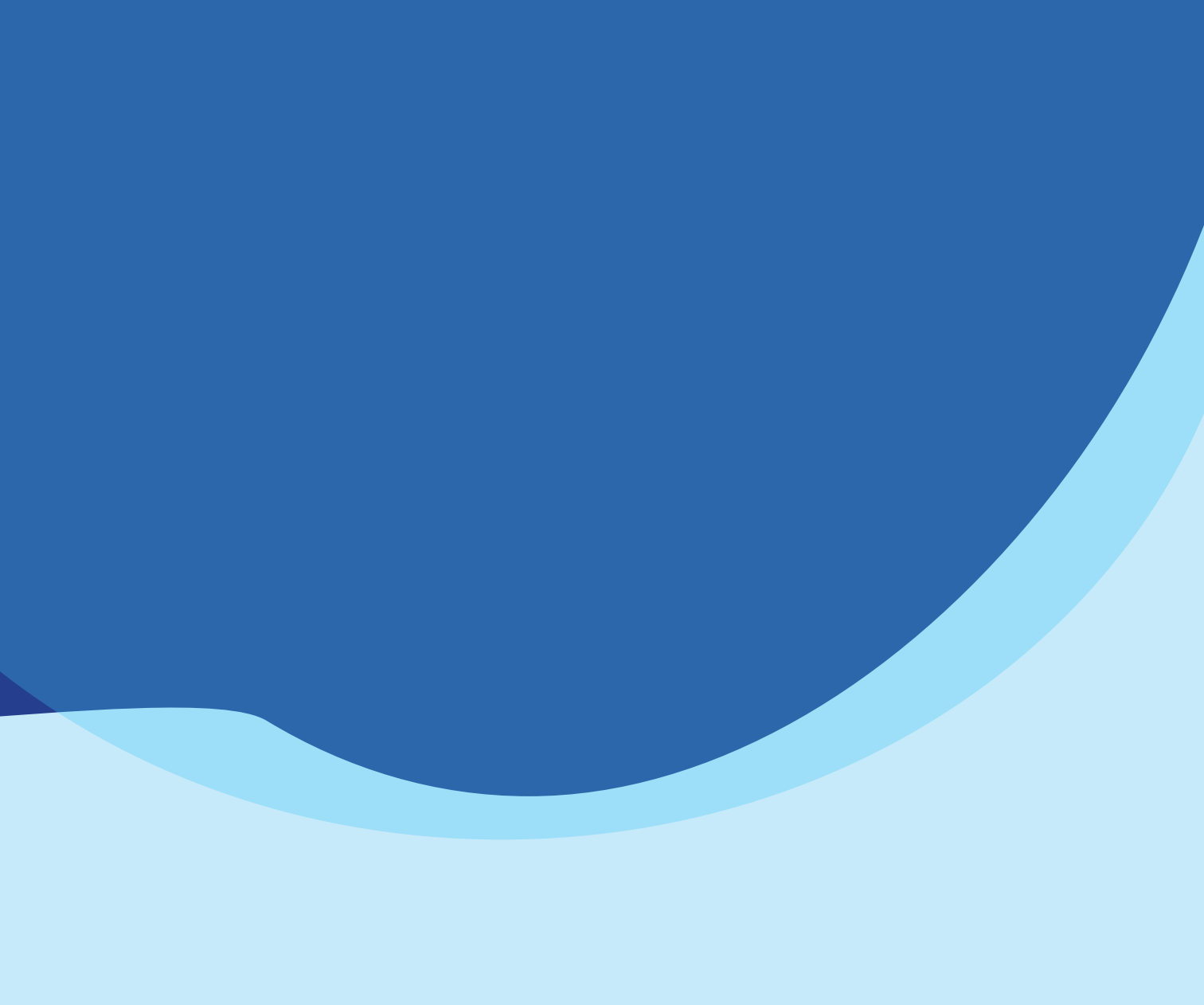




THE IMPACT OF THE CREATION OF NEW ADMINISTRATIVE UNITS ON SERVICE DELIVERY IN RWENZORI REGION

November, 2018



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It is KRC’s hope that this report will be used as a guiding tool in improving service delivery for the current and future generations. KRC looks forward to fruitful implementation of strategies and policy actions presented in the report and welcome your feedback for future improvements in its reporting.

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ACRONYMS

CAO:	Chief Administrative Officer
CG:	Central Government
DEO:	District Education Officer
DGF:	Democratic Governance Facility
DHO:	District Health Officer
FGD:	Focus Group Discussion
KI:	Key Informant
KRC:	Kabarole Research Center
LAL:	Local Authority
LG:	Local Government
LLG:	Lower Local Government
LLG:	Lower Local Governments
MoLG:	Ministry of Local Government
OWC:	Operation Wealth Creation
RDC:	Resident District Commissioner
SFG:	School Facilities Grant
TC:	Town Council
UG:	Uganda Government

EXECUTIVE SUMMARY

Kabarole Research Center (KRC), with funding from Democratic Governance Facility (DGF), is implementing a three year Civic Education Project in the Rwenzori region under the title ***“Enhancing People Power for Transformative Leadership in the 8 Districts of the Rwenzori region”***. The project aims at achieving a civically competent citizenry with ability to demand for a more responsive and accountable state; to increase citizens’ knowledge on civil and political rights and to increase government capacity to respond to citizens demands. To achieve these aims, KRC conducted researches on pressing governance issues in order to generate evidence that can be used by citizens and leaders to make appropriate choices and decisions in planning, policy formulation and effective implementation of development programs for effective service delivery at community levels. In this context, this research sought to interrogate the claim that decentralization and the creation of new administrative units have brought services closer to the people and empowered them through participation on the governance landscape. This is against the backdrop of the immense criticism leveled against the creation of new administrative units which pundits argue has laid a heavier burden onto the tax payer.

This research was conducted in four out of the eight Districts in the Rwenzori region. These were Kabarole, Kamwenge, Kyegegwa and Bunyangabo Districts. This report presents findings on the state of service delivery, particularly in the major sectors of health, education, roads, agriculture and governance after the creation of New Administrative Units (NAUs) in the Rwenzori region under decentralization. Information and data were obtained from documents, Key Informant (KI) Interviews at National and Local Government Levels; Focus Group Discussions (FGDs) and Household (HH) surveys of service end-users. The general findings indicated that the creation of NAU led to increase of services in the major sectors as NAUs received shares of their entitlements like Health Centers, Schools, Road Units, Staff and funding. NAUs also significantly led to job opportunities for local populations and accessibility to duty-bearers. The increase services and their access; employment opportunities associated with the creation of NAUs had a positive impact hence were in sync with people’s aspirations on access to services, job creation and development. Furthermore, the creation of NAUs stimulated dynamics of entrepreneurship and accelerated growth. In this context, private players bolstered service provision notably in Health and Education, however, some of the market driven services were costly. Additionally, Implementing Partners (IPs) often moved into NAUs, especially to address challenges, and were particularly instrumental in enhancing service provision in all sectors. Likewise, non-profit actors like faith-based and NGOs were active in the new units and augmented services, which were often commended for better quality. Accordingly, the creation of NAUs to a great extent addressed people’s

aspirations as government services were supplemented by the IPs and third sector for the benefit of the citizenry.

Despite growth in government services, there were systemic gaps and challenges, largely associated with implementation of the decentralization policy. These included lack of operational and financial autonomy for Local Governments (LGs); inadequate funds from the Center; controls and rigid operational frameworks; low capacity in some critical staffing, poor facilitation and motivation, increasing population vis à vis services. These constrained LGs to optimally execute their mandate as stipulated under decentralization. Accordingly, LGs needed empowerment in order to execute their mandates. Major anxieties on creation of NAUs pointed to fragmentation, viability standards, top-heavy administrative costs and new demands, for instance, taxation and property regulations. The major recommendation was to consolidate capacity of existing administrative units before creation of NAUs.

CHAPTER

1

CHAPTER ONE:

INTRODUCTION TO THE PROJECT AND STUDY

1.1: Introduction

The government of Uganda, within the decentralisation policy reforms framework, has been creating New Administrative Units (NAUs) like Districts, Sub-counties (S/Cs), Town Councils (T/Cs) and Constituencies with the justification of extending service delivery nearer to the citizens. Decentralization of social services, that include, inter alia, education, health, agricultural advisory services and rural infrastructure (rural roads, water, electricity) is embedded in the larger decentralization processes occurring in Sub-Saharan Africa (SSA). In the Rwenzori region, the decentralization policy came with the proliferation of NAUs. In 1974 before decentralization, Kabarole was split into three Districts of Kabarole, Kasese and Bundibugyo. These were followed by the creation of Kamwenge and Kyenjojo Districts in 2001 after decentralization, followed by Kyegegwa and Ntoroko and recently by Bunyangabu District. Within the new Districts, more T/Cs and Sub-Counties were created. However, there have been a lot of criticisms that the creation of new structures increased administrative costs, hence, a burden to the tax payers. Conversely, proponents of the creation of NAUs maintain that the new structures stimulate development and improvement of service delivery to the people. Accordingly, Kabarole Research and Resource Centre (KRC) undertook this study to interrogate the impact of the creation of new administrative units on service delivery in the Rwenzori Region.

1.2: Problem statement, justification and objectives

In Uganda, and the Rwenzori region in particular, many new Districts, Urban/Town Councils and Sub-counties have been created within the framework of decentralisation. However, it is not clear how the creation of the numerous administrative units has impacted on service delivery as envisaged by the decentralization policy. There are competing arguments on whether the creation of new administrative units has improved delivery in front-line services of health and education; and crucial sectors like works (roads), agricultural extension and administration. Understanding the linkage and relationship between the new structures and service delivery would enlighten on the major objective of the policy of decentralization and help the citizens, duty bearers and leaders in making rightful decisions for enhancement of better service delivery to the citizenry. Accordingly, this study aims at establishing the extent

to which the creation of new administrative units within the framework of decentralization improved access and quality of service delivery to the citizens in the Rwenzori region.

1.3: Specific objectives of the Study

1. To establish whether the new administrative units contributed to effective and efficient service delivery to the citizens.
2. To understand the levels of satisfaction of citizen's in terms of service access in the new administrative units.
3. To find out the nature of services that have been positively or negatively affected by the creation of new administrative Units.
4. To examine and analyze the anticipated period/time for the new created structures to deliver better services.
5. To analyse the decentralization policy and propose options for enhancing quality service delivery to the citizens.

1.4: Scope of the Study

- a. **Geographical and Unit Scope:** The study was delimited to the Rwenzori region administrative units, namely, Districts, Sub-counties & Municipalities/Town Councils, Parishes, which are the budget and responsibility holders under decentralisation. There are presently eight (8) Districts in the Rwenzori Region, namely, Kabarole, Kasese, Bundibugyo, Bunyangabu, Ntoroko, Kamwenge, Kyenjojo and Kyegegwa. Tooro was the original District, and from 1974, it was sub-divided and the new Districts of Kasese and Bundibugyo. Tooro was renamed Kabarole District, from which Kamwenge and Kyenjojo Districts were carved out in 2001. These were followed by Kyegegwa and Ntoroko Districts and most recently, Bunyangabu District.
- b. **Services:** The Study focused on Education, Health, Agriculture, Roads and Administration services.

1.5: Methodology and Tools

A. SAMPLED ADMINISTRATIVE UNITS

For deeper understanding of the impact of the formation of new administrative units on service delivery in the Rwenzori Region, four (4) Districts were selected through cluster and purposive sampling. The year 2001 was chosen as the base-year for the creation of new administrative units in the Rwenzori region, as it was the year when Kabarole was sub-divided to create Kyenjojo and Kamwenge Districts following the adoption of the Decentralization policy in 1997.

The Districts were put into four clusters as follows;

Cluster 1: Districts before the adoption of the Decentralisation policy (older than 30 years): Kabarole, Kasese and Bundibugyo

Cluster 2: Intermediate Districts after the adoption of the Decentralisation policy (15 years old): Kamwenge, Kyenjojo

Cluster 3: The new Districts (Older than 5 years): Kyegegwa, Ntoroko

Cluster 4: The Recent Districts (Less than 5 years): Bunyangabu

Through cluster, purposive and simple random sampling, four (4) Districts, namely, Kabarole, (Cluster 1), Kamwenge (Cluster 2), Kyegegwa (cluster 3) and Bunyangabu (Cluster 4) were sampled for field study. Kabarole was purposively sampled in the first cluster as it is the mother District, thus holding documentation which is vital for baseline information on the state of service delivery prior to the creation of the new districts in the Rwenzori region.

Two (2) Sub-counties were purposively selected from each of the four (4) sampled Districts, one being urban (Town Council/Municipality) and the second category being rural (hard-to-reach) Sub-counties. This yielded a total of eight (8) Sub-counties for the Study. The following section presents the sampled administrative units:

Kabarole District:

Kabarole is the mother District in the Rwenzori region, hence purposively sampled. Kabarole was Sub-divided in 1974 to create Kasese and Bundibugyo Districts. Kabarole was further Sub-divided and presently, it comprises Fort Portal Municipality and Buryahya County. Presently, Kabarole District has 14 Sub-counties, 61 Parishes and 517 village. According to the 2014 Population and Housing Census the population of Kabarole District was about 415,600 people. In Kabarole, the Kiko Town Council was sampled, together with Kicwamba Sub-County as the hard to reach administrative unit.

Kamwenge District:

Kamwenge District was created on 28th November 2000 by Act of Parliament. It comprises former two counties of Kibale and Kitagwenda. It presently it has 14 Sub-counties, 6 Town Councils and three constituencies of Kitagwenda, Kibale West and Kibale East. According to the 2014 census, the population of Kamwenge was approximately 421,470 people. Mahyoro Sub-County in Kitagwenda County and Kamwenge Town Council in Kibale County were sampled for this study.

Kyegegwa District:

Kyegegwa was carved from Kyenjojo District on July 1st. 2009 by an Act of Parliament and became operational in March 2010. Presently, Kyegegwa has 5 Sub-counties, 19 Parishes and 228 villages. According to the 2014 population census, Kyegegwa's population was estimated at 277,379 people which is now estimated at 420,000 Kyegegwa T/C and Hapuyo Sub-County were sampled for this study.

Bunyangabu District:

Bunyangabu which was a county under Kabarole District was elevated to District status on July 1st.. 2017. Bunyangabu was one year old at the time of this study, hence the newest District in the region . According to the 2014 population estimates, Bunyangabu District has 171,292 people. Bunyangabu comprised 7 Sub-Sub-counties and 3 Town Councils. Of these, Rwimi (T/C) and Kisomoro were sampled for the study.

From each of the sampled Sub/County/ Town Council/Municipality, two (2) Parishes were randomly sampled for Key Informant interviews and FGDs and Household Interviews. This yielded a total of 16 Parishes, hence 16 FGDs and 635 Households.

B. STUDY POPULATION

1) Principal respondents. These were multi-stratified and purposively selected.

a) National Level

Key respondents were purposively sampled from the Ministry of Finance, Planning and Economic Development, the Local Government Finance Commission (MFPED), Uganda Local Governments Association (ULGA), and ActionAid International and were interviewed for validation and clarification of the information that was obtained from the four Districts of the study.

b) District Level (10 Respondents per District, hence 40 respondents)

- i. Targeted Officials from the District Local Government included: the Resident District Commissioner (RDC); LC 5 Chairman, Chief Administrative Officer (CAO); District Engineer, District Education Officer (DEO); District Agricultural Officer/Production Co-ordinator; District Health Officer (DHO); Female & Male Councilors; Secretary District Service Commission.
- ii. Private Sector players: District Chamber of Commerce.
- iii. Cultural and religious leaders.

c) Sub County Level/Town Council: Four respondents per Sub/County, hence 32 respondents; FGDs 64 participants) hence a total of 96 Respondents.

- i. Officials from the Sub County Local Government: LCIII Chairperson (1); Sub County Chief–(Technical Person) (1); Female Councilor (1); Extension Worker (1).
- ii. FGDs (Each 8 x 8 FGDs = 64 participants).

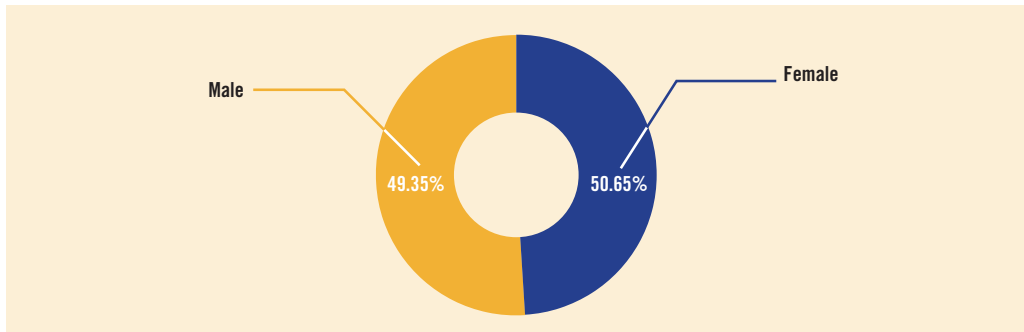
d) Parish Level (2 respondents per Parish = 32 Officials; Service User House Holds)

- i. Parish Chiefs and Councilors (32).
- ii. House Holds (HH) 130 per District, hence 640. The following were the characteristics of the sampled HH respondents.

Description of the respondents

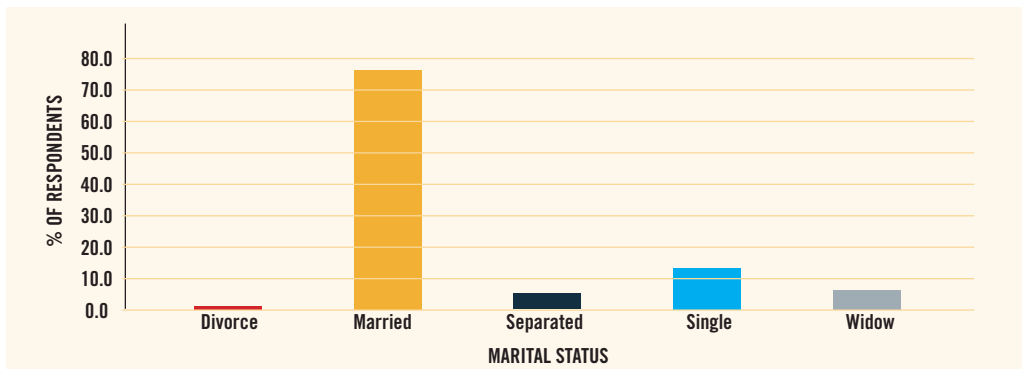
At Household (HH) level, 640 respondents were targeted but obtained 636 of whom females were 51% and males 49 percent, hence a fairly equal gender representation.

Fig 1.1: Pie Chart Showing Gender of Respondents at Household Level



Up to seventy four percent of the respondents were married; 13.4% were single and 7.4% were widowed while the separated or divorced were 4.65 percent of the respondents. This categorization of respondents in accordance with their marital status will be important in understanding their aspirations for new administrative units.

Fig 1.2: Marital status of the respondents at Household Level



Respondents’ highest level of education

The majority of the respondents at HH level had primary education as their highest (45%); Secondary school education as the second highest at 25%, followed by ‘no formal education’ at 23 percent of the respondents. Only 7% of the respondents had attained tertiary education as their highest.

The details are shown in the pie chart below.

Fig 1.3: Level of Education attained by Respondents at Household Level

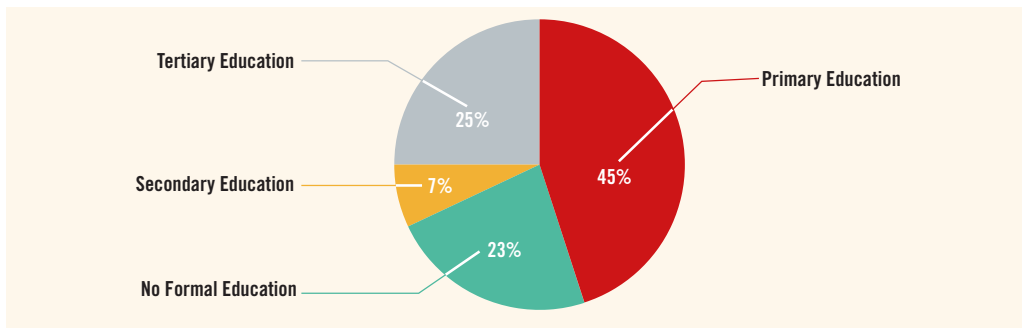
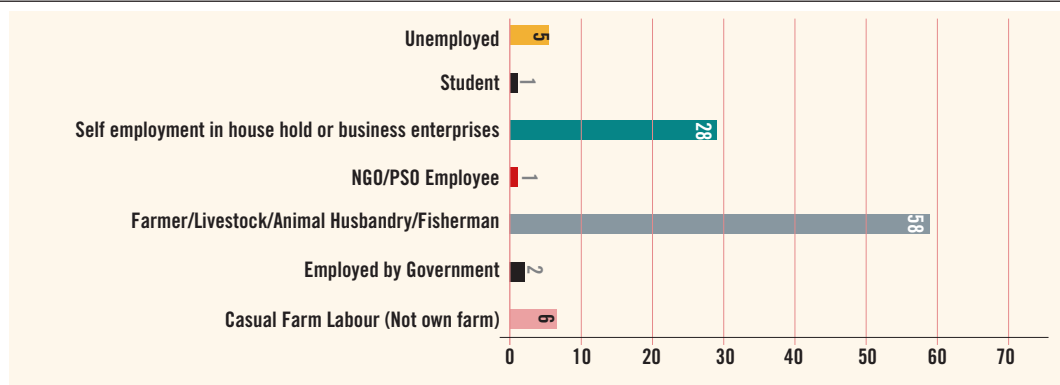


Fig 1.4: Main Occupation of the respondents at Household Level

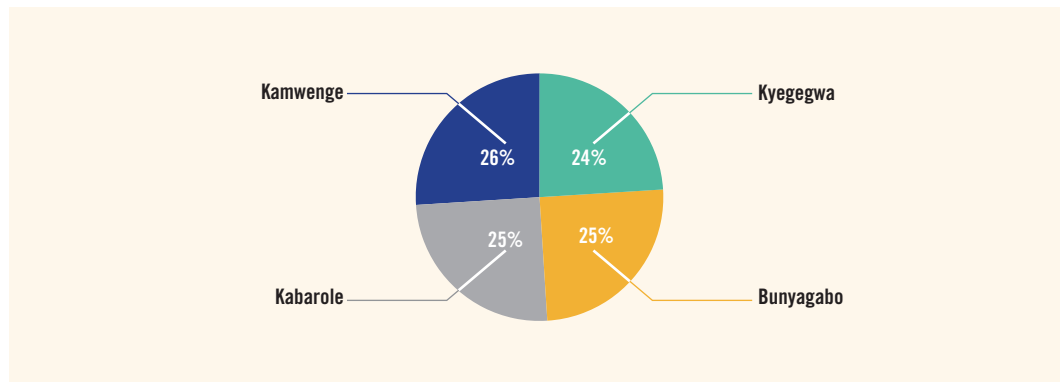


From the graph above, it can be observed that the occupation of most of the participants was farming and fishing (58%), while others were self-employed in HH business enterprises. Others were casual farm workers (6%) while 5% declared themselves as unemployed. Only 2 % of the respondents were employed in government and NGOs. These categories show the common citizenry at the grassroots who are particularly affected by service delivery.

Districts of the Respondents

Participants at HH level were drawn in almost equal numbers from the four surveyed districts of Kamwenge, Bunyangabu, Kabarole and Kyegegwa as shown in the pie chart below.

Fig 1.5: Districts where Respondents at Household Level live



e) Civil Society (4 Respondents)

- i. Executive Director KRC and Project Focal Person (2).
- ii. Coordinator District NGO Network (1) (From of cluster 1 sampled District–Kasese).
- iii. Representative of an International NGO working in the region (1).

C: TARGETED INFORMATION

Objective 1: To establish whether the new administrative units contributed to effective and efficient service delivery to the citizens

i. Baseline Information:

The base year was 2001, which was the start of creation of new Districts in the Rwenzori Region. The state of service delivery in the region before 2001 was curled from the following sources.

- a. **Documents–Literature Review:** District and Sub County Budgets & Development Plans, Sector Strategic Plans; Sector, District & Sub County annual reports; Media reports; Reports by Development Partners; Research Reports; KRC reports; Auditor General Reports, Census Reports, Minutes, Approved District Budgets on services in 2001 (Old Districts of Kabarole, Kasese and Bundibugyo Districts).
- b. **Key Informant interviews:** (District Heads of Departments, Sub-county Chiefs, Town Clerks, Political Heads, Heads of Units).

ii. Information on level of satisfaction of service users

Objective 2: To understand the levels of satisfaction of citizen's in terms of service access in the new administrative units.

Objective 3: To find out the nature of services that have been positively or negatively affected by the creation of new administrative Units.

Sources:

- a. KI Interviews
- b. FGDs (c) Household Interviews

Objective 4: To examine and analyze the anticipated period/time for the newly created structures to deliver better services

Sources:

- a. KI Interviews

Objective 5: To analyse the decentralization policy and propose options for enhancing quality service delivery to the citizens

Sources:

- a. Policy Documents–Literature Review (Sector Reports, Auditor General Reports, Census Reports, Minutes, Approved District Budgets) on services in 2001.
- b. Key Informant interviews

CHAPTER

2

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

According to the Decentralization Policy Strategic Framework (2006), Uganda's system of local governance has since the pre-independence period been faced with the issue of how best to promote local development against a background of diverse peoples, some of whose corporate and cultural identities lay in elaborate traditional institutions of governance. Both the Colonial and Post-colonial governments put in place initiatives to strengthen Local Governments (LGs). These initiatives can be categorized into 3 phases: (a) The pre-independence and immediate post-independence period (1955–64) – where a strong local administration was created in the context of a weak center (b) The 1964–1985 phase when the local administration was weak and was dominated by a strong center (c) The 1987 – 2005 when the local administration was granted even more powers than was the case in the first phase. The main challenge in all the three phases was how to balance central authority against local dynamics in a manner that minimized conflict and maximized local and national development.

The first phase was guided by the District Administrations Ordinance (1955) which devolved some powers to the local authorities and gave them significant responsibility over service delivery and some latitude in electing local councils and collecting local revenues. However, the local governments were not allowed to borrow and spend and local technical staffs reported to line managers in the central government. Local governments were further constrained by the Local Administrations (Amendment) Ordinance in (1959) which gave the colonial governor power to appoint chairmen and members of appointment boards. The 1962 Constitution, through the Local Administrations Ordinance of (1962), granted significant powers to local councils with regard to their own composition, collection of local taxes, land administration, local roads, rural water supplies, agricultural extension, primary and junior secondary education, dispensaries and preventive health services. In the period 1964 – 1971 the Local Administrations Act (1967) and the Urban Authorities Act (1964) re-centralized most of the service delivery functions that had been assigned to local administrations by the independence constitution. This Act continued defining the relationship between the Central Government (CG) and the Local Governments (LGs) until 1993. In the 3rd phase (1987-2005), which aimed at strengthening the Local Government System, the Resistance Councils and Committees Statue (1987) was enacted to reverse the centralist tendencies of

the 1967 Constitution. The Local Governments (Resistance Councils) Statute 1993 devolved more powers to the local authorities and it, inter alia, provided for the principle for non-subordination to prevent higher local governments from dominating lower ones.

The 1995 constitution – Chapter 11 provides for further devolution of powers and functions. Local Governments (LG) Act, 1997 in schedule 2 provides for a clear and legally based distinction between the roles of central and local governments. Parts 2 – 5 of the same schedule provide a list of services devolved to the local authorities. The LG Act also provides for financing of local authorities through three main forms of fiscal transfers – conditional, unconditional and equalization grants – which are meant to enable the local governments to implement the decentralization policy provisions.

Decentralisation which entailed devolution of power and resources from the centre to lower levels was part of the Structural Adjustment Reforms (SAPs) reforms recommended by the World Bank for improvement of the governance landscape in Africa (Kiiza et al, 2006). It entails decentralization of development planning through a bottom up structure comprised of Village Development Committees, Parish Development Committees, Sub County Development Committees and District Development Committees. However, this structure has been rendered dysfunctional. The decentralization policy was enshrined in Uganda's 1995 Constitution and legalized by the 1997 Local Government Act. This Act established local Councils at the District (LCV), Municipal (LCIV), and Sub-county / Division / Town Council (LCIII) levels as corporate bodies of local governments. Furthermore, the Act devolved far-reaching powers and responsibilities to the local Councils in such areas as finance, legislation, politics, planning, and personnel matters. The devolution of powers, functions and responsibilities to local governments was intended to achieve the following objectives:

- a. Transfer real power to the districts, thereby reducing the workload of the remote and under resourced central government officials.
- b. Bring political and administrative control over services to the point that they can actually be delivered, thereby improving accountability and effectiveness and promoting people's ownership of programs and projects executed in their districts.
- c. Free local managers from central government constraints and, as a long-term goal, allow them to develop organizational structures tailored to local circumstances.
- d. Improve financial accountability and responsibility by establishing a clear link between payment of taxes and provision of services they finance.
- e. Improve the capacity of local councils to plan, finance, and manage the delivery of services to their constituents (Asiimwe 1989).

In addition to the above objectives, which are mainly focused on service provision, decentralization is also expected to lead to poverty reduction, and is an instrument for shifting attitudes, developing and deepening skills and competencies. Decentralization and

the SAP reforms also opened space for multiple stakeholders and players in the development process. In this context, the third sector was able to participate in service provision.

Experience has shown that it is costly and inefficient for central government to make all decisions affecting local development and to implement them from their remote urban offices. Decentralisation is essential on grounds of efficiency and effectiveness because local authorities are better placed to determine local needs and priorities, to mobilize local resources on a sustained basis and to engage beneficiaries in implementation of programmes. The beneficiaries themselves have opportunity to influence and own the development programmes their local governments implement and to hold local officials accountable for their actions (UG, Ministry of Local Government, 2006:14).

Other experiences noted from the implementation of the decentralization policy in Uganda include the need for strengthening institutions, raising people's incomes, and expanding the tax base of the LGs. These can only be achieved through Local Economic Development (LED) initiatives (MoLG 2006).

Accordingly, decentralization in Uganda is based on three interlinked aspects: (1) Political and legislative empowerment of the people (2) Fiscal devolution and (3) Control of the administrative machinery by the local councils. Although the motives of decentralization differ across countries (Naidoo 2002), the major arguments supporting decentralization in developing countries include economic and political gains.

Politically, decentralisation aimed at promoting participatory governance, hence presumably enhance democratic processes. The economic justification for decentralization is allocative and productive efficiency aimed at improving public service delivery. Allocative efficiency involves better matching of public services to local preferences, whereas productive efficiency involves increased accountability, fewer levels of bureaucracy, and better knowledge of local costs (Naidoo 2002). The political justification relates to considerations of local participation, good governance and democratization. Different regimes in Uganda have based their arguments for creating new administrative units on these considerations. For instance in the 1970's President Idi Amin increased the number of provinces from 4 to 10 and districts from 19 to 37 reasoning that he was addressing issues of ethnic conflicts and bringing services closer to the people. In 1987, the NRM government instituted a commission of inquiry into the Local Government System which among others found out that the response of the (previous) governments to popular demands (such as service delivery) was creation of new and smaller administrative units. This was in spite the fact that this commission described this exercise as a costly affair (Uganda 1987 cited by Green, 2008).

The commission further asserted that

We were hesitant to recommend the creation of new and additional administrative units, bearing in mind that these would increase unproductive costs of administration, both in terms of creating an administrative infrastructure and payment of personnel... Given our strong view that the exercise in creating new districts over the past decade and a half has been arbitrary, haphazard and hardly defensible, we would have recommended a review of the status of all existing districts with a view to de-grading those which do not meet minimum criteria... Should such a review be undertaken in the present circumstances, it would undoubtedly result in a large number of the newly created districts losing their existing status (Uganda 1987 cited by Green 2008).

Initially President Yoweri Museveni was hesitant to create new districts, creating only a few at a time, until 2005 when he created 22 districts at once, thus bringing the number of districts to 79. More districts have since been created bringing the number to over 121 and still continuing to date. As the number of districts almost quadrupled, the population only increased from 17 million (1992 census) to almost 40 million (2018 UBOS estimate). This implies that the population per district unit has very much reduced. Some of the newly created districts have small populations as is the case of Ntoroko District which had 66,422 people in 2014 (Census 2014) and yet has almost the same administrative staff establishment like Kasese District which had 702,029 people (Census 2014).

Table 2.1: District Creation and Population (adapted from Green 2008, UBOS 2014)

Year	Number of Districts	Population per District (Average)
1959	16	443,000
1962	17	456,365
1968	18	513,711
1971	19	526,853
1974	37	292,211
1979	33	368,115
1990	34	513,412
1991	38	476,474
1994	39	514,256
1997	45	455,718
2000	56	427,786
2005	70	402,843
2006	79	383,071
2014	112	311,222
2018	121	330,579

From Table 2.1, it can be noted that the population per unit district has progressively reduced from an average of 455,718 persons per district in 1997 to 330,579 persons per district in 2018. Suffice it to also note that the District coverage area was much bigger than it is today. This number will reduce further when more of the already approved districts come on board by 2022. Elliot Green fronted several reasons for this unbridled creation of districts in Uganda:

1) Improvement of service delivery, 2) ethno-linguistic conflict management, 3) gerrymandering, 4) the inability of the central government to resist local demands for new districts, 5) the removal of regional opposition, and 6) patronage and electoral politics but emphasized that this is meant to entrench Museveni's political patronage to win elections (Green 2008).

CHAPTER

3

CHAPTER THREE: FINDINGS

3.1: Presentation and Discussion of Findings: The Contribution of NAUs to Service Delivery

Objective 1: To establish whether the new administrative units contributed to effective and efficient service delivery to the citizens.

This Chapter traces the changes, effectiveness and efficiency in service delivery in the study areas. The chapter provides baseline information on service delivery in the major sectors before the creation of NAUs in order to track the changes in service delivery after the creation of NAUs. The section shows how the NAUs received some of their entitlements, hence the increase in services, albeit with gaps and not optimal. On average, the effectiveness and efficiency of services was rated as moderate. It will be noted that the creation of NAUs and subsequent dynamics stimulated entrepreneurship and growth and the third Sector of IPs, Private Sector and NGOs augmented service provision. Some services by these non-state players were rated more effective and efficient, although more costly.

Greater Kabarole: Tracking Baseline Information and Changes

By 2000, Kabarole District consisted of 7 counties and a total population of 944,600 people. It is noteworthy that this population was big for a single District administrative unit to enable effective service delivery. The population was spread in the 7 counties as follows:

Table: 3.1 Population of Greater Kabarole, 2000

County	Population
Bunyangabu	166,228
Burahya	175,291
Fort Portal Municipality	41,452
Kibale	151,254
Kitagwenda	103,753
Kyaka	80,393
Mwenge	230,229
Total	948,600

Source: Kabarole District Local Government District Development Plan 2000/1, 2001/2, 2002/3.

By 2014, the population of Kabarole and the districts that were created therefrom was on a rising trend. This up-ward growth overstretched existing services. Between 2000 and 2014, the population in the greater Kabarole District grew from 944,600 to 1,597,056 representing an increase of 69%. The rising question was whether the creation of the new Districts matched services to the increasing population. Table 3.2 shows the rising population in the new District units.

Table 3.2: Population increase in the newly created districts, 2000 & 2014

County	New District	Population 2000	Population 2014	Percentage increase
Bunyangabu, Burahya & Fort Portal Municipality	Kabarole	382,971	474,216	23.8
Kibale & Kitagwenda	Kamwenge	255,007	421,470	65.3
Kyaka	Kyegegwa	80,393	277,379	245.0
Mwenge	Kyenjojo	230,229	423,991	84.2
Total		948,600	1,597,056	

Source: Kabarole District Local Government District Development Plan 2000/1, 2001/2, 2002/3 and National Population and Housing Census 2014.

From Table 3.2 above, it can be observed that there was a relationship between the creation of a new district and population growth. Among the four districts under consideration, Kyegegwa district, which was carved out of Kyenjojo District in 2009, registered the highest population growth of 245.0%, while Kabarole registered the lowest population growth of 23.8% between 2000 and 2014. Kamwenge and Kyenjojo districts registered growth of 65.3% and 84.2% respectively. The rising question is whether the volume and quality of service delivery likewise increased with this population growth.

3.1.1: Service Delivery in the Sectors of Health, Education, Works, Agriculture and Public Administration before the Creation of New Units (Baseline Information)

Health Service Delivery Before New Administrative Units

The District has a responsibility for the delivery of health services, recruitment, deployment, development and management of human resource (HR) for district health services, development and passing of health related by-laws and monitoring of overall health sector performance. The District manages public general hospitals and health centers and also provides supervision and monitoring of all health activities (including those in the private sector) within the district. The District Health Department, whose main function is to deliver Primary Health Care Services, has the following key objectives: 1) to increase access to the minimum health care package; 2) to control communicable diseases through Preventive, Promotive, Curative and Rehabilitative Services; 3) to prevent non communicable diseases in the District; 4) to increase demand, and utilization of health services through community

involvement in Health care planning, implementation, monitoring and evaluation. In pursuit of these objectives, the sector requires a total of 8 personnel (see Appendix 1, Health Services Department). Some Districts have asked for the creation of a post of District Nutritionist and HIV/AIDS Counselor to close the gap in these areas. At health facility levels, the minimum staffing requirements, as established by national staff establishment, are presented in the following Table 3.3

Table 3.3: Established Staffing Levels (National Standard)

Health facility Level	Established number of staffs (all cadres)
Health Centre II	9
Health Centre III	19
Health Centre IV	48
General Hospital	190

All this personnel requires adequate means of transport, office facilities, as well as appropriate equipment and facilitation to execute their mandated roles. However, there were some unfilled posts; facilitation and timely availability of supplies were the major gaps that ramified on their functionality.

The Decentralisation policy provision on Health Infrastructure Development is “to provide a network of functional, efficient and sustainable Health Infrastructure within walking distance (5 km) to communities”.

Classification of Health Facilities

By 2000, delivery of health services was not yet decentralized and health units were graded as hospital, health center, DMU and Dispensary. However, the grading of the health centers has since changed to the current one of HCI to HCIV & General Hospital, which is in accordance with the population served, and is further elaborated in the table 3.4 below.

Table 3.4: Service Delivery by Level of Health Facility

Level of Health Unit	Target Population	Services Provided
Health Centre 1 (Village Health Teams)	1,000	Community based preventive and Promotive Health Services. Village Health committee or similar status.
Health Centre II	5,000	Preventive, Promotive and Outpatient Curative Health Services, outreach care, and emergency deliveries.
Health Centre III	20,000	Preventive, Promotive, Outpatient Curative, Maternity, inpatient Health Services and Laboratory services.

Level of Health Unit	Target Population	Services Provided
Health Centre IV	100,000	Preventive, Promotive Outpatient Curative, Maternity, inpatient Health Services, Emergency surgery and Blood transfusion and Laboratory services.
General Hospital	500,000	In addition to services offered at HC IV, other general services will be provided. It will also provide in service training, consultation and research to community based health care programmes.
Regional Hospital	2,000,000	In addition to services offered at the general hospital, specialist services will be offered, such as psychiatry, Ear, Nose and Throat (ENT), Ophthalmology, dentistry, intensive care, radiology, pathology, higher level surgical and medical services.
National Hospital	10,000,000	These provide comprehensive specialist services. In addition, they are involved in teaching and research.

Source: *Health Facilities Inventory, 2012*

At National level, by 2012, there was a total of 5229 health facilities of which 152 were hospitals, 193 HCIVs, 1279 HCIIIs and 3605 HCIIIs. In terms of ownership government owned 54.8% of all the facilities, NGOs 16.7% and the Private Sector 28.4%. Most of the government health facilities include the lower level health centres as follows: HCIVs (88% of the total), HCIIIs (73.2%), and HCIIIs (47%). Government owns only 42.1% of the hospitals while NGOs own 41.7% of the hospitals, 7.7% of the HCIVs, 21.3% of the HCIIIs, and 14.4% of the HCIIIs. On the other hand private sector players own 15.1% of the hospitals, 4.1% HCIVs, 5.4% HCIIIs, and 38.4% of the HCIIIs. This may be explained by government's policy priority of providing Primary Health Care services in response to the disease burden which is mainly due to malaria & related fever, diarrhoeal diseases, and respiratory tract infections all of which are mostly managed at lower level health centres. The table 3.5 below provides a detailed breakdown of the ownership of the health facilities at national level.

Table 3.5: Ownership of Health Facilities: National Level

OWNERSHIP				
Level of Facility	Govt	NGO	Private	Total
HOSPITAL	64	65	23	152
HC 1V	170	15	8	193
HC 111	937	272	70	1,279
HC 11	1,696	522	1,387	3,605
Total	2,867	874	1,488	5,229

Source: Health Facilities Inventory, 2012

Number of Health Centers in greater Kabarole District, 2001

Table 3.6: Shows the number of health centers by grade and ownership, which were in Kabarole District in 2000, before the creation of new administrative units.

Table 3.6: Number of Health Centres in (greater) Kabarole in 2000

Type of unit	Govt	NGO	Private	Total
Hospital	1	1	1	3
Health centre	13	12	1	26
Dispensary	32	10	0	42
Total	46	23	2	71

Source: Kabarole District Local Government District Development Plan 2000/1, 2001/2, 2002/3

In 2000, all the three hospitals: – Buhinga, Kabarole and Virika –were located in Fort Portal Municipality, and Buhinga was the only Government hospital.

Thirty two percent of the health units provided maternity services and Antenatal Care was provided by 54% of the health units. Traditional Birth Attendants conducted over 40% of the deliveries. Only Fort Portal Hospital had a maternity waiting home. Only Mwenge County had a referral system with an ambulance based at Fort Portal Referral Hospital and communication system (radio call) installed in various health units in the county.

Analysis of the government health facilities in versus the population served in the greater Kabarole District (948,600 people) as per the grading of the health centres reveals that by 2001 there was a deficit of 203 in the number health facilities. This is detailed in table 3.7 below:

Table 3.7: Number of Government Health Facilities versus Targeted Population in greater Kabarole, 2001

Type of unit	Target Pop	Required	Actual	Variance
Hospital	500,000	2	1	1
Health Centres & DMUs	20,000	48	13	35
Dispensary	5,000	190	23	167
Total		240	37	203

Source: Author

Staffing in the Health Sector, 2001

There was inadequate numbers of qualified health staff and this was a major constraint to the delivery of quality health services in the district. However, there were efforts to train the few staffs on job e.g. the district was implementing a Health Information System which involved training health workers on-job on how to analyze and utilize data. The lack of trained personnel also constrained the immunization coverage in the district which stood at 49% (1995 figures).

Infrastructure in health facilities, 2001

There was inadequate infrastructure with only 60% of the health facilities equipped with the relevant equipment which was also poorly maintained mainly because the only regional maintenance workshop was overwhelmed. The staff was reported to lack even basic knowledge and skills in maintaining equipment. However, there was rehabilitation of some health facilities e.g. Rwamwanja, Nyabbani, Ruteete, Kibiito, Nyamabuga and Kazinga health units. 4 Maternity Units were constructed at Mpara, Kyarusenzi, Bukuku and Kamwenge but the quality of construction work was poor. Other health units such as Kishagazi HU in Mpara Sub County and Bujubuli in Kyaka were operating in semi permanent structures; meanwhile structures at Bukurungu and Mahyoro HU in Kitagwenda were sinking. Structures at almost all health centres required renovation. Some areas were underserved e.g. Bwizi S/C did not have a health centre while Nyantungo, Nkoma and Hapuyo sub counties required additional health units as they were too big to be served by only one health unit each.

Other infrastructural constraints included inadequate number of vehicles coupled with the fact that the existing fleet was old & in poor mechanical condition and expensive to maintain.

Budget for the Health Sector, 2001

The health sector depended on funding that came mainly from GOU and Implementing Partners such as UNICEF and was project based. Some of these projects were the District Health Services Project and the Sexually Transmitted Infections Project. KIs maintained that funding at this time was generally inadequate compared to today.

Key Indicators of Health Service Delivery by 2000

The Kabarole District Local Government three – year rolling Development Plan covering the FY2000/1 to 2002/3 revealed the following key facts about the state of health service delivery in district.

- i. Accessibility to a health center within 10 km was 64%; Accessibility to a health a centre within 5 km is 29 %.
- ii. Out of the 35 Sub counties in the district, only Bwizi and Karambi did not have a functional health facility. Some Sub counties – Hapuyo, Nyantungo and Nkoma were too big to be served by one health facility, hence needed additional health facilities.
- iii. Sixty two percent of the health units provided Family Planning Services.
- iv. There was a big unmet need as revealed by the following indicators: Infant mortality rate (86/1,000 BHS); Maternal Mortality Rate (506/100,000BHS) and under five mortality rate 228/1,000; Life expectancy at birth (average) was 46.7 years.
- v. Malaria contributed most of the disease burden at 28.9%, followed by Acute Respiratory Infections at 20.9% and Intestinal Worms at 11.4%. HIV prevalence stood at 10% in the urban; 9% in the peri-urban and 5% in the rural (1995 figures)
- vi. Immunization coverage stood at 49% (1995 figures). The low coverage was blamed on lack of trained personnel.

Health Services after the Creation of New Administration Units

The creation of new administrative units led to some improvement in service delivery, particularly with infrastructure and staffing in the Health Sector. There were, however, still major challenges and gaps, which undermined service delivery. Paramount of the challenges were insufficient budgetary and drug allocations both of which were not in sync with the ever increasing population and demand.

Drugs from Central Drug Stores were released, albeit on quarterly basis rather than demand from the increasing population. Subsequently, there were frequent stock-outs which forced health workers to give partial dosage or refer patients to private pharmacies and clinics. As a result, there were constraints in the service delivery to the citizenry, who were not yet satisfied.

The gaps and weaknesses in government's health service delivery provided opportunity for the private players and non-profit actors to fill the gaps with market/profit driven services. It is noteworthy that the profit driven services were often unaffordable for a sizable number of the common citizenry. Many of the profit driven providers were characterized by irregularities that could be harmful to the citizenry. Subsequently, while a few winners access the better quality private sector services, the majority of the population contend with none or the poor quality government services. In most cases, it was the third sector of NGOs, faith based,

non-profit and donor funded services that rescue the common citizenry. Nevertheless KIs maintained that service delivery in the health sector has improved in a number of areas like access, staffing, ambulance services, and better facilities.

Following the subdivision of Kabarole District into other districts in 2001 and further creation of other new administrative units not only in Kabarole but also in other districts, the state of health service delivery also changed, particularly quantitatively. The following sections will show some of the changes that have taken place in the health sector after the creation of the new administrative units.

Current Number of Health Units

Generally, all districts witnessed an increase in the number of health units following the creation of the new administrative units. This increase has been gradual. For instance, between FY2009/10 and 2011/12, Kabarole District had 53 Health Facilities comprised of 3 Hospitals; 2 HCIVs; 20 HCIIIs (16 Government and 4 NGOs) and 28 HCII (19 Government and 9 NGOs) (Kabarole District LG Three Year District Development Plan (2009/10 – 2011/12)). By FY2014/15, the number of health facilities in Kabarole District had increased to 60 as follows: Three Hospitals (1 Government, 2 NGOs); 3 HCIVs; 23 HCIIIs (17 Govt, 6 NGO) and 32 HCII (21 govt, 7 NGO, 4 private). Safe water coverage was at 79% and latrine coverage at 88%. By 2013 the national health facilities inventory showed that Kabarole and the other districts that had been created thereof, namely Kyenjojo, Kamwenge and Kyegegwa had a total of 137 health units. Before the multiplication of many health units, people used to travel long distances and there were fewer medical workers. The following Table shows the ownership and grade of the Health Units:

Table 3.8: Number of Health Centres by level in Kabarole and the districts created out of it by 2013

District	Hospital			HCIV			HCIII			HCII			Total
	Govt	NGO	Priv	Govt	NGO	Priv	Govt	NGO	Priv	Govt	NGO	Priv	
Kabarole	1	2	0	3	0	0	16	5	0	21	8	4	60
Kamwenge	0	0	0	2	0	0	9	1	0	16	8	0	36
Kyegegwa	0	0	0	1	0	0	6	1	0	7	0	0	15
Kyenjojo	1	0	0	1	0	0	8	4	0	6	6	0	26
Total	2	2	0	7	0	0	39	11	0	50	22	4	137

Source: Health Facilities Inventory, 2012

From Tables 3.8 above, it can be observed that the number of health facilities in the region covered by the greater Kabarole District, which however, had been subdivided into four districts had almost doubled from a total of 60 in 2000 to 137 health units in 2013. The biggest increase was noted in the lower level government health centres (HCIIIs & HCII). Only 1 district general hospital had been added. By 2013, Kyenjojo HCIV had been elevated

to a district hospital, thus bringing the number of government hospitals to two. Also, seven health centres had been upgraded to Health Centre four level, which is also known as a health sub district and is a mini referral centre for a county or a constituency. Buhinga hospital had also been elevated to the level of regional referral hospital to serve the districts in the Rwenzori region. Suffice it to note, however, that this increase of health centres does not invariably mean the change in quality of service delivery in government health centres. Secondly, from Table 3.7, it can be noted that non-Government agencies were major players owning a good number of HC111 and HC11 facilities. The third sector should, therefore, share the credit for the population's access to health service delivery in the region.

Table 3.9: Government Health Services versus Population, (1,597,056, by 2014 Census)

Level of Health Unit	Target Population	Required	Actual	Variance
Health Centre I (Village Health Teams)	1,000			
Health Centre II	5,000	320	50	270
Health Centre III	20,000	80	39	41
Health Centre IV	100,000	16	7	9
General Hospital	500,000	3	1	2
Regional Hospital	2,000,000	1	1	0
Total		420	98	322

NB: NSA covered the gap (variance) with 11 HC3; 26 HC2 & 2 Hospitals

From the Table 3.9 above it can be revealed that with a population of 1,597,056 the region covered by greater Kabarole District required a total of 420 health units. Of these there were only 98 government owned facilities leaving a deficit of 322 facilities. However, the NGOs and Private Sector players contributed to reducing this deficit with 11 HCIII; 26 HCII & 2 Hospitals. This left an absolute of 283 health units compared to that of 203 units in 2001.

Table 3.10: Analysis of ownership of the Health facilities in 2000 and 2013

Owner	Number of facilities in 2000	%	Number of facilities 2013	%
Government	37	61.7	98	71.5
NGO	19	31.7	35	25.5
Private	4	6.7	4	2.9
	60	100	137	100.0

Further analysis revealed that the ownership of the health facilities had also changed. The government increased its stock of health centres from 37 in 2001 to 98 in 2013, thus representing 61.7% and 71.5% respectively of all total health centres. On the other hand, the number of NGO owned health centre showed a slight increase from 19 (31.7%) to 35

(25.5%), while that of privately owned health centres stagnated at 4. This evidently showed a quantitative increase in health service delivery from 1 health centre serving 15,810 persons in 2000 to 11,657 persons in 2014.

Current Staffing Levels in the Health Sector

Suffice it to note that there was a significant increase in the staffing of the health facilities. Table below shows the current staffing percentages in the Health Sector of the new District units.

Table 3.11: Current staffing levels in the health sector in the districts

District	Approved	Filled	Vacant/Excess	% Filled
Kyegegwa	208	200	8	96.2
Kabarole	364	284	80	78.0
Kamwenge	418	406	12	97.1
Bunyangabu	280	233	47	83.2

Source: adapted from National District Health Staff Records http://hris.health.go.ug/districts_manage/audit_summary_districts?district=district%7C422

From the table above, it can be observed that the newly created districts of Bunyangabu and Kyegegwa have fairly better staffing levels than the older ones of Kamwenge and Kabarole. In fact, of the four districts, Kabarole which is the mother district has the lowest staffing level of 78.0%. However, all districts are above the minimum national requirement of staffing of 75%. It is noteworthy that the above statistics do not reveal details of the staffing of key cadres. In an interview with a respondent in Kabarole District, it was pointed out that most of the lower cadre positions were filled, however, top cadres were in short supply. The respondent cited the case of Kabarole and Bunyangabu Districts where the District Health Office (DHO) lacks a number of substantively appointed staffs.

Current versus established capacity for optimum health service delivery.

To find out the current capacity of the districts vis-à-vis the capacity required for optimum service delivery, the researchers considered staffing at some selected health facilities to establish the extent to which they had attained their approved staffing level. The table below provides details of the staffing requirement for selected health facilities, the filled positions and the existing gaps.

Table 3.12: Current Staffing in Selected Health Facilities

Health Facility	Approved	Filled	Vacant/Excess	% Filled
Kyegegwa DHO's Office	8	9	-1	112.5
Kyegegwa HCIV	48	53	-5	110.4
Kyegegwa Town Council	2	2	0	100
Hapuuyo HC III	19	19	0	100
Bukuku Health Centre IV	48	57	-9	118.8
Kicwamba HCIII	19	18	1	94.7
Kabarole DHO's Office	8	16	-8	200
Kyenjojo General Hospital	190	114	76	60
Bunyangabu District Health Office	8	1	7	12.5
Kibito HCIV	48	54	-6	112.5
Rwimi HCIII	19	20	-1	105.3
Kisomoro HCIII	19	20	-1	105.3
Kamwenge District	422	342	85	81

Source: Adapted from Health Staff Audit 2017

From Table 3.12 above, it can be noted that most of the lower level health facilities (HCIV – HCIII) are well staffed, sometimes above the established staffing level. With the exception of the newly created Bunyangabu District, all the surveyed districts are adequately staffed even beyond the establishment had attained a District level. However, this was largely due to Implementing Partners who second staff to the DHO or health facilities to perform specialized tasks which are outside the staffing establishment. Only Kyenjojo Hospital showed a low level staffing which is below the national minimum requirement of 74 percent. The rest of the health facilities under review are above this national minimum requirement.

Whereas the above findings were for the health sector, they reflect a pattern across other sectors in the surveyed districts. For instance, in the works sector, it was found that all the surveyed districts had in place road units and key personnel which is one of the key requirements for the department. However, this does not mean the local governments have attained sufficient capacity in service delivery. As revealed by a KI in Kabarole District, although in some cases the staff levels are filled, these are inadequately facilitated to perform and deliver on their mandates. He cited lack of appropriate tools such as computers, means of transport and adequate financial resources as major constraints for the staff in the district local governments. He observed that most of these staffs are underperforming when you compare their technical capabilities to the outputs they delivered. Another KI observed that a number of the staffs in the health facilities may not be on ground as expected as many of them attend further studies or are engaged in various meetings and training workshops which is euphemism for absenteeism.

In spite of these impressive staffing figures most service delivery points in the districts underperform and have been described as “white elephants”.

Table 3.13: Current Staffing of the DHO of the Surveyed Districts

	Staffing position	Kabarole District		Kyegegwa District		Kamwenge District		Bunyangabu District	
		Approved	Filled	Approved	Filled	Approved	Filled	Approved	Filled
1	DHO	1	0	1	1	1	1	1	0
2	Ass. DHO (Environmental Health)	1	1	1	0	1	1	1	0
3	Ass. DHO–Maternal and Child Health	1	0	1	1	1	1	1	0
4	Senior Health Educator	1	0	1	1	1	1	1	0
5	Bio-Statistician	1	1	1	1	1	1	1	1
6	Health Educator	0	1	1	0	0	0	0	0
7	Senior Environmental Health Officer	1	0	1	0	1	0	1	0
8	Senior Medical Clinical Officer	0	2	1	0	0	0		
9	Health Inspector	0	1	0	0	0	0	0	0
10	Stenographer Secretary	0	1	0	0	0	1	0	0
11	Assistant Inventory Management Officer	1	0	1	0	1	0	1	0
12	Cold Chain Technician	1	1	1	1	1	1	1	0
13	Accounts Assistant	0	1	0	0	0	0	0	0
14	Stores Assistant	0	1	0	0	0	1	0	0
15	Car Driver	0	2	0	1	0	0	0	0
16	Askari (Security Guard)	0	2	0	0	0	1	0	0
17	Office Attendant	0	1	0	1	0	1	0	0
18	Porter	0	1	0	0	0	0	0	0
	Sub-Total	8	16	10	7	8	10	8	1

Source: adapted from National District Health Staff Records

Bunyangabu District which was carved off Kabarole District in FY2017/18 has only one of the 8 established positions in the DHO’s office field. Likewise, Kyegegwa has filled only 7 out of the 10 established positions. In contrast, Kabarole District has 16 positions filled out of the 8 established positions. A similar case obtains for Kamwenge District, which has 10 positions filled out of the established 8. Some of the staff over and above the establishment are seconded to the office by Implementing Partners such as Baylor Uganda. Whereas nearly all the lower level cadres are in place in Kabarole district there is a shortage of higher cadre staffs with most of them in acting position.

Budgeting For The Health Sector

Table 3.14: Budget of Health over the years (in 000's)

District	FY2011/12	FY2012/13	FY2017/18	FY2018/19
Kabarole	2,678,306	2,780,005	3,233,393	4,800,955
Kamwenge	2,329,417	1,979,736	3,927,213	6,897,270
Kyegegwa	1,554,982	1,312,006	2,692,680	n/a
Bunyangabu	n/a	n/a	1,534,979	2,304,774

N.B: Adapted from the District Budget Framework Papers of the Respective Years

The budget for the health sector for the districts under review has generally increased by over 100% within five years from FY2011/12 to FY2018/19. Kamwenge District witnessed the biggest increase in the health budget from UGX 2,329,417,000 in FY 2011/12 to UGX 6,897,270,000 in FY 2018/19. In comparison the health budget for Kabarole District was raised from UGX 2,678,306,000 in FY2011/12 to UGX 4,800,955,000 in FY2018/19. For both districts the budget for health more than doubled in five years. There has also been a positive trend in the growth of the total budget for the districts as detailed in the table below. This has resulted into improved physical infrastructure at the health centres although the quality of services was reportedly still not up to the expected standard. However, this increase in budget did not result into a likewise improvement in the quality of health service delivery.

Table 3.15: Total District Budgets for selected years (in 000's)

District	FY2011/12	FY2012/13	FY2017/18	FY2018/19
Kabarole	24,031,183	27,269,613	29,236,495	25,924,345
Kamwenge	18,106,785	19,539,571	27,108,845	39,839,452
Kyegegwa	n/a	n/a	14,260,568	n/a
Bunyangabu	0	0	13,721,024	13,535,447

Source: Adapted from the District Budget Framework Papers of the Respective Years

Suffice it to note that in Kamwenge District, the donor fund increased tremendously from 568,715,000 to 7,476,937,000 which is an increase of 1,214%. Thus the 47% increment of the budget from 27,108,845,000 to 39,839,452,000 was particularly due to increase in donor funding (Budget Framework Paper, Kamwenge District, FY2018/19).

Table 3.16: Trends in the Budget for Health as Percentage of Total District Budget over the years

District	FY2011/12	FY2012/13	FY2017/18	FY2018/19
Kabarole	11.1%	10.2%	11.1%	18.5%
Kamwenge	12.9%	10.1%	14.5%	17.3%
Kyegegwa	8.6%	6.7%	18.9%	n/a
Bunyangabu	n/a	n/a	11.2%	17.0%

Source: Adapted from the District Budget Framework Papers of the Respective Years

From the table above it can be noted that the share of the health budget to the total district has grown over the years from as low as 8.6% in FY 2011/12 to 18.9% in FY2017/18 in Kyegegwa District. In fact, all the surveyed districts had raised the health budget to at least 17% of the district budget. This was a good development that was complemented by efforts of Implementing Partners notably Baylor College of Health Sciences and MSF.

Current Level of Infrastructure in the Health Centres

From the field interviews and review of literature, it emerged that most of the health centres have physical infrastructure in fairly good state and a number of structures were either newly constructed or under construction. Such was the case of Kyegegwa HCIV in Kyegegwa District and Rukunyu HCIV, where facilities had been or were being constructed in preparation of elevating them into District Hospitals. In Kamwenge District, Ntara HCIV is being rehabilitated as is the case with Rwamwanja HCIII, which is in the process of being elevated to a HCIV to cater for the huge population increase that was largely propelled by influx of refugees in the area. Whereas some health units have received staff quarters, the need for more housing for the staff remains dire.

Most of the health centres were connected to water and electricity. They were also within the range of telephone coverage, although the staff mainly used their own mobile phones. The number of beds in the health centres was reported to have increased, for instance, at Mahyoro HCIII, it was reported to have 24 beds; at Kisomoro beds had increased from 8 in 2000 to 20 beds in 2018 and Kyegegwa HCIV beds increased from 15 to 42 in 2018.

In Mahyoro S/County, the HCII infrastructure was built at Kyendangara, Bukurungu, Nyakera but is now redundant. At the Mahyoro HCIII, the infrastructure is better with new improvements by Baylor and MSF who constructed latrines for patients, renovated the ward for mothers and equipped it with furniture and connected water to the whole facility. At Bukurungu HCII, MSF constructed a counseling room, an office block, testing room, a toilet and an incinerator. An NGO operates a clinic in Mahyoro Town and has good facilities including an ambulance.

On its part, Kiko Town Council in Kabarole District does not have a Health Centre III reportedly because it lacks land and financial resources to build one. It was reported that the Town Council had written to Kabarole District Council to build one for the Town Council, but by the time of the interview with the Town Clerk (20th September 2018), no response had been received from the district.

KYELEGWA DISTRICT

Kyegegwa shows some stagnation in the expansion of Health units for increased service delivery. Before 2010 when Kyegegwa became a District, it had one HC4 which has remained the only one ever since. However, with the sub-division of Kyegegwa into two constituencies, there were expectations of getting a HC4 for each constituency, which would make it 2 HC4s

for the District. There are plans of elevating Kyaka HCIV to a district hospital. Likewise, Kyegegwa had 7 HC3s and 7 HC2 which have all not increased after it was elevated to District status. Since Kyegegwa has 5 Sub-counties, it is unlikely that it will be given more HC3s. But if the Health infrastructure has not increased, have the health services expanded and improved? Before it became a District, Kyegegwa had one Medical Officer and it now has three; it had 7 Clinical Officers and now they are eleven; it did not have paramedical Officers (Lab Technicians, anesthetists) but now has them and essential drug supplies have also increased. A KI noted that in Kyegegwa there were operational Village Health Teams (VHTs) that particularly targeted Children, HC4 had a generator and HC3s have solar as source of energy. These constituted positive changes in the Kyegegwa's Health sector that improved service delivery.

BUNYANGABU DISTRICT

The one year old Bunyangabu District still has 1 HC4; 6 HC3s and 13 HC 2s. However, the District has rehabilitate its HC3s of Kabahango and Kibito at a cost of UGX 500 each. Its HC4 was functioning, however, with little space for admitting more patients. The challenge of drug stock-outs is thorny, as the allocations often run out within a month. Bunyangabu has not yet filled critical staff at District and service centers, notably anesthesiasts, hence still refers cases to Kabarole Hospital. Like in other Districts, Health services in Bunyangabu are bolstered by non-state partners, notably Baylor.

Overview of the Current Key Indicators of Health Service Delivery

KAMWENGE DISTRICT

The creation of new administrative units per se did not necessarily avail citizens with specialized personnel, but other variables like support policies and remuneration must be factored in the process. For instance in health, a KI in Kamwenge observed that even after the creation of the new District, Doctors did not immediately come due to a paltry salary of UGX 1.1 million. It was not until 2012 when government added a non-taxed consolidated allowance of UGX 1.4 million making it a total of UGX 2.5 million that Doctors started coming. Kamwenge District has persistently failed to attract anaesthesiasts due to poor remuneration. Anesthesiasts to enable operation of patients are available on contract through payment by partners.

KIs maintained that health services were now accessible as a result of creating Kamwenge District and lower administrative units. A KI substantiated people's access to health services with an example of Mahyoro where people used to go as far as Ibanda Hospital, where they were congested. Now Kamwenge had Ntara and Rukunyu HC4s with Doctors nearer the population of Mahyoro and similar sub counties. Before Kamwenge was elevated to district status, medicine would be delivered to Kabarole District Hqrs where it would stay because of lack of transport to distribute it to Health Centers. Now Drug delivery was privatized (Last

mile) and its availability has improved. The Public/Private partnership model had, therefore, yielded positive impact on service delivery in the Health Sector.

Before Kamwenge became a District in 2000, it had 1 HC4 and after it became a District, it got another HC4, thus a 100% increase. These are staffed with Doctors and 2 operational theatres. HC3s increased from 9 HC3s before Kamwenge became a District to the present 14 HC3s, hence an increase of 64% and all staffed with Clinical Officers. Rwamwanja HC3 is scheduled to be elevated to HC4 as it already has a blood bank and theatre, making a total of 3 operational theatres in the District. Before it became a District, Kamwenge had 2 HC 2s which were increased to the present 19 HC2s, thus an 11% increase. The District has 2 ambulances and 5 more for the Refugee Settlement provided by Baylor. The Kamwenge Health sector also has Special Clinics for Hypertension, Diabetes and HIV under the Baylor project.

With regard to personnel, Medical Officers increased from 1 to 14; clinical officers from 1 to 11 Senior and 15 Junior; registered Nurses/Midwives from 11 to 46 whereby all slots were filled. Presently, the major challenge is absence of anesthetists unavailable and Laboratory assistants as these categories are scarce. Secondly, Stock-outs of essential Drugs remains a problem as Government only supplies 40% of drugs leaving up to 50% of uncovered demand. Government drugs are also released on quarterly basis, hence run-out before the next supply due to high population and demand.

However, Kamwenge KIs noted that the budget allocation to the health sector was inadequate given the increasing population. In Kamwenge, the health sector was allocated UGX 51 Million for PHC per year, which translated into UGX 12 million per $\frac{1}{4}$; HC4 UGX 5 million per $\frac{1}{4}$; HC3 UGX 1.5 million per $\frac{1}{4}$; HC2 UGX 700,000 million per $\frac{1}{4}$ and Partners like Baylor came in handy to supplement. None-state players were, therefore, crucial “gap fillers” in health service delivery. The major none-state players in Kamwenge District Health Sector were Baylor and Padre Pio HC3. Following the improvements in infrastructure, staffing, and financing for the health sector, coupled with interventions of other Implementing Partners, the health situation of Kamwenge District improved as revealed in the table below. The following are the indicators of health service delivery in Kamwenge District:

Table 3.17: Indicators of health service delivery in Kamwenge District, 2015

Metric	Number (Nat Av Figures 2016)
% OPD (Out Patient Dept) utilization in Private Not For Profit Health facilities (PNFP) (2014/2015).	0.8
Deliveries in Govt and PNFP health facilities(2014/2015)	52% (Nat Av 58%)
Maternal mortality rates (PA)	374 (deaths per 100,000 live births (Nat Av 343)
Doctor-Patient Ratio (WHO 1:1,000 people):	1:60,210 (Nat 0.09:1,000 people).

Under 5 Mortality Rate (deaths per 1,000) reduced from 56 to 25	25 deaths per 1,000 (National Av 53 per 1,000)
Feedback from service users (% clients expressing satisfaction with health services)	80%
Immunisation coverage	106% (Nat Av 85%)
% children under one year immunized with 3rd dose Pentavalent vaccine increased from 100% to 106%	101%
% one year old children immunized against measles increased from 100% to 101%	
Malaria prevalence	41.3%

Source: Kamwenge District Local Government Five Year Development Plan (2015/2016 – 2019/2020).

From the table above it can be showed that Kamwenge District achieved more than 100% coverage in immunization. It also reduced the Maternal Mortality Rate to 374 deaths per 100,000 live births, among other indicators. There was a registered reduction in the prevalence of malaria among the population from 51.7% in 2010/11 to 41.3% in 2014/15, although it has remained the leading cause of morbidity in the district.

KABAROLE DISTRICT

Key respondents in Kabarole hailed the contribution of non-state implementing Partners to improving Health services in their District. Baylor in particular featured prominently in service provision in the health sector. Other non-state players were UK Aid in Primary Health Care, KIDA in Health sector in Bwehambe. The prominent faith-based service providers included Christian Aid in the health sector in Busoro Sub/County; Rwenzori Diocese COU's Kabarole Hospital, the Catholic Church had Virika Hospital, 1 Busaru HC4 in Bundibugyo and 13 other Health units, notably the one operated by Nuns in Nkumba, Rutoma Parish in Rutete Sub-county. KIs also noted that with the decentralization of health service delivery, specialized services had been brought closer to the population. For instance, they pointed out that expectant mothers who would previously access specialized services such as surgery only at a hospital in Fort Portal can now get them closer at HC1Vs. There has also been increase in the staffing within the health sector with most of the established lower level posts filled up. These developments have resulted in improvements in the key health indicators as detailed in the table below:

Table 3.18: Kabarole District Health Indicators for the Health Sector, 2015:(Population, 421,470 people, 2014 Census)

Metric	Number
Number of functional Health Units	60
Number of hospital beds	687
No. Of HIV/AIDS counselling and testing facilities	24
Infant mortality ratio	86/1000 (Nat av 21)

Child mortality ratio	129/1000
Maternal mortality ratio	435/100,000 (Nat Av 343)
Doctor patient ratio (urban)	1:20,000 (Nat Av 0.09 doctors per 1000 people)
Doctor patient ratio (rural)	1:150,000
Nurse patient ratio	1:2609 (Nat Av 0.65 nurse per 1000 people)
Midwife patient ratio	1:5047 (Nat Av 0.65 nurse per 1000 people)
Supervised deliveries	43% (Nat Av 58%)
Population within less than 5km to the nearest health unit	75%
HIV/AIDS prevalence rate	11.3%
Contraceptive utilization rate	27%
Sub counties with MCH services	12 out of 15
Immunization coverage:	BCG 86.4%, Tetanus 23.3%, Measles 86%, DPT 93% (Nat Av 85%)
Number of static immunization facilities	26

Source: Kabarole District Approved Five Year Development Plan FY 2010/11 – 2014/15.

- a. The topmost four causes of morbidity were malaria (45%), ARI (25.2%), intestinal worms (8.4%) and HIV/AIDS (5%).
- b. Immunization coverage and facilities: BCG 86.4%, Tetanus 23.3%, Measles 86%, DPT 93% and there were 26 static immunization centres.
- c. From Table 3.14 above, Kamwenge indicators showed good performance vis à vis the national average. This was mainly due to the intervention of Implementing Partners (IPs) like Baylor.
 - General improvement in health services
 - Staff and structures increased
 - Non-state players crucial players and supporters
 - The Public/Private partnership model had, therefore, yielded positive impact on service delivery in the Health Sector.
 - Insufficient funds
 - Insufficient drugs
 - Some crucial support staff unavailable

EDUCATION SECTOR

The education department in the district is composed of two main sections: (a) Administration which is charged with overall coordination and management of all activities in the department (b) Inspectorate which is responsible for quality control of curricula and co-curricular activities (games, sports, music, dance and drama) and Special Needs Education. For the Education Department to achieve its objectives¹, an establishment of 7 key personnel was approved as

¹ The main objectives of the education department in the district include:

- i. To ensure quality universal Education and equitable access to quality education for all children.
- ii. To improve access, equity and quality of education in primary and post primary schools

seen in Appendix 1 (Education Department). All these officers require adequate means of transport, office facilities, as well as appropriate equipment and facilitation to execute their mandated roles. This is because most of their activities are field based. Annex 1 shows the established personnel capacity for optimum service delivery at the different levels of Local Authorities, namely, District, Sub-county and Town Councils.

With regard to the budget, even if a new unit is created, the capitation grant may not increase, which affects services in the new unit. Creation of a new administration unit will reduce the capitation even further as some funds are set aside to facilitate the new administration unit (Kisomoro).

Baseline Information

At the time Kabarole District was sub divided into Kyenjojo and Kamwenge Districts, the education department was responsible for the delivery of education in all counties of the district. In 1997, Universal Primary Education (UPE) was launched. This saw a sharp rise in enrolment in Primary and later Universal Secondary Education (USE) equally increased enrollment in Secondary Schools. The literacy rate was 49.7%.

Number & level of Enrolment in Schools before 2001

By 2000, Kabarole District consisted of 7 counties and a total population of 944,600 people. By our 2001 Kabarole District, excluding Fort Portal Municipality, had 282 government aided schools, 2800 teachers of who 700 were untrained, and 237,024 pupils (53% being boys, 47% being girls).

The status of its Primary education sector is shown in Table 3.19 below, highlighting total enrolment, number of teachers and teacher pupil ratios by 2001.

Table 3.19: Number and Distribution of Schools in Counties of Kabarole District as at 2001.

County	No. Primary school (2000)	No classrooms needed (2000)	Enrolment total (2000)	No of teachers	Pupil : teacher ratio
Burahya	50	341	41,842	588	71
Fort Portal Municipality	16		13,252	259	51
Mwenge	90	438	58,242	718	73
Kyaka	41	158	19,229	284	72
Kibale	49	203	28,003	455	66
Kitagwenda	45	177	25,067	467	57
Bunyangabu	49	343	33,879	521	51
District	340	1,660	206,269	3,272	68

Source: Kabarole District Development Plan 2000/1, 2001/2, 2002/3

- iii. To ensure effective implementation of education sector policies and guidelines
- iv. To improve governance system of the schools through capacity building
- v. To promote co-curricular and extra-curricular activities in education institutions
- vi. To promote school feeding practices for all pupils

Out of a total population of 944,600 people, the total enrollment, which was at 206,269, seemed to be low at the time.

Key Indicators of Performance in the education sector, 2001

Kabarole District registered a total of 8078 pupils for PLE in 1999. Of these 1049 passed in Div 1, 2970 in Div 2, 949 in Div 3, 1476 in Div 4, 377 in Div X and 1257 in Div O. Most of the Div 1 & 2 pupils were from Burahya, Bunyangabu and Mwenge Counties. Kyaka, Kibaale and Kitagwenda trailed.

There was improvement in sports and games with the district Athletics team becoming 18th overall best and the football team emerged 12th out of 33 teams in the national competition in Kiboga district.

Infrastructure in the education sector, 2001

By 2001 there was shortage of classrooms and furniture. Government had promised to provide materials such as cement to support construction of classrooms but was slow in delivering the same. By 1996 there were only 2243 classrooms and 12,514 desks in government aided primary schools although this number had increased by 2001 due to the introduction of the UPE program (we did not establish the exact number). The desk to pupil ratio was 1:7.6 pupils in upper primary and 1:19.4 pupils in lower primary and this means that most of the pupils sit on the floor.

The education sector was also constrained by insufficient monitoring, long distances for pupils, a high pupil enrolment versus a small number of teachers, lack of basics like uniform, exercise books and parents unwilling to make contributions to the education of their children.

Budget for Education, 2001

A number of special projects in support of the UPE policy were embraced in the district. These included the School Facilities Grant (SFG) which aimed at constructing classrooms, latrines and procuring furniture and instructional materials; Irish Aid whose focus was on classroom construction, latrines and provision of furniture and scholastic materials; and DANIDA agricultural education component focused on sensitization and monitoring of agricultural activities in schools. Other projects in support of education were the Teacher Development and Management System (TDMS) for in-service training of teachers with Can Apolo TTC being chosen as its hub; PRISFAC – SFG for classroom construction; and DDSP (IFAD) for infrastructure development in schools.

STATE OF EDUCATION AFTER CREATION OF NEW ADMINISTRATION UNITS

Current Number of Educational Institutions

Table 3.20: Estimated Number of Educational Facilities in the Districts in 2018

	Indicators	DLG: Kabarole		DLG: Kamwenge		DLG: Kyegegwa		DLG: Bunyangabu		Total
		Before 2001	Now	Before 2001	Now	Before 2001	Now	Before 2001	Now	
1	No of Tertiary Institutions	3	7	0			1	0	0	11
2	No Secondary Schools	17	28	0	25		12		19	101
3	No post primary Vocational Institutions	2	3	0	5	1	2		1	14
4	No. of Primary Schools	340	166		200		103		88	897
5	No. of Early Childhood Learning Centres		61		69		26		5	161
	Total	362	265	0	299	1	144	0	113	1,184

Source: <http://nilepost.co.ug/schools/find-a-school/district/> and <https://schooling.ug/schools>

From Table 3.20, it can be noted that before 2001 former Kabarole District had a total of 4 Tertiary Institutions and now has 8; had 36 Secondary Schools and now has 84; had 4 post primary Vocational Institutions and now has 11; had 340 Primary Schools and now has 557; had 5 Early Childhood Learning Centers and now has 161. Government Education institutions had, therefore, increased, particularly Secondary Schools. However, Primary Schools increased modestly from 340 to 557, hence an additional 217 Schools. Suffice it to note that the increase in the education facilities should also be seen in relation to the increase in the population of the region. It can be adduced that this increase had an impact on education services as there were now more institutions for the children.

OVERVIEW OF EDUCATION SERVICES IN KAMWENGE DISTRICT

Before Kamwenge became a District in 2000, it had no tertiary institution but now has one. It had 4 Government Secondary Schools but after becoming a District they rose to 13 Secondary Schools with five laboratories, and the structures were progressively improved through the School Facilities Grant (SFGs). Kamwenge TC had also not yet received its entitlement of a Government Primary School. In Primary Schools, Staffing improved, from the staff – student ratio of 1:70 before 2000 to the present 1:56 which is closer to the recommended 1:40 staff-student ratio. Availability of Text books in Primary Schools has also improved to a ratio of 1 book to 3 students in the lower classes, which is the recommended ratio. However, in upper

classes, the ratio is still higher at 1 book to 5 pupils. This improvement was as a result of the change in supply policy whereby contracted publishers now supply text books in cycles.

Before 2000, Schools in Kamwenge were staffed by many unqualified licensed teachers. Presently, Schools are well staffed by qualified teachers owing to the policy that facilitated in-service training. However, poor remuneration and facilities like staff houses continues to undermine performance. At District level, Kamwenge had 9 out of the 10 slots filled as shown in the Table below.

Table 3.21: Estimated Number of Educational Facilities in the Districts Surveyed in 2018

		DLG: Kabarole		DLG: Kamwenge		DLG: Kyegegwa		DLG: Bunyangabu		Total
1	No of Tertiary Institutions	3	7	0		1	1	0	0	12
2	No Secondary Schools	17	28	0	25	n/a	12	19	19	120
3	No post primary Vocational Institutions	2	3	0	5	1	2	1	1	13
4	No. of Primary Schools	340	166	94	200	41	103	49	88	1081
5	No. of Early Childhood Learning Centres		61	n/a	69		26	5	5	166
	Total	362	266	94	299	42	142	74	113	1,392

Source: <http://nilepost.co.ug/schools/find-a-school/district/> and <https://schooling.ug/schools>

By adding all the institutions in 2001 and comparing the number with the present institutions, it can be noted that the region of the former Kabarole District before 2001 had a total of 4 Tertiary Institutions and now they are 8; had 36 Secondary Schools and now they are 84; had 4 post primary Vocational Institutions and now they are 11; had 524 Primary Schools and now they are 557; had 5 Early Childhood Learning Centers and now they are 161. Government Education institutions had, therefore, increased, particularly Secondary Schools. However, Primary Schools which increased modestly from 524 to 557, hence an additional 33 Schools. Suffice it to note that the increase in the education facilities should also be seen in relation to the increase in the population of the region. It can be adduced that this increase had an impact on education services as there were now more institutions for the children.

Current level of staffing and student enrolment in schools

Table 3.22: Staffing in the Education Department – Kamwenge District (2014/15)

Cadre	Approved Positions	Current staffing
District Education Officer	1	1
Senior Education Officer	1	1
Inspector of Schools in-charge of Kibale County	1	1
Inspector of Schools in-charge of Kitagwenda County	1	1

Cadre	Approved Positions	Current staffing
Inspector of Schools in Charge of Special Needs	1	0
Sports Officer	1	1
Secretary	1	1
Driver	1	1
Office Attendant	1	0
Total	10	9

Source: Kamwenge DPP 2011/12 – 2014/15

It will suffice to zoom into the state of an education sector in a remote lower level administrative unit in order to get a glimpse into the quality of schools in rural Kamwenge District. In the following section, some Schools in the hard to reach Mahyoro Sub-county were selected for deeper analysis of the quality dimension of education services in a typical rural setting.

1. Mahyoro Primary School

- Enrolment: 547 (Girls 282; Boys 265), of these 24 pupils are with special needs
- Classrooms 12 (4 complete; 8 incomplete) – most are in poor condition
- Streams: 7
- Classroom: pupil ratio: 1: 46; Teacher: pupil ratio: 1:55; desk: pupil ratio: 1:5; toilet stance: pupil ratio 1:26
- Teachers: 10 (F2; M 8) GV 2; GIII 8
- Toilets: 5 (21 stances)
- Water and sanitation situation: 2 water tanks 1 of which is functional
- Functional washroom for girls: 1
- Functional hand washing facility: 1
- Food store for pupils: 1

This School is in a fair state. The teacher – student; Student – Desk ratios are fair. However, the 24 Special needs students did not have special facilities. 1 functional washroom was not enough for 282 girls and so was the 1:26 toilet stance ratio. Most classrooms are in a sorry state.

2. Kanyabikere Primary School.

- Enrollment: 374 (boys 214, girls 160)
- Teachers: 6 (F2; M 4); GV 1; GIII 4
- Classrooms 5 (4 complete, 1 incomplete). UWA constructed 1 classroom
- Teacher: pupil ratio: 1:62; Desk pupil ratio: 1:6; classroom: pupil ratio: 1:75; toilet stance pupil ratio: 1: 94;

- Toilets 1 (4 stances)
- Water and sanitation situation: 2 water tanks 1 of which is functional
- Hand washing facility available
- The school received text books for lower classes
- Teachers are well trained, but the teacher – student ratio is high. Classrooms are inadequate with a very high ratio of 1:75 students; and so are toilet stances at 1:94 students.

3. Mahyoro Moslem Primary School

- Enrollment: 303 (boys 157, girls 146)
- Teachers: 5 (F 1; M 4); GIII 5.
- Toilet stances: 18
- The School is in a fair state, but the 5 teachers were not enough for the 303 students.

4. Nyanga Primary School

- Enrollment: 698 (Boys 341, Girls 357), of these 10 have special needs
- Teachers: 8 (M7, F1) GV 2, GIII 5)
- Toilets: 4 (16 stances)
- Water tanks 1
- Classrooms: 7 classrooms under construction by GPE
- Desk pupil ratio: 1:10

The state of the School is not fine. Eight teachers for 698 students is a very high ratio. Except if the desks were long, otherwise the pupil desk ratio of 1:10 was high.

Current level of Infrastructure in the Education Sector

Whereas in 2000, the need for classrooms stood at 1,660 in the greater Kabarole District, GoU and its Implementing Partners responded and mobilized funds to build classrooms and other infrastructure at the schools including latrines, teachers' houses, offices, games and sports equipment, text books and other scholastic materials. Between 2012/2013 and 2014/15 Kabarole District LG built a total of 36 classrooms, 14 offices and 14 stores in 14 primary schools. In addition it built 5 staff houses in 5 primary schools and 17 latrine stances in 6 primary schools. This was the case across all the districts surveyed. The progress has been slow, often outstripped by the demands owing to increases as a result of the UPE policy and the increase in population. Nevertheless, the gap in infrastructure was alleviated by the market-driven private sector. Private schools have been acclaimed for better academic standards than the public ones. However, their exorbitant fees are prohibitive to most peasant families who are left with no option but to send their children, including the promising ones to the poor performing public schools. However, with both

Private and Public Schools, Primary education was brought closer to the population. For the Toro region 78.9% of the households were in a radius of 3km to the nearest school (Uganda Bureau of Statistics 2017). A distance of 3 kilometres from a household to the nearest school is considered acceptable by the Ministry of Education and sports and is the target of the government.

Some administrative units like Sub-counties and TCs have not yet got their entitled education institutions like Primary and Secondary Schools. Although this increased exposure to literacy for many children, it greatly strained existing resources in the Schools and the evident trade-off was quality deterioration. Many schools became Government grant – aided and more teachers were recruited, which greatly changed the education landscape for many. However, additional infrastructure like classrooms, desks, teacher’s houses and fair remuneration were required yet only a few were provided. Despite improvement in enrollment, staffing and some construction, the main challenges were, therefore, the quality of education in public schools and the inadequate structures, some of which were in an appalling situation. Construction was at a slow pace that was dictated by Central Government funding and Presidential pledges. The issue on quality was complex, but mainly related to staff job satisfaction, teaching environment/facilities and student’s background. Subsequently, achievements in increased enrollment were off-set by quality deterioration. The quality problem in Government’s UPE/USE Schools provided a niche for non-state providers, thus making education the most highly paid for service hence burdensome for the population (see figure). The following sections highlight the changes that took place in the education sector between 2000 and the present.

OVERVIEW OF INFRASTRUCTURE FOR THE EDUCATION SECTOR IN KYEGEGWA DISTRICT

Before Kyegegwa became a District in 2010, it had 6 Government Secondary Schools to which 1 was added after becoming a District. Secondary School teachers increased from 80 in 2010 to the present 103 teachers. Four Sub-counties out of 8 did not have a Government Secondary School. However, a new seed School is under construction in Rwentuuha. Secondary School lacked support staff like lab assistants; had about 45 classrooms which were inadequate, 3 laboratories, had no libraries and lacked staff houses.

With regard to Primary Schools, there were 65 which had, however, remained the same number by the time of this research. Out of 42 Parishes, 4 and 1 Ward did not have a Government Primary School. Performance had improved, from 50 students in Division 1 in 2010 to 130 Students in Division 1 and 1,755 in Division 2 during 2017. However, the population had also increased, from 156,000 in 2010 to around 285,000 (without refugees). Nonetheless, indicators of improvement in Primary School performance are seen in the drastic absence of students in Divisions 4 and U which used to be the case before the creation of Kyegegwa District. Non state players included UNICEF, were active especially in supporting co-curricular activities like sports.

Classrooms built with permanent materials increased from 365 in 2010 to the present 468; teacher houses increased from 9 and to 14 after attaining District status. In all, Kyegegwa schools had 862 latrine stances. Notable change was in student enrollment in the Primary Schools increased from 34,653 in 2010 to the present 47,208 pupils. The number of teachers increased from 532 in 2010 to the present 614. These are all better trained and on the payroll. However, the teacher/student ratio which was 1:66 in 2010 increased to 1:77 which was further above the recommended 1:53. Although the SFG capitation was increased, the creation of more units rendered it inadequate.

At District level, Kyegegwa had inadequate staff, comprising 1 DEO, 1 Senior Education Officer; 2 Inspectors of Schools and 1 Senior Inspector of Schools, and a deficit of 7 core staff. Facilitation was still low but was likely to increase to UGX 28 million during the 2018/19 FY. SFG capitation was increased, but with creation of more local government units, it declined until 2018 FY. The District staff manage to supervise at least 1 Government School quarterly.

From the foregoing, education services in Kyegegwa improved in student enrollment and staffing after it became a District in 2010. However, some new units like Hapuyo S/C had still not got their entitled Schools. There were also gaps on core staff at District Level and funding was inadequate which constrained supervision. School structures were poor and there was need for teacher incentives notably housing in order to improve retention.

The one year old Bunyangabu District was also progressing in the Education sector. With a Presidential Pledge of UGX 300 Million, the District constructed Katigunda Polytechnic in Kabonero and completed Classroom Blocks in Nyamba and Kyamuhemba Primary Schools.

Current Budget Trends for the Education Sector

Table 3.22: Budget for the Education Sector in the surveyed districts over the years

District	Amount UGX 000S			
	FY2011/12	FY2012/13	FY2017/18	FY2018/19
Kabarole	11,483,113	12,535,605	9,596,325	9,185,054
Kamwenge	7,784,730	9,193,926	14,026,041	18,043,695
Kyegegwa	4,233,290	4,062,577	n/a	n/a
Bunyangabu	n/a	n/a	7,334,864	7,390,709

Source: Adapted from the Districts' Budget Framework Papers of the respective financial years

Table 3.23: Share of the Education Sector Budget as Percentage of the Total District Budget

District	Percentage of education budget to total district budget			
	FY2011/12	FY2012/13	FY2017/18	FY2018/19
Kabarole	47.8	46.0	32.8	35.4
Kamwenge	43.0	47.1	51.7	45.3
Kyegegwa	41.7	35.5	N/A	N/A
Bunyangabu	N/A	N/A	53.5	54.6

Source: Adapted from the Districts' Budget Framework Papers of the respective financial years

From the tables above it can be observed that education receives almost the lion's share of the District Budget. Most of this budget goes to salaries and wages of the teachers and other staffs in the sector. With the introduction of UPE in 1997, districts massively employed teachers to address the need that was created following a hike in enrolment and increasing the number of government – grant aided schools. For instance in 1997 Kabarole District had 2285 teachers of whom 764 were untrained. Under UPE 656 temporary teachers were recruited and 97 reinstated. This was because of the need to teach a total of 237,024 pupils that enrolled under UPE. By 2000 the number of teachers recruited had raised to 3272 giving a teacher pupil ratio of 1:68. There was also massive construction of classrooms to add to the number of 2243 classrooms that were available in government aided primary schools in Kabarole district in 1996. However, by 2000 the district still had a gap of 1660 classrooms. This is not to mention the shortage of other school facilities like latrine stances, instructional materials, and health and hygiene facilities among others. Therefore, apart from the salaries and wages a significant portion of the district education budget went to infrastructure development. Government efforts were supplemented by Implementing Partners notable SFG and Irish Aid.

Of the four surveyed districts, the share of the education sector to the total budget has declined in Kabarole District from 47.8% in FY 2011/13 to 32.8% in FY2017/18 although there was a slight increment to 35.4% in FY2018/19. On the other hand, for the newly created Bunyangabu District, education took 53.5% of the district budget in FY2017/18 and has risen to 54.6% in FY 2018/19. Data for Kyegegwa District for FY2017/18 and 2018/19 was not available (N/A).

CURRENT INDICATORS OF EDUCATION SECTOR

Key Education Indicators for Kabarole District, 2014

In greater Kabarole District the number of teachers by 2001 was 3,038 and Desk: pupil ratio 1:7.65 (upper primary); in lower primary it was 1:94.4

Table 3.25: Education Statistics for Kabarole District (FY2010/11 – 2014/15)

Metric	Number
Primary Schools (government aided)	124
Primary schools (private)	19
Tertiary institutions	9
Universities	3
Secondary schools (government aided)	17
Secondary schools (private)	8
Children with special needs enrolled	270
Net enrolment	89,741
Pupil – teacher ratio	51.1
Pupil classroom ratio	93.1
Pupil text book ratio	3:1
Pupil latrine stance ratio	140:1

Source: Kabarole District Local Government Approved Five Year Development Plan FY 2010/11 to 2014/15

In Kabarole District, Education services also expanded to the present 144 Government Aided Schools which are also well staffed with qualified teachers as a result of the government policy that facilitated in-service training. It is noteworthy that many non-state players were drawn into the education sector. These included the traditional faith-based/non-profit actors like religious bodies. In Kabarole, the Catholic Church operated many faith-based Tertiary, TTCs, Technical, Secondary Schools at every Parish and Primary Schools.

Table 3.26: Key Indicators of Education in schools: The case of selected surveyed sub counties

EDUCATION SECTOR	Sub County/TC/ DLG: Kisomoro		Sub County/TC/ DLG: Rwimi T/C		Sub County/TC/ DLG: Hapuyo		Sub County/TC/ DLG: Kyegegwa TC	
	Before 2001	Now	Before 2001	Now	Before 2001	Now	Before 2001	Now
Teacher/Student Ratio	N/A	1:80	1:80	1:55	1:90	1:60	1:80-95	1:60-75
Classroom/Student Ratio	N/A	1:100	1:80	1:55	1:50	2:90	1:80-120	1:50-80
Textbook Student Ratio	N/A	Inade-quate	1:35	1:30	1:90	3:90	1:40	1:25

Source: Field Findings by the Researcher

From the table above it can be observed that generally, the teacher–student ratios; class–pupil ratios; textbook–Student ratios were high during our 2001 base year compared to the present. This was an improvement after the creation of administrative units. In the following section, we interrogate the budget allocation to the education sector in the different units and of what percentage it was to the District budget.

ROADS AND WORKS SECTOR

The District Works, Water and Technical Services Department is composed of Public works including Roads and buildings; Water and sanitation; and Mechanical Engineering sections. The main objectives of this sector include: 1) To improve, increase and maintain the stock of the District Physical infrastructure; and 2) To mobilize /equip communities with skills to prioritize and maintain the infrastructure. Key functions of the department include: 1) Providing technical advice and guidance to stakeholders; 2) Preparing technical specifications of contracts; 3) Supervising all the technical works in the District; 4) Preparing work plans and budgets for the technical works in the District; 5) Approving buildings and other structural plans; 6) Developing and maintaining water and sanitation systems; and 7) Enforcing engineering and works policies.

The main requirements for the sector are the district road unit, and key personnel (at least 18) who include the District Engineer, the District Water Engineer, the Environmental Engineer, Superintendent of Works, Assistant Engineering Officers (Civil, Mechanical and Water), Plant Operators, Drivers, Office Typist and office attendants. The officers are expected to be facilitated with adequate means of transport, office facilities and budget to facilitate their operations.

Baseline on Road Network in 2001

By 2001, Kabarole District had a road network totaling 3524km. Of this trunk roads were 398.2km, feeder roads were 816.7km and community access roads were 2409km. This road network was shared among the 7 counties as detailed in the table below:

Table 3.27: Road Network of Kabarole District in 2000

County	Roads under central government		District / Sub County	Community Roads
	Tarmac	Murram	Feeder	Access
Burahya	24.0	88.0	69.2	593.3
Fort Portal MC	6.0	6.0	-	-
Bunyangabu	25.0	0.0	58.9	97.7
Mwenge	31.5	123.0	244.4	582.7
Kibale	0.0	45.0	90.8	478.0
Kitagwenda	0.0	0.0	66.2	241.1
Kyaka	0.0	66.0	144.4	498.2
Total	86.5	328.0	681.1	2490.7

Source: Kabarole District Local Government District Development Plan (2001/2–2002/3)

Of this road network, only 703km of feeder roads was under routine maintenance. Forty five percent of the feeder roads were in great need of periodic maintenance while 32% was fairly good and only 162.6km were good condition, thanks to two projects, namely ADB and Coffee roads project.

Current State of the Road Network

By 2015 UNRA station in Fort Portal, which oversees road network in 7 districts that include Bundibugyo, Kabarole, Kamwenge, Kibaale, Kyegegwa, Kyenjojo and Ntoroko, had a total road network of 1,002.7Km, of which 262.5Km (26.2%) was paved and 740.2Km (73.8%) are gravel roads (URF Road Maintenance M&E Report 2015).

There was unanimity among KIs regarding the positive impact brought by District road units on the improvement of transportation which has greatly impacted on livelihoods and development. New Districts use the units to open up and maintain rural roads which enable access of villages by produce buying traders, hence increased commercialization, productivity and better incomes. The major handicap was compensation of people through whose land roads have to pass, and the high cost of marram which is badly needed in areas with big layers of fertile loam soils like Bunyangabu.

Inadequate funding and rigid budgetary policies like conditional funding adversely constrains the new administrative units in executing their mandates in service delivery, hence the numerous gaps and the resultant dissatisfaction from the population.

OVERVIEW OF ROAD SERVICES IN NEW DISTRICTS

Kamwenge: As a District, Kamwenge's technical personnel for works increased. There used to be 1 Engineer and now they increased to 7; and used not to have Assistant Engineering Officers but now has 5, who have motorcycles for operations. Kamwenge District was given a Road Unit that comprised a Grader, a Loader, 2 trucks, Compactor and Water Bowser. The road fund takes charge of and mechanical imprest, however, was not sufficient for the required work.

Kyegegwa: In Kyegegwa, the last FY budget allocation to the road sector was UGX 340 million, which was, however, insufficient as it includes mechanical imprest and salaries. On average, Kyegegwa works on 6 roads (11 km each = 66 km) every FY. The road fund was not enough for in-puts like marram which was very expensive, so had to improvise with on-spot marraming. Due to budgetary constraints, road gangs were not attracted to work for the little pay of UGX 100,000 for every 2 Km of road maintenance. In Kyegegwa, Road services were also undertaken by non-state agencies. As a refugee hosting District, UNHCR provided UGX 98 million for a road of 10 Kms, and in Kyaka North, UNHCR had worked on 2 roads. Another NGO Dr Deep that works in refugee hosting Districts provided UGX 750 million for road works. By 2015 Kyegegwa District had a total road network of 198Km

of district roads and received a total annual road maintenance budget of UGX 380.291 million, under the Uganda Road Fund (URF) in the FY 2014/15. In addition, Kyegegwa town council received a total budget of while UGX 115.65 million and the 5 sub-counties got UGX 54.983 million for road maintenance.

Bunyangabu: Bunyangabu District has a specific problem of high loam soil texture which requires much marram which is costly as it is procured from outside the District. Road maintenance was therefore a costly challenge, especially during rainy seasons. Road were allocated UGX 994,150,000 in the first financial year, which was not enough. Nonetheless, the District managed to maintain 222 km of road networks manually using road gangs and an additional 43 km maintained mechanically. These have opened Bunyangabu's rural areas thus enabled connectivity, accessibility thus stimulated development.

Kabarole: According to the Kabarole District DPP 2014/15 – 2019/20 48% of the households rated the roads near their households as good, 28% rated them as fair while 24% rated them as poor. In the same period there were 262 Km of district roads in Kabarole District of which 255.9Km in FY 2014/1 were maintained by the local government through regular bush clearing, grading, shaping, spot gravelling and drainage works thanks to a budgetary allocation of UGX 652.5 million, under the Uganda Road Fund (URF). In addition the Uganda Road Fund budgeted UGX 83.729 million for road maintenance in the 15 sub counties of Kabarole District (URF Road Maintenance M&E Report 2015). Also the district constructed a number of bridges which greatly reduced travel distance and time to access social services such as health centres, markets and schools. This led to a boost in the economic status of rural areas and increasing the value of land in the rural areas.

By 2015, UNRA station in Fort Portal, which oversees road network in 7 districts that include Bundibugyo, Kabarole, Kamwenge, Kibaale, Kyegegwa, Kyenjojo and Ntoroko, had a total road network of 1,002.7Km, of which 262.5Km (26.2%) was paved and 740.2Km (73.8%) are gravel roads (URF Road Maintenance M&E Report 2015).

Current Trends in the Budget for the Roads Sector

Table 3.28: Budget trends for the works and roads sector in the surveyed Districts

District	FY2011/12	FY2012/13	FY2017/18	FY2018/19
Kabarole	1,935,241	2,514,473	1,305,908	1,756,973
Kamwenge	1,935,241	2,514,473	834,902	2,695,564
Kyegegwa	592,074	465,608		
Bunyangabu			994,015	793,523

Source: Adapted from the Districts' Budget Framework Papers of the respective financial years

Table 3.29: The works sector budget as a percentage of the total district budget

District	FY2011/12	FY2012/13	FY2017/18	FY2018/19
Kabarole	8.1	9.2	4.5	6.8
Kamwenge	10.7	12.9	3.1	6.8
Kyegegwa	5.8	4.1		
Bunyangabu			7.2	5.9

Source: Adapted from the Districts' Budget Framework Papers of the respective financial years

The share of the works budget in the surveyed districts took a declining trend between FY2011/12 and FY2018/19 with Kamwenge District experiencing the sharpest decline from 10.7% to 6.8% and Kabarole District from 8.1 to 6.8%. In FY2018/19 three of the surveyed districts had similar percentage share of their budgets going to works. It will be noted that most of the budget for works is retained by the centre for UNRA to implement national road projects.

PRODUCTION SECTOR

The district production department is composed of 5 sub sectors: Crop, Livestock, Entomology, Fisheries and Commercial services. The pace of transformation of agriculture from peasant to commercial farming is critical for national development. The main goal of this sector is to ensure improved household and nutrition security; and increased household incomes and livelihoods. Therefore, the specific objectives include: 1) to sustainably enhance factor productivity (land, labour, capital) in crops, livestock and fisheries; 2) to develop and sustain markets for agricultural products; and 3) to develop favourable environments that facilitate the private sector. For the sector to achieve this it requires the following key personnel: District Production Coordinator, District Agricultural Officer, District Veterinary Officer, Entomologist, District Commercial Officer, District Fisheries Officer, and District Marketing Officer. In addition each sub county requires Extension Officers for responsible for Agriculture, Veterinary and Animal Husbandry Officer, and Fisheries Officer (optional). All officers are expected to be facilitated with means of transport and equipment for conducting extension work (training & demonstration materials). A district is also expected to have demonstration farms (District Farm Institute).

Production Baseline Information, 2001

By 2000 Kabarole District had approximately 5518 square kms of land available for agriculture. Of this only 14.4% was under crops. Most of the households were food secure. However, the agricultural extension service was not having a big impact at the Household Level. Post Harvest losses of food were quite high. Major cashcrops were tea which covered an acreage of 344.1 Ha, Coffee on an estimated acreage of 2300 Ha, and Tobacco in Nyankwanzi, Katooke

and Nyantungo sub counties. The sector had also been disrupted by the displacement of the communities by the rebel activities. The sector was further constrained by inadequate motorized transport, inadequate & irregular funding, and inadequate staffing to cover all sub counties and lack of kits. Other constraints included the unpredictable weather patterns and prevalence of pests and diseases especially Coffee Wilt Disease (DPP 2001/2–2002/3). However, by 2015 77% of the households in Kabarole District felt that agricultural extension service had improved in the previous two years.

Current Level of Staffing in the Production Sector

Table 3.30: Staffing in the Production Sector in Selected Sub Counties

PERSONNEL	Sub County/TC/ DLG: Mahyoro		Sub County/ TC/ DLG: Kisomoro		Sub County/ TC/ DLG: Rwimi TC		Sub County/ TC/ DLG: Kyegegwa	
	Before 2001	Currently	Before 2001	Currently	Before 2001	Currently	Before 2001	Currently
No of Agricultural Officers		1		0	1	1	1	1
No of Veterinary Officers				0	1	1	1	
No of Fisheries Officers		1		0	0	0		
No of Forestry Officers				0	0	0		
No of Assistant Agric Officers	1			1	0	0		
No of Assist Veterinary Officers	1			0	0	0		1
No of Assist Fisheries Officers	1	1		0	0	0		
No of Forestry Officers	0	0		0	0	0		
No of Commercial Officers	0	0		0	0	0		
Number of Cooperative officers	0	0		0	0	0		
Total	3	3		1	2	2	2	2

Sub-counties and Parishes are the frontline units where production takes place. Accordingly, these units should be well staffed with support personnel to guide the largely peasant cum small-holder producers. From the above table, we will pick on a unit like Mahyoro under Kamwenge District which was created in 2001. Ever since, Mahyoro has only 3 staff in the production sector out of an establishment of 10 staff. With 3 staff, it has the highest number of staff compared to Kisomoro, Kyegegwa and Rwimi. Before Kamwenge became a District, Mahyoro had 1 Assistant Agricultural Officer; 1 Assist Veterinary Officer and 1 Assist Fisheries Officer. We hasten to emphasize that this categories of staff were specifically suitably trained for extension service at the grassroots. It is noteworthy that the number of such extension workers never increased after Kamwenge became a District. Mahyoro now has 1 Agricultural Officer (Graduate), 1 Fisheries Officer (Graduate) who are more of planners and supervisors than field personnel like the Assistant Agricultural Officers. Mahyoro also has 1 Assist Fisheries Officer. This change in cadre demography to graduates and few

Assistants and the low number of staff at the grassroots compared to the District level most likely had a bearing on extension work to the producers.

In all the surveyed districts, the main thrust of the production sector is value addition to agricultural products, provision of modern storage facilities, linking farmers to high demand markets, and improving rural electrification to connect centers of production to the national grid. In addition the sector improved extension services by recruiting and facilitating extension workers and veterinary officers in almost all the surveyed Sub counties.

Production reportedly increased as a result of opening-up road networks in rural areas which enabled access by producer traders. Each District used to have a special program of NAADs which was not efficient owing to the coverage and other operational problems. Presently, each District is served under OWC under two soldiers who are facilitated with a vehicle. These undertake pre-assessment to determine the needs of farmers and supply a wide range of in-puts like seedlings of tea, mangoes, coffee, oranges and heifers. However, procurement and contracts for OWC in-puts was undertaken by NAADS or UCDA at the center and Local Governments were not involved yet they were supposed to participate in distribution. Some respondents noted that the provision of in-puts was largely supply rather than demand driven. “The bring tea /mangoes instead of what people want. They supply late or deposit anywhere leading to deterioration and waste. Some suppliers were “big”/powerful and contracted and managed by NAADS or UCDA at the center and District technical personnel sometimes finds them hard to supervise” (Interview).

CURRENT LEVEL OF INFRASTRUCTURE FOR THE PRODUCTION SECTOR

Overview of Production in Kamwenge and Kabarole Districts

Before and after it became a District, Kamwenge continues to lack District Farm Institutes, government Agricultural Mechanisation Schemes and Demonstration Farms. However, Kamwenge got its own specialized staff when it achieved District status, which accelerated production. From no Agricultural officer in 2001, Kamwenge now has 13 Agricultural Officers; from 1 Veterinary Officer in 2001 to the present 4; from no Fisheries Officer to the present 3; from 3 Assistant Agricultural Officers to the present 4; from 4 Assistant Veterinary Officers in 2001 to the present 12. It was the position of Assistant Fisheries Officers who reduced from 2 in 2001 to the present 1. Kamwenge has been benefiting from special programs like NAADS and the present OWC, which provides producers with in-puts. The ration of extension workers to farmers significantly improved from 1:20,000 in 2001 to the present 1:1,920, which is closer to the recommended 1:500. More improvement was in the Dairy sector, where 3 milk coolers were installed in each Sub/county. The production sector is constrained by a limited budget to scale-up and roll-out the full potential of Kamwenge.

Increased production in Kamwenge was not entirely the function of the state and District. Non-state actors are playing a pivotal role in Kamwenge's production sector ever since it became a District. Notable of these are the WFP in Kabambiro, Biguli, Nkoma and Bwizi; Samaltan's Purse, Adventist Development and Relief Agency (ADRA), Lutheran World Federation, AVIS and World Vision. Some of these NGOs had their own extension workers who supplemented government extension workers, hence the accelerated production in Kamwenge.

- * Diary (Coolers)
- * Agricultural in-puts (OWC)
- * Agricultural Officers
- * Veterinary Officers
- * Assist Veterinary Officers
- * Agro-input supply
 - Extension Worker/Farmer Ratio
 - Assistant Agricultural Officers
- * District Farm Institutes
- * Agric Mechanisation Schemes
- * Demonstration Farms

Conclusion: Non-state actors have played a complimentary role. Some aspects of services in production need to be addressed. Impact of creation of administrative unit on production rated as moderate. Emphasized the need to concentrate and empower Sub-counties to perform better rather than creating more districts which had many expenses.

In Kabarole, the Catholic Church also run an Agricultural Development Program where they trained farmers, provided water and health education in Bunyangabu, Ntoroko, Kamwenge, Kyenjojo hard-to-reach areas like Bufunjo and Kyarusoji.

Overview of Production in Kyegegwa and Bunyangabu

The production services in Kyegegwa improved ever since it became a District. However, although Agricultural Officers increased from 2 in 2010 to the present 9, Veterinary Officers remained 2. Kyegegwa District has an Agricultural Engineer who has started irrigation schemes; a Production Officer, a Vermin Control Officer, a Fisheries Officer, an Inseminator, a Principle Agricultural Officer, Lands Officer, a Physical Planner, a Forest Ranger and a District Commercial Officer. However, there was a remarkable grassroots front-line staff stagnation, which had a bearing on farmer – extension-worker interface. Indeed, the extension worker – farmer ratio is high at 1:10,800. The staff structure is top skewed, hence need for extension workers notably Assistant Agricultural Officers at S/County level and Assistant Vet Officers. Assistant Agricultural Officers declined from 2 in 2010 to presently none and Forest Officers

modestly increased from 1 to 2. Before there was no Assistant Veterinary Officers and now there was one; and likewise there were no Assistant Fisheries Officers and now there is one and Commercial Officers increased from 1 to the present 2.

Kyegegwa used to have Ox ploughs, but no longer has them; it used to have Agricultural Modernisation Program (AMP) and now no longer has it. However, presently, Kyegegwa has 1 Tractor for Hire Services; 18 Demonstration Farms and all producers receive in-puts through OWC. It is also noteworthy that there was an increase in Agro in-put suppliers from 1 before Kyegegwa became a District to the present 40 registered private dealers. The budget allocation to the agriculture sector had increased to UGX 600 million, which was however, insufficient.

In Bunyangabu, there were interventions through projects like Uganda Western Entrepreneurship Program (UWEP); Local Economic Growth (LEG); Inclusive Sustainable New Communities (ISNC) which supported production. Through partners, infrastructure has been established, for instance, a Banana loading Bay in Kibito and a milling machine in Rwimi.

ADMINISTRATION SERVICES

Administration Baseline Information

In 2000, Kabarole District comprised 6 counties and 1 municipality, 35 sub counties, 177 Parishes and 1,706 villages

Level of Staffing, 2001

At that time, the greater Kabarole District then had 1,189 approved posts for established staff, of which 1,070 were filled and 119 posts were vacant. In addition there were 60 District Councilors and 5 standing committees. The district had adopted computerized payroll and also improved its records management system. To improve the capacity of the staffs short courses were being conducted (Kabarole District DDP 2000/1 – 2002/3). However, these staffs were being constrained to execute the duties by inadequate funding.

Level of Staffing after creation of New Administrative Units

With the creation of Kyenjojo and Kamwenge Districts in 2010, the staffing position of the former Kabarole region trebled. Although one argument advances that this increased administrative services, a competing argument pinpoints high costs of administration (Full District establishments see appendix 1). The following Table presents the staffing of just two Districts, namely, Kabarole and Kamwenge excluding Kyenjojo, after separation into new Districts.

Table 3.31: Staffing levels in Kabarole and Kamwenge Districts

Department	Kabarole District	Kamwenge District
Administration	79	134
Audit	5	4
CBS	24	36
Council	6	10
Education	1,477	1200 (estimate)
Finance	28	6
Health	369	422
Natural resources	11	13
Planning	2	2
Production	38	19
Works	21	18
Total	2,060	1,864

Source: Kabarole DLG Five Year DDP FY2010/11 – 2014/15; Kamwenge DLG Five Year DPP 2015/16 – 2019/20

Job creation for the local population was among the major aspirations of the citizens in demand for new administrative units. From the Table above and Appendix 1, it can be noted that the creation of administrative units led to an increase in opportunities for employment and an increase in duty bearers, who supposedly became closer to the citizen service users. In Kabarole District alone, the current staff establishment is almost double that of the former Kabarole District in 2000. Appendix 1 presents a detailed staff structure of Bunyangabu, the most recently created District in the Rwenzori region. The pro-job creation argument gained credence given the backdrop of increasing out-put of the local educated class versus an inelastic labour market, hence the persistent thorny problem of unemployment. Some of the local populations were less competitive in bigger frameworks and moreso likely to be segregated if they were from less privileged or from minority group backgrounds. This compounded unemployment and interest in new administrative units as a means of creating jobs for the local population. The staff structure would create jobs, hence a means of increasing local citizen's share of the "national cake". To this School of respondents, these were the positive prospects that often fueled people's aspirations for new administrative units. KIs noted that apart from officials like CAOs who are transferable under the central government, or these for specialized sectors hence skills, most other personnel are often got locally from the new Districts. As a result, the locals are able to rise through the ranks to eventually join central government civil service, which was not the case before. This has increased the local population's incentive to attain higher qualification required for the new job slots, hence built their capacity.

Respondents critical of the creation of many administrative units pointed out that our four sampled Districts, namely, Bunyangabu, Kyegegwa and Kabarole were created from one county each, which were not so big and managed by few officials were now having over 1,000 employees. Bunyangabu had an estimated population of 171,292 people as per 2014 census. For its size and population, the elevation of Bunyangabu to District status gave it a total of 399 (excluding teachers and political jobs) approved technical personnel (see Appendix 1). Additionally, many more political jobs were created, notably LC leaders, Councilors and MPs to represent Women, and with the possibility of increasing after the creation of more constituencies. Formerly Bunyangabu had 281 LC1, which were increased to 333 thus an additional 52 LC1s after its elevation to District Status.

From Appendix 1, as many as 136 personnel at District level whose functions were planning, supervisory (implementation) and reporting than implementing. As many as 53 personnel were at Town Council level, which was an equivalent of a Parish formerly under a Parish Chief. With 3 Town Councils, Bunyangabu had an approved establishment of 159 personnel for its Town Councils. In contrast, Sub-counties had 13 personnel each, and together with all the Parishes had a total of 104 approved technical personnel. This shows that the combined staff of all Bunyangabu's Sub-counties and Parishes was less than those at District level. Some KIs observed that service delivery under decentralization did not simply mean the multiplication of administrative and political offices with duplications making it burdensome, yet with cases of redundancy thus costly. A KI from Kiko noted that:

“There is overstaffing – e.g. there are 4 town agents in what was previously only 1 parish managed by 1 Parish chief. There isn't enough work for all these staffs and hence most of them are redundant. However, the posts have to be filled because that's what the staff establishment dictates” (KI, Kiko, Kabarole).

This technical staff distribution was structurally top-heavy skewed for a one-county cum District. Conversely, the Sub-counties and Parishes which are the frontline units for service delivery to the population had fewer, poorly remunerated and facilitated duty-bearers for effective and efficient grassroots service delivery.

From the interviews, argument critical of creating new administrative units for the sake of proliferation of jobs underlined District level heavy staffing that came with high costs of wages, operational and overhead costs for tax payers. Another trajectory alluded to irregularities in obtaining jobs, for instance, nepotism and featherbedding. This school of argument further noted that many Districts were simply elevated from a one County that was economically unviable, yet now flooded with too many technical and political officials. Districts have low revenue bases thus could not raise more than 30% of their required budget from limited sources like Market leases and land registration. The remaining 70% was from the Central

Government, of which 40% was subsumed by salaries and wages, leaving little for capital development in areas of service delivery.

To these KIs, these numerous petty yet heavily overstaffed Districts could not be adequately funded for sustainable and effective service delivery. It was observed that such unviable Districts may be given a road unit but fail to optimally utilize them or maintain the roads due to lack of funds to pay road gangs or even purchasing marram. Owing to high costs, the many personnel at District level were inadequately remunerated and facilitated to undertake effective and efficient service delivery and supervision. Meanwhile, the crucial service delivery frontline units like Sub-counties had less support staff, for instance agricultural assistants for effective extension services to the citizenry. Additionally, Sub-county and Parish staff were poorly remunerated and facilitated for effective service delivery, as much of the funds were for administrative staff at District level.

This study concurs with the competing arguments, namely, that the creation of new administrative units created jobs that cascaded down to lower units, thus absorbed the increasing local unemployed population. The Population – Duty-bearer ration decreased, hence presumably increased services to the population. Political positions like MPs, LC Chairpersons and Councilors which emerged in the new administrative units increased the local voice in demand for better services like Health centers, Schools, water, electricity and roads for the local people. An example was Kamwenge District which used to have no electricity but now has 60% electricity coverage; used to have no water but now has 70% water coverage and rural road network of 50% (RDC, Kamwenge). In Kyegegwa, electricity used to end in Rusarira and Mukunyu. As a result, these new job opportunities and multiple duty bearers were incentives that often motivated the agitation for new administrative units. However, the multiplication of jobs especially at District level was costly to the tax payer and did not significantly improve service delivery owing to numerous gaps.

INFRASTRUCTURE FOR ADMINISTRATION

Overview of Administration in New Administrative Units

KI maintained that Public Administration services significantly improved after the creation of new administrative units. The respondents noted that when units were few, administrators were fewer and far from the population which was moreso increasing. Taking an example of Kyegegwa, it was formerly 1 County of Kyaka, hence one Constituency which was divided into two, namely, Kyaka North and Kyaka South after becoming a District. Relatedly, Sub-Counties were increased from 5 in 2011 to 9 after becoming a District. Formerly there were no municipalities, but after elevation to District status, three Town Councils were created. With the creation of each administrative unit, administrators came closer to the population. As a result, there was increased interaction between leaders/duty bearers and citizens;

engagement and citizen participation in governance issues. Many people, for instance, needed Administrator Generals on family issues like marriages, registration of deaths and births, pension and gratuity which were crucial in their life. When such an official was one and residing at distant headquarters, it was difficult to obtain such services. This was aggravated by poor movements due to lack of roads, hence scarce vehicles from hard-to-reach areas.

3.1.3: Efficiency and Effectiveness of the Service Delivery Models

Service delivery is a mechanism used by an organization to meet the needs and aspirations of the people it is meant to serve. It refers to a relationship between policy makers, service providers and service users and encompasses both services and their supporting systems. Service delivery in the districts and lower local governments surveyed was done in four main models, namely:

- * Direct provision by local governments;
 - * Private sector delivery (Individuals or companies delivering public services);
 - * Civil Society service delivery; and
 - * Private Public Partnerships
- a. Government Services: Direct Provision of Services by Government: the specific services delivered directly are Community Based Services – family welfare, special groups, protection of rights, community services like WASH, Strategic Planning; Production services – Livestock & Agricultural Extension; Access to justice – LC Court; construction (works) – Community Access roads, water points; and supervision and monitoring of health and education services, Community outreaches & sensitization; Barazas, Monitoring & Feedback, Assess and validate community groups (done by vets, health assistants), supply of agro-inputs, Advisory services, local revenue collection–
 - b. Services by the Private Providers: Construction and revenue collection.
 - c. Services by civil society: Civic education, Community empowerment – through arts, awareness creation on roles and responsibilities, Good governance; Some CSOs sign MoUs with the DLG to implement specific programs like MCH, HIV/AIDS, malaria, TB. Other CSOs especially Baylor provide funding to Health Units, sensitization of communities.
 - d. Services provided through Private/Public Partnerships: Construction of facilities, development of industrial facilities, sharing resources such as Human resources – engineers / doctors.

Table 3.32: Rating the efficiency of models of service delivery (KIs at LLG level).

Sub county / Town Council/DLG	RATING (1 – 10 Scale)			
	Direct Provision of services by the Local Govts	Delivery of Services by the Private Sector	Delivery of Services by the Civil Society	Delivery of Services through Public/Private partnership
Mahyoro S/C	6	5	3	7
Kisomoro S/C	7	8	6	0
Rwimi Town Council	8	6	6	7
Hapuyo S/C	5	5	3	4
Kyegegwa TC	8	5	9	-
Kiko TC	9	6	N/A	5
Kicwamba S/C	7	3	9	N/A
Average	7.1	5.4	5.1	3.8

From the rating on service delivery, it emerged that citizens expected Local Governments to offer more services than either the Private Sector, Civil Society or through Private/Public partnership. However, respondents pointed to problems of Bureaucratic red tape leading to delays and Leakages in Local Government Service Delivery. The Private Sector was rated second, and the major issues was need to provide quality work in order to remain in business and partnership with LG. Respondents said that Contractors had not performed to their expectations and they were reputed for inflating prices. With regard to CSOs, respondents maintained that they did not access the grassroots but largely stop in trading centres. Respondents maintained that CSOs did not go to hard to reach areas where most people live, and pointed out that for instance, the level of awareness at the grassroots was only 40% as the majority of the population has not yet accessed information. Respondents further noted that CSO contracts were time limited and had specific priorities according to their own means and interests. The Public/Private partnership model was commended for lessening bureaucratic red tape.

3.1.2: Efficiency of Service Delivery Before and after the Creation of NAUs

Efficiency in Budget Absorption

A possible indicator of performance in service delivery is the efficiency in budget absorption by the administrative units. However, it is important to note that most of the funds are absorbed by salaries and wages rather than development and service delivery. Nonetheless, absorption provides a clue as it is assumed to have a multiplier effect in the different sectors. On this basis, we will consider the variable of absorption of the surveyed Districts as the following Tables present.

Table 3.33: Performance of the District Budget in the Surveyed Districts in FY 2011/12

District	Approved Budget	Cumulative Receipts	% of Budget Received	Cumulative Expenditure	% Budget Spent
Kyegegwa	10,143,726	9,163,234	90 %	9,050,817	89 %
Kamwenge	18,106,785	16,780,236	93 %	16,155,568	89 %
Kabarole	24,031,183	22,633,026	94 %	22,425,814	93 %

Source: LG Annual Work Plan 2011/12

Table 3.34: Performance of the District Budget in the Surveyed Districts in FY 2017/18

District	Approved Budget	Cumulative Receipts	% of Budget Received	Cumulative Expenditure	% Budget Spent
Kyegegwa	16,888,220	15,985,699	95%	14,949,750	89%
Kamwenge	27,108,845	27,272,519	101%	26,359,121	97%
Kabarole	29,236,495	29,310,001	100%	28,619,792	98%

Source: LG Annual Work Plan 2017/18

From the tables above, a comparison of the performance of the budget in the 3 surveyed districts for the FY2011/12 and FY2017/18 shows marked improvement in receipts from 90% to 95% in Kyegegwa District, 93% to 101% in Kamwenge District and 94% to 100% in Kabarole District. With the exception of Kyegegwa District whose budget expenditure performance stagnated at 89% in the two Financial Years under review, both Kamwenge and Kabarole Districts in FY2017/18 registered an increment in of 97% up from 89% and 98% up from 93% respectively. It can also be concluded that due to the rather poor revenue and expenditure performance of the surveyed districts in FY2011/12, service delivery was also impacted negatively. However, in FY2017/18 all the three surveyed districts had improved conditions for attracting revenue from the central government as well as for spending it. Therefore, they had improved their budget efficiency. This led to efficiency in service delivery as will be explained in the case studies that follow below.

Efficiency of Service Delivery in the Surveyed Districts: The Case of Kabarole District

Before Kabarole District was subdivided, service delivery in all sectors in the district was constrained by 'basic' bottlenecks such as inadequate financing, inadequate motorized transport (inadequate number of vehicles in good mechanical condition), inadequate staffing, insecurity in some parts of Bunyangabu, Burahya and Mwenge counties, poor road infrastructure, and inadequate office equipment among others. However, 15 years after the creation of new districts, Kabarole District was facing different and more advanced constraints. Such included high levels of corruption (country wide problem), inadequate funding for 'development programs' by the central government, poor funding of UPE and USE, Low Local Revenues due to government policies such as no payment of Graduated Tax and completely free education, lack of enough health workers in referral hospitals and

other health units, and natural disasters like earthquakes, floods and landslides. In the Works Department, some of the reported constraints include poor state of the district road equipment which was affecting performance of the Force on Account accounts, inadequate funding for road maintenance and breakdown of the existing water facilities due to poor operation and maintenance practices by the communities. It can be observed that the district's list of constraints was now focused more on maintenance of the plant and equipment and resources to fund the additional responsibilities the Local Government had taken on, such as provision of 'free' primary and secondary education, and health services.

There has been an increase in national and district led developments in the districts and these have greatly improved the efficiency with which service delivery has been made to the communities in the surveyed districts. In addition, the district local governments have, in their planning, changed the focus and thrust to promoting the service sector, increasing the level of production and productivity, value addition of the products, improving the quality (not just the quantity) of services delivered to the communities, and promoting community awareness and the Rights Based Approach to development. Other interventions by the districts include promoting Public Private Partnerships (PPP) e.g. Kabarole DLG signed a MoU with Ferdult Engineering Services to promote fish production in the district by restocking of the crater lakes and promoting cake fishing. The districts have also started courting the private sector to partner with them in the demarcation and development of facilities in industrial zones in the town councils.

The district has also markedly improved the status of indicators of service provision. This has been facilitated by many factors including some of the following:

- * Improvement in water coverage thanks to the construction of gravity flow schemes, raising the number of protected water sources (springs, shallow & deep wells, boreholes), and extending piped water to a number of communities especially the urban and rural growth centres. This has been facilitated by government of Uganda and its Implementing Partners.
- * Decentralization of the health service delivery system, construction and equipping health facilities, recruitment and deployment of adequate numbers of staff to most of the health centres, and strengthening community outreach such as immunization. This has brought fairly good services closer to the people.
- * There has been massive community sensitization on a wide range of topical issues and government programs thanks to the large number of channels of communication including the FM radios, community meetings, and other media outlets.
- * Construction of roads and bridges has linked most of the rural areas to the market and has led to emergence of urban and rural growth centres which are increasingly becoming centres and engines of rural economic transformation.

- * Government programs aimed at boosting agricultural production such as NAADS and OWC have availed improved technologies to the farmers.
- * Rural electrification has provided opportunity for rural areas
- * There is now a vibrant civil society in the districts
- * Due to the interventions discussed above, most surveyed districts have realized significant developments in the various sectors within the last five years as is revealed in the examples that follow:

In FY2009/10, Kabarole District registered some of the following as key achievements in the agricultural sector: recruitment of 22 NAADS Coordinators; procurement of NAADS technologies; supply of NAADS technologies to 7100 farmers; training of 18 agro-input dealers; repair of the veterinary lab cold chain system; and undertaking 385 Artificial Inseminations. However, in 2015 the sector reported the following achievements in Kabarole District: 3,000 metric tonnes of tea produced annually; maize increased from 12 MT to 21 MT annually; banana production was estimated at 560 MT sold daily; and the acreage under rice increased from 250 to 330 and rice production increased from 1500MT to 6000MT annually. Apart from maintaining a cold chain system for preservation of vaccines and promotion of Artificial Insemination (AI), the district also set up an AI centre in Rwimi. As a result of these interventions the animal breeds in the district improved and milk production increased from 12,000 Litres to 18,500 Litres per day.

This analysis reveals that Kabarole District has over the years not only improved its level of agricultural production and productivity but has also improved its reporting which is now more focused on outputs and results.

In a related case, the education sector in Kabarole District also registered marked improvements. Notable improvements have been registered in academic performance and extra-curricular activities where the district had by 2015 won more than 10 trophies and 50 medals in sports. The number of students with first grades increased from 193 in 2010 to 298 in 2014 while that of second grades rose from 414 to 534 in the same period. The district also added at least 80 classrooms to its stock in the period from 2010 – 2014.

On the governance dimension, Kabarole District greatly enhanced governance which greatly contributed to the high level of performance in implementing government programs. This resulted in the district being rated highly by independent agencies such as the ACODE District Scorecard which also declared the District Chairman 2nd best in the country for consecutive years. In addition the District Local Government enhanced its capacity by building its own administrative block and rehabilitating those of four sub counties.

In the works department the district reported that it had increased the efficiency of maintaining the existing 209Km road network through interventions such as regular bush clearing, grading, shaping, spot gravelling and drainage works. In addition the district had constructed

a number of bridges to connect communities and to reduce the distance and time to access social amenities such as schools, health centres and markets. This efficiency in works has boosted economic activities, led to emergence of urban centres and rural growth centres, and raised the value of land in the rural areas.

Achievement of District Development Planning Targets – the case of the Works Department of Kamwenge District

Whereas Kamwenge District had maintaining 226km of roads as one of its main objectives, in the first five-year development planning period (FY2010/11 – 2014/15) it outperformed this target and registered the following achievements: removed over 140 bottlenecks from CARs by installing culvert crossings; routinely maintained over 296km of district roads; periodically maintained over 100 km (20km / year) of district roads; Constructed over 200km (40 km / year) of rural roads constructed; and rehabilitated over 50 km (10 km/ year) of rural roads. On the other hand the DLG targeted to construct 4 piped and 5 mini-piped water supply systems but ended up constructing 20 (15 shallow wells & 5 boreholes / year). It also constructed 40 protected springs instead of the planned 16 springs (source: Kamwenge DPP 2014/15 – 2019/20). It can be concluded that the district's targets were too low for the resources that were received in the department for the five year planning period.

Table 3.35: Assessment of Sector Priorities Performance in FY2011/13 and FY2017/18: The case of Kamwenge District

	Cumulative Expenditure Performance (000's) in FY 2011/12			Cumulative Expenditure Performance (000's) in FY 2017/18		
	Approved Budget	Cumulative Expenditure	% Budget Spent	Approved Budget	Cumulative Expenditure	% Budget Spent
Agriculture Sector						
Agricultural Extension Services				358,349	399,837	112%
District Production Services				437,060	530,522	121%
District Commercial Services				59,603	38,209	64%
Sub–Total	912,427	908,077	100 %	855,012	968,568	113%
Sector: Works and Transport						
District, Urban and Community Access Roads				834,902	1,040,744	125%
Sub- Total	592,074	585,871	99 %	834,902	1,040,744	125%
Sector: Education						
Pre-Primary and Primary Education				10,037,588	8,406,397	84%

	Cumulative Expenditure Performance (000's) in FY 2011/12			Cumulative Expenditure Performance (000's) in FY 2017/18		
	Approved Budget	Cumulative Expenditure	% Budget Spent	Approved Budget	Cumulative Expenditure	% Budget Spent
Secondary Education				3,033,651	3,146,456	104%
Skills Development				676,482	650,866	96%
Education & Sports Management and Inspection				278,320	169,016	61%
Sub- Total	4,233,290	4,219,618	100 %	14,026,040	12,372,737	88%
Sector: Health						
Primary Healthcare				3,927,213	3,940,779	100%
Sub- Total	1,554,982	1,160,334	75 %	3,927,213	3,940,779	100%

Source: Adapted from DLG Annual Workplans for the respective years

From the table above, it can be observed that in Kamwenge District, budget performance for the respective sectors in FY 2017/18 was much more efficient than that for the FY2011/12. For instance in FY 2011/12, the health sector budget performed at only 75% of the budgeted amount while in FY2017/18 its performance was at 100%. However, the performance of the education sector declined to 88% in FY2017/18 compared to when it was at 100% in FY2011/12. Agriculture and Works sectors showed the most impressive performance in FY2017/18 of 113% and 125% compared to 100% and 99% respectively in 2011/12. The over performance of the sectors in FY2017/18 can be attributed to unplanned donor inflows mainly to respond to the refugee crisis as Kamwenge is one of the refugee hosting districts.

FIELD PERCEPTIONS

Table 3.36: Achievements on Health Sector Priorities in selected Sub Counties

SECTOR	Sector Priorities	Sub County/TC/ DLG: Kyegegwa Town Council			Sub County/TC/ DLG: Kiko Town Council			
		Cycle 1	Cycle 2	Cycle 3	Sector Priorities	Cycle 1	Cycle 2	Cycle 3
Health	Solid waste management	30%	50%		Garbage collection	70%		
					Improving latrine coverage			
					Treatment of food handlers			
					Supervision of health centres and slaughter slabs			

SECTOR	Sector Priorities	Sub County/TC/ DLG: Kyegegwa Town Council			Sub County/TC/ DLG: Kiko Town Council			
		Cycle 1	Cycle 2	Cycle 3	Sector Priorities	Cycle 1	Cycle 2	Cycle 3
	Health education	20%	80%					
	Inspection of premises	10%	40%					
Education	Sensitization and mobilization	20%	60%		Monitor schools Community sensitization Deal with absenteeism Counseling students	70%		
	Support monitoring & supervision	40%	80%					
	Improving sanitation and hygiene	25%	70%					
Agriculture	Provide Advisory services	10%	80%		Farmer visits (24 visits per month)	1800 farmers visited annually		
	Supply quality planting materials	30%	70%		Conduct demonstrations	180 demos pa		
	Sensitization of farmers	40%	75%		Conduct pest & disease surveillance visits	180 visits annually		
						400 farmers registered		
Roads	Maintaining the existing community roads	40%	65%		Opening community access roads Murraming roads	100%		

SECTOR	Sector Priorities	Sub County/TC/ DLG: Kyegegwa Town Council			Sub County/TC/ DLG: Kiko Town Council			
		Cycle 1	Cycle 2	Cycle 3	Sector Priorities	Cycle 1	Cycle 2	Cycle 3
	Opening new roads and streets	50%	70%					

Table 3.37: Achievements in the Education, Production and Works Sector Priorities in selected sub counties

SECTOR	Sector Priorities	Sub County/TC/ DLG: Kyegegwa Town Council			Sub County/TC/ DLG: Kiko Town Council			
		Cycle 1	Cycle 2	Cycle 3	Sector Priorities	Cycle 1	Cycle 2	Cycle 3
Education	Sensitization and mobilization	20%	60%		Monitor schools Community sensitization Deal with absenteeism Counseling students	70%		
	Support monitoring & supervision	40%	80%					
	Improving sanitation and hygiene	25%	70%					
Agriculture	Provide Advisory services	10%	80%		Farmer visits (24 visits per month)	1800 farmers visited annually		
	Supply quality planting materials	30%	70%		Conduct demonstrations	180 demos pa		
	Sensitization of farmers	40%	75%		Conduct pest & disease surveillance visits	180 visits annually		

SECTOR	Sector Priorities	Sub County/TC/ DLG: Kyegegwa Town Council			Sub County/TC/ DLG: Kiko Town Council			
		Cycle 1	Cycle 2	Cycle 3	Sector Priorities	Cycle 1	Cycle 2	Cycle 3
						400 farmers registered		
Roads	Maintaining the existing community roads	40%	65%		Opening community access roads Murraming roads	100%		
	Opening new roads and streets	50%	70%					

KIs at LLG level estimated the efficiency at which the respective LGs meet the priorities in the named sectors in the respective 5 – year development cycles. In Kyegegwa Town Council, KIs noted that achievement of these priorities ranged from 65% to 80%. The LLG performed best, at 80%, in meeting the priority of Support monitoring and supervision of education (schools) and provision of agricultural advisory services. The KIs also rated Kyegegwa TC at 65% with regard to meeting the priority of maintaining the existing community roads.

On the other hand the KIs in Kiko Town Council reported that they meet almost 100% of their priorities in the agricultural sector. However, this researcher could not independently verify this assertion given the fact that the principal KI had reported that she was newly posted to the town council. She may not have been privy to the performance of earlier planned interventions in the sector.

3.1.4: Optimum level of service delivery by Local Authorities

Service delivery in the districts and lower local governments is guided by and linked to, first, the National Vision 2040 under the Comprehensive National Development Planning Framework (CNDPF) and secondly, to Uganda’s roadmap towards socio-economic transformation from a peasant to a modern and prosperous society within the next 30 years. It is guided by a series of 6 five-year development plans which were initiated in FY 2010/11 following the expiration of the PEAP framework. All service delivery by the district and lower local governments is an effort to contribute towards the implementation of the National Vision 2040.

Table 3.38: Rating the extent to which the decentralization objective regarding service delivery has been achieved

Sub county / Town Council/DLG	RATING			
	Great Extent	Moderate Extent	Less Extent	Not at all
Mahyoro S/C		✓		
Kisomoro S/C	✓			
Rwimi TC		✓		
Hapuyo S/C	✓			
Kyegegwa TC	✓			
Kiko TC	✓			
Kicwamba S/C		✓		

Table 3.39: Reasons for the rating of the extent of achievement of the decentralization policy objective of bringing services closer to the people

Mahyoro S/C	<p>1) DLG has mandate to prioritize what to plan and implement</p> <p>2) Most of the developments registered in the district are from 2001 – 2015 when Kamwenge became a district. It was able to implement its mandate.</p>
Kisomoro S/C	<p>More cases handled due to the closeness of the services to the people</p> <p>Crime rate has reduced</p> <p>Better markets for the produce available</p> <p>Better road network</p>
Rwimi TC	We have achieved increased service delivery in the health sector of more than 50%
Hapuyo	<p>Decentralization has brought average improvement in service delivery</p> <p>More jobs have been created</p>
Kyegegwa TC	<p>Improved road network e.g. 10km of first class murram is to be built in the central business district</p> <p>Sensitization and mobilization of parents to pay school fees and provide lunch for their children</p>

3.2 Effectiveness and efficiency through the Perspective of Satisfaction of Citizens to Service Access In NAUs

Objective 2: To understand the levels of satisfaction of citizens in terms of service access in the new administrative units.

Despite the increased availability and access to services, end-user satisfaction was rated as moderate. The quality and availability of services were still low and insufficient for the ever increasing population.

3.2.1: Citizens' Aspirations for the Creation of New Administrative Units

a) Aspirations of KIs at District and Sub County Level

Ninety five percent of the KIs harped on the need to access to services as the major aspiration for the creation of new administrative units, they also pointed to political, identity and self-determination factors as having been at play in agitating for new administrative units.

1) Bringing services closer to the population:

Many KIs underlined access to service delivery as having been the paramount driving factor in demand for new administrative units. In this context, it was maintained that the creation of new administrative units was demand driven. District Headquarters were often far from the population, most of which was in hard to reach areas that had few and motorable road networks. A respondent elaborated that the traditional Toro Kingdom cum Kabarole District was bigger than Rwanda and Burundi countries combined, hence the inefficiency in service delivery. The citizenry were distant from the leaders and duty bearers, hence low access and participation in issues that affected them. Meanwhile, the population continued increasing thus overwhelming existing services and duty-bearers. Disadvantaged, special interest and marginalized groups like the Youth, Women, PWD were now in smaller unit in which they would easily be organized, recognized and served. As a result, the urge for accessing duty-bearers and duty-bearers accessing, monitoring and supervising services to the population became critical. Subsequently, the outcry of the population precipitated the creation of new administrative units that were closer to the citizenry.

2) Administrative unit entitlements

i) Resource allocation:

The advantages that came with the creation of new administrative units cited as major incentives for the population's demands. The structures of new administrative units came with entitlements, for instance, the equalization grant as a start-up for new Districts. Additionally, new administrative units are by policy entitled to Schools, Health Centers and Road Units for District and TCs, which had to be provided by the center. By policy, a District was supposed to have a Hospital; each Constituency a HC4; each Sub-County a HC3, a secondary and technical school and each Parish a HC2 and a primary school. A District

had to have a Road unit and should be connected to the national electricity grid among other requirements. Urban Councils are entitled to piped water, often provided by National Water and Sewerage Corporation and Government Primary and Secondary Schools in every Sub-county and Technical institutions.

These entitlements meant Central Government Budgetary allocation to new administrative units like Districts, Town Councils, Urban Centers and Sub-counties. In the road sector, a Sub-county was entitled to UGX 9 million for its road networks and a Town Council which is otherwise equivalent to a Parish, was automatically entitled to UGX 150 million for roads. Allocation of these resources to new administrative units was considered as a means of increasing local citizen's share of the "national cake", the euphemism of national resources. To the respondents, these were the positive prospects that often fueled people's aspirations for new administrative units.

ii) Job creation:

New administrative units replicated staff structures in all the different service delivery sectors, like Education, Health, Production, Engineering and administration. One group of KIs strongly supported such replication on account of creating jobs and increasing duty-bearers for service delivery to the ever increasing population. This argument was valid, as indeed numerous jobs for the local population were created in the new administrative units.

When we were under Kabarole, there was hardly a person from Kamwenge who was employed in a District, but now there are many opportunities and we don't fear to compete (KI interviewee).

3) Ethnic identity and self-determination:

The politics of identity and self-determination were often at play in heterogeneous administrative units. Minority ethnicities, immigrants and indigenous groups were either marginalized or craved for self-determination, preservation and aspirations, hence agitation for their own administrative units. Sharing of resources and opportunities in bigger administrative units was often interlaced with identity distillations, which generated inter-group tensions and latent conflicts that threatened to escalate into contestations. When administrative units were few, job opportunities were few and choices were often laced with sectarian configurations along ethnic, religious or social connectivity which marginalized minorities.

Subsequently, the criteria of subdividing administrative units along identity configurations became a panacea for identity satisfaction and to forestall potential conflicts. A KI pointed out that agitation for the split of Kabarole to create Kasese and Bundibugyo Districts started way back in 1973, hence pre-dated the decentralization policy. Another KI considered the creation of ethnic-based administration units as politically motivated by divide and rule interests hence undermined nation-building and heightened inter-group tensions. He noted that in the Rwenzori region, such was the creation of Kasese for the Bakonjo, Bundibugyo

for the Bamba, Ntoroko for the Batuku, Kamwenge for the immigrant Bakiga, and the soon to be created District of Kitagwenda for the Batagwenda.

4) Political interests:

Some respondents were critical about the motives of creating identity-based administrative units. These considered the creation of administrative units along identity in the Rwenzori Region as merely serving political interests of divide and rule and political support. The dominant argument critiqued the creation of unviable and costly units, while another argument pointed to the deliberate undermining of the traditional Toro Kingdom. These arguments resonate on others that consider the creation of numerous Districts as primarily aimed at enabling patronage for the continuity of President Yoweri Museveni's rule (Green, 2008).

Some KIs alluded to the interests of rewarding political support and serving dominant individual interests as the factors in the creation of administrative units. Many KIs gave an example of Bunyangabu District, with one KI explaining that: "Bunyangabu District was given before the common people asked for it". Many respondents opined that in such cases, the population did not demand and the process was top-down driven. Another KI maintained that Bunyangabu was given as a reward for its long time support to the NRM government. He noted that as early as 1985, NRA camped at Katebwa Mountain and was supported by the local population hence it was easily granted a District status.

Indeed, Bunyangabu District which started a year ago in 2017 was progressing fairly well, which was largely attributed to efforts of its two eminent personalities who are Ministers in the CG who hail from the District, one who was particularly in charge of local government during the elevation of Bunyangabu. Although at District level the staffing was only 8% and the overall District staffing at 26%, Bunyangabu has made strides in its infancy. The young Bunyangabu District was exceptionally fortunate, as it got 13 billion in its first year which exceeded what they expected to budgetary adjustments, hence a windfall surplus. Bunyangabu managed to obtain more substantial start-up fund of UGX 900 million, of which UGX 700 Million was utilized in the construction of its District Headquarters that is nearing completion compared to that of Kyegegwa which started way back in 2010 and is still far from completion. Through state support, partnerships and non-state actors, Bunyangabu has completed Buhesi Gravity Water Flow Scheme; Pohe Gravity Water Flow

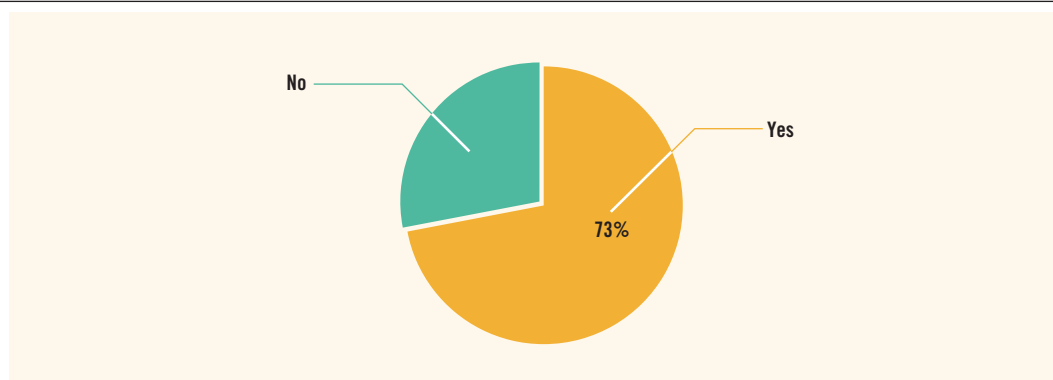
Scheme; HEWASA-Rwimi Gravity water Flow within one year of its existence. National Water is extending water through a project called “Amaizi marungi” and Bunyangabu has already attained a status of a model District for the rest to learn from, especially in Production. One of Bunyangabu’s well-placed Minister is commended for his instrumental role, including lobbying for rare programs like Inclusive Sustainable New Communities (ISNC) which in the whole country was piloted in three Districts of Maracha, Luuka and Bunyangabu. Such programs have supported production in the young District.

While some socio-political drivers for the creation of new administrative units were justified, some respondents underlined the problem of fragmentation of the country along ethnic configurations with some contestations and “over-localisation”. The second trajectory pointed to the economics of the administrative units. From this perspective, many respondents underlined failure to consider the economic viability and financial capacity of the administrative units for their sustenance. Accordingly, all administrative units had to depend on the Center for funding, with the following consequences. First, central government funding was insufficient, hence local governments could not effectively execute their mandates with regard to service delivery. Secondly, proliferation of local units, especially the Districts which had huge overhead costs, was considered to be a burden to the tax payer. Some maintained that strengthening lower units like Sub-counties for efficient and effective service delivery would have sufficed.

Aspirations for Community Members (Households and FGDs)

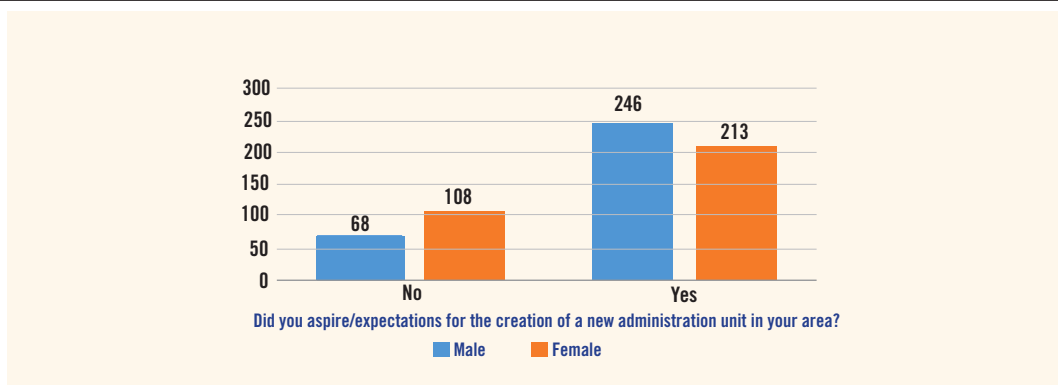
At HH level, although the majority of the respondents (72.2%) said that they aspired to have new administrative units, a sizable 27.8% maintained that they did not aspire to have new administrative units as shown in the Chart below.

Fig 3.1: Percentage of people at HH level who aspired to have new administrative units



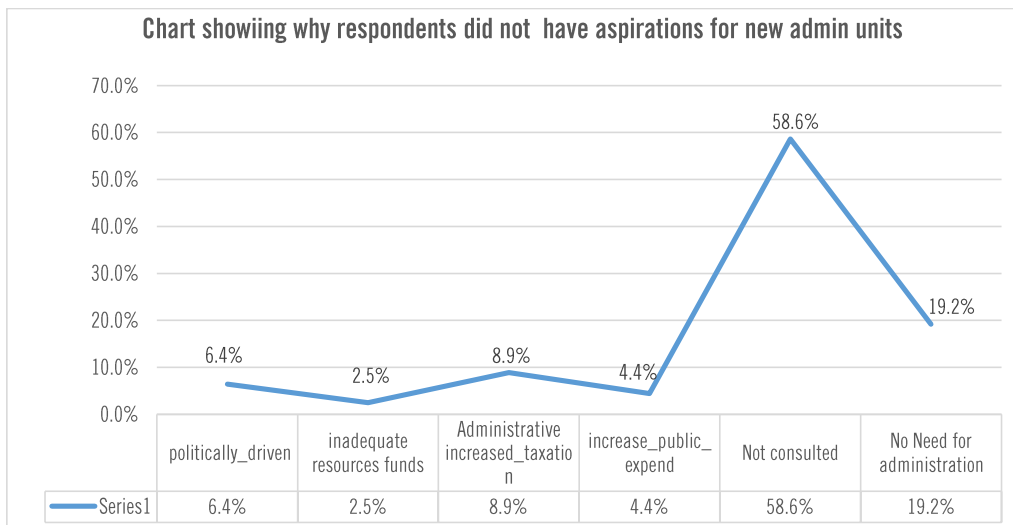
On disaggregation of HH data, Men particularly aspired to have new administrative units than women as shown in the following graph.

Fig. 3.2: Gender and Number of People who Aspired for the Creation of New Administrative Units



On the reasons as to why some HH respondents did not aspire to have new administrative units, it emerged that most of those people (58.6%) were not consulted. These were followed by 19.2% of the respondents who did not see the need for the new administrative units; 9% of the respondents pointed out that administration increased taxation, 6.4% said that the creation of new administrative units was politically driven; these were followed by 4.4% of the respondents did not aspire because they considered the creation of new administrative units to increase public expenditure while 2.5% cited inadequate funding for the new administrative units. This shows that the creation of new administrative units was not unanimously supported in the region, owing to pertinent concerns raised by the HH respondents. The following Chart shows the reasons those HH respondents who did not aspire for new administrative units gave.

Fig 3.3: Respondents who did not have aspirations for new administrative units



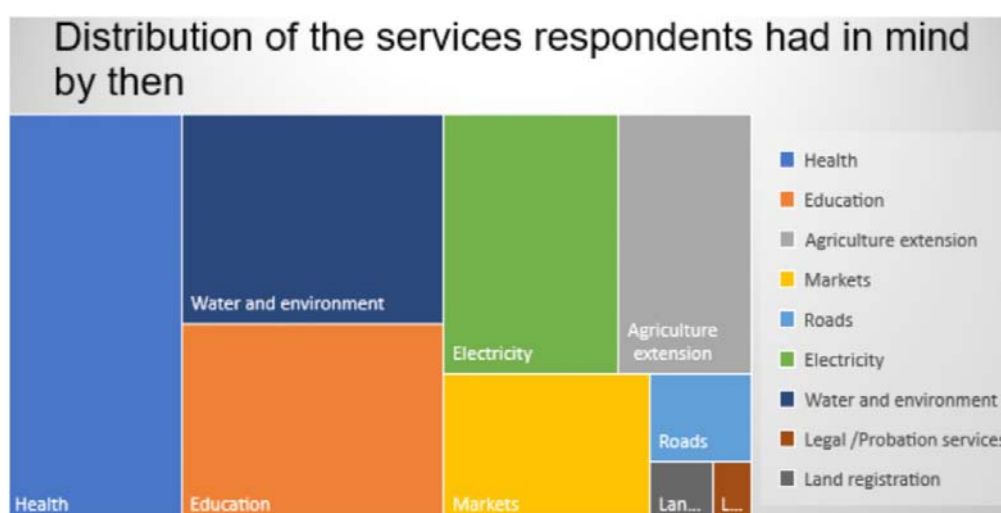
Among the HH respondents who aspired for the creation of new administrative units, extension of Public Services nearer to the people was the major expectation. The Table below shows that 48.1% of the respondents expected extension of services closer to the people, 5.7% expected the creation of jobs, 4.6% expected stimulation of trade and development and 1.3% pointed to identity motivations.

Table 3.40: Major Aspirations Of Respondents For New Administrative Units

Major Aspirations	Frequency	Percent
Extend public services nearer to people	306	48.1
Creation of jobs	36	5.7
Stimulate trade and business opportunities	30	4.7
Valuation of property like land, buildings	4	.6
For identity	8	1.3
Others	8	1.3
Total	393	61.8
Missing systems	243	38.2
Total	636	100.0

The following Graph shows the type of services the HH respondents had in mind for the creation of new administrative units. It will be noted that the frontline services of Health and Education were leading, followed by water, electricity, markets, agriculture extension and roads. The Table below shows expected services by HH respondents.

Fig 3.4: Services respondents had in mind when aspiring for new administrative Units



Respondents were asked the extent to which their aspirations had been achieved through the creation of the new administrative units. The following section presents the ratings of

the different respondents on the achievement of their aspirations through the creation of the new administrative units.

Table 3.41: Extent to which aspirations were achieved

Sub county / Town Council/DLG KIs	RATING (1 – 10 scale)			
	Great Extent	Moderate Extent	Less Extent	Not at all
Mahyoro S/C		✓		
Kisomoro	✓			
Kisomoro		✓		
Rwimi TC		✓		
Hapuyo		✓		
Hapuyo				✓
Hapuyo			✓	
Kiko TC		✓		
Kiko TC		✓		
Kiko	✓			
Kicwamba S/C		✓		
Kicwamba S/C			✓	

Most of the KIs rated realization of their aspirations as being moderate (58.3%); met to a great extent (16.7%); met to a less extent (16.7%); and not met at all (8.3%).

The rating of the extent to which the citizens' aspirations for creation of new administrative units have been achieved was largely moderate in all the sampled sites. This suggests that there were short-falls in the process of decentralisation and creation of the new administrative units vis à vis people's aspirations. It is noteworthy that the overwhelming majority of respondents did not rate decentralisation and creation of new administrative units having not at all had any impact on their expectations. Likewise, very few indicated that decentralisation and creation of new administrative units to a great extent addressed their aspirations. From the rating, it can be adduced that decentralisation and creation of new administrative units to a moderate extent addressed citizen's aspirations. Accordingly, respondents were asked to give reasons for their rating and the following were indicative of the possible failures or discrepancies in the policy of decentralisation and creation of new administrative units versus people's expectations. KIs in Sub-county and Town Council units gave a wide range of reasons to explain their rating of the extent to which the creation of the new administrative units under decentralization met their aspirations. The following are a sample of the major positive reasons:

Services: KI maintained that services were brought nearer, for instance health centres with staff. In Kamwenge, newly built health units included Rubona HCIII and Kicucu HCII. KI said that there was also improvement in performance among schools and new ones had

been erected. Such was Kateebwa SS (in Kamwenge) which was elevated to a government aided School in fulfillment of government policy of a secondary school per Sub-county. Rural electrification and new roads were opened. There was better extension, marketing, advisory services, better farming and increase of HH incomes.

Employment and Programs: KIs pointed to employment opportunities and services. The respondents said that they now have more programs like YLP loans in the new administrative units. In Kamwenge, apart from the YLP, 3 groups benefited from UWEP and over 10 groups from DDEG/CDD.

3.2.2: Samples of the major shortfall and reasons:

Services: No sign of development; infrastructure not yet established; no new Health Centre built following the creation Hapuyo S/C. Not all demands have been delivered, not all services have reached the people e.g. no government secondary school in Kiko TC. About 15km of roads in the town council are marram, before the district was divided, services were delivered well; however, this is no longer the case. This is due to the inadequate budget versus the increasing population.

Table 3.42: Citizens' Level of Satisfaction with health services before and after the creation of new administrative units

HEALTH SECTOR Specific Service	Rating (1 – 10)	
	Before (2001)	Currently
Distance to the Nearest Health Facility (NHF)	2.0	8.0
Availability of essential drugs (NHF)	2.3	7.3
Level of staffing (critical cadres) (NHF)	2.5	7.8
Availability of Medical Equipment/supplies (NHF)	1.5	6.8
Quality of service delivery (NHF)	4.0	7.8
Quality of service delivery (NHF)	0.8	7.8
Availability of Special Services (Special Clinics, Ante natal, Voluntary Counselling and Testing - ARVs) (NHF)	-	4.0
Payment of user fees (NHF)	1.8	8.5
Quality of facilities (NHF)	2.3	6.3
Average	1.9	7.1

From the table above it can be observed that FGD members rated the quality of service delivery about 20 years as having been low (about 2.0 on a scale of 1 – 10) but this has now changed and is rated high at an average of 7.1. This implies that the delivery of health services has improved in terms of distance to the nearest health facility and specialized services, availability of drugs, level of staffing, quality of services, availability of special clinics e.g. ART, non-payment of user fees and generally the improved quality of health facilities. This was corroborated by key informants e.g. one from the Kabarole District Health Department.

This KI affirmed that the decentralization of the delivery of health services which involved the creation of Health Sub districts, establishment of theatres at HCIV health and posting of doctors and other specialized staffs to lower level health centres has tremendously improved access to specialized services. He also attributed the improvements to the support from development partners who have provided support in various ways – provision of facilities, recruitment of staff, training of staffs, and provision of medicines and medical supplies among others. Similar responses were received from several other KIs (for details, see Appendix 2, Table 1).

Table 3.43: FGD Members' Level of Satisfaction with the Performance of the Education Sector before and after the Creation of New Administrative Units

Specific Service in the Education Sector	Rating (1 – 10 scale)	
	Before	After
Distance to the nearest education facility	2.3	4.6
Availability of essential facilities in schools (classrooms, libraries, laboratories, playgrounds)	1.8	4.8
Availability of essential educational materials (text books, games and sports equipment, chalk)	2.3	5.2
Level of staffing in the schools (qualified teachers)	1.9	5.3
Availability of Teaching Staff in schools at all times	2.3	3.4
Quality of teaching & learning service delivery	3.3	4.6
Level of performance in co-curricular activities (Games and sports, MDD, Scouting etc)	3.6	4.2
Level of enforcement of educational policies (UPE, USE)	2.2	3.8
Average sector performance	2.5	4.5

Generally, the FGDs rated the performance in the education sector as having been very low at average of 2.5 but this improved to 4.5 after the creation of new administrative units. However, this performance was generally below average. The best performing aspects of the education sector were staffing at an average of 5.3 and availability of education materials at 5.2. However, availability of teachers in schools at all times was rated as the worst performing aspect at 3.4 followed by the level of enforcement of educational policies at an average of 3.8. FGDs rated the Availability of essential facilities in schools (classrooms, libraries, laboratories, playgrounds) and the Distance to the nearest school as having tremendously improved from lows of 1.8 & 2.3 to an average of 4.8 & 4.6 respectively. The quality of teaching and learning, rated at 3.3 before and 4.6 after, was said to have gained only moderate achievement and in some cases some FGD members thought it had regressed (for details, see Appendix 2, Table 2).

WORKS SECTOR

This sector is composed of the following departments: Public works including Roads and buildings; Water and sanitation; and Mechanical Engineering. The sector's main role is to open and maintain a good road network comprised of national, district and community access roads. FGD members rated their satisfaction with the works sector before and after the creation of new administrative units. The tables below capture their level of satisfaction. The first table provides details of how each selected sub county rated its satisfaction with various aspects of the sector while the second table provides a summary for all the FGDs.

Table 3.44: FGD Members' Rating the Performance in the Roads and Works Sector Before and After the Creation of New Administrative Units

Specific Service in the Education Sector	Rating (1 – 10 scale)	
	Before	After
Connectivity of roads at all times	2.0	6.3
Level of maintenance of roads	3.5	4.8
Periodicity of maintenance	2.8	4.8
Quality of road works	1.5	4.5
Value for money in road works	3.3	3.8
Community engagement in road works e.g. labour based road maintenance, Bulungi Bwansi	6.3	3.5
Participation of local contractors in road works (building local capacity)	3.5	1.5
Average sector performance	3.3	4.1

The works sector was rated to have generally performed below average with an average satisfaction level of 3.3 before and 4.1 after the creation of the new administrative units. Some aspects such as community engagement in road works and participation of local contractors were rated to have declined from a satisfaction level of 6.3 to 3.5 and 3.5 to 1.5 respectively. On the other hand FGD members expressed satisfaction with the connectivity of the road network which they rated as having improved from an average of 2.0 before to 6.3. They noted that most of the villages in the respective sub counties are now connected with motorable community access roads although many of these roads are poorly maintained. Whereas the FGD members rated the quality of road works to have improved from a satisfaction level of 1.5 to 4.5 their level of satisfaction with value – for – money in road works had increased from 3.3 to 3.8 probably because of the rising expectations and inadequate information provided to them about the contracts in the roads sector (for details see Appendix 2, Table 3).

Impact of high costs on service delivery: The Case of the Road Sector in Kyegegwa

CAAIP program was instrumental in improving the road network in the region. CAAIP was implemented by the Ministry of Local Government (MoLG) in partnership with the District Local Governments. MoLG procured and paid the contractors while the DLGs signed

contracts with the contractors, supervised the works and reported to the MoLG. However, a KI maintained that CAAIP had adopted an expensive unit cost, whereby its cost for one kilometre of graveled road was UGX 36 million compared to the UGX 2.5m allocated to the DLG for improvement and maintenance of each kilometer. The CAAIP cost was very high, which pointed to the disabling inflated costs that were associated with the procurement processes.

PRODUCTION SECTOR

Production department is composed of 5 sub sectors namely: Crop, Livestock, Entomology, Fisheries and Commercial services. The sector plays a big role in national and community development which greatly depend on how best agriculture is transformed from peasant to commercial agriculture through adoption of improved technologies and mechanization. By sustainably increasing production and productivity household food and income security is achieved which in turn results in improvement of the quality of life at household level of all Households within the production value chain. To drive this aspiration government of Uganda has adopted NAADS and Operation Wealth Creation as key programmes through which the transformation of the production sector will be achieved. In the tables we provide citizens' feedback on their level of satisfaction with the delivery of agricultural services in a setting of decentralization before and after the creation of new administrative units.

Table 3.45: Citizens' Level of Satisfaction with Service Delivery in the Production Sector before and after the Creation of New Administration

Specific Service in the Education Sector	Rating (1 – 10 scale)	
	Before	After
Level of staffing (critical cadres)	3.3	6.0
Availability of Extension Staff	2.3	4.0
Availability of essential inputs	0.8	4.5
Quality of service delivery	2.8	3.5
Special Services (OWC, NAADS)	2.8	4.5
Change in level of production (agriculture, livestock, fisheries, forestry)	3.0	6.0
Level of improvement in marketing of agricultural produce	2.8	3.5
Average level of satisfaction	2.5	4.6

Citizens participating in the FGDs expressed only moderate level of satisfaction with service delivery in the agricultural sector which improved from 2.5 to 4.6 following the creation of new administrative units. They were satisfied with the increase in staffing and change in level of production both of which averaged 6.0 on a scale of 1 – 10. The lowest level of satisfaction was with the level of improvement in marketing of agricultural produce and quality of service delivery both of which only improved from 2.8 to 3.5. Citizens expressed some increased

level of satisfaction with the availability of agricultural inputs which rose from 0.8 before to 4.5 after the creation of new administrative units. The average performance of the delivery of agricultural inputs was attributed to the systemic challenges including delays in delivery, inadequate stakeholder involvement and inadequate quantities and poor quality inputs (for details see Appendix 2, Table 4).

ADMINISTRATION

Table 3.46: Citizens' Level of Satisfaction with Administration Before and After the Creation of New Administrative Units as measured by FGD Participants

ADMINISTRATION Specific Service	Rating (1 – 10)	
	Before (2001)	Currently
Level of staffing (Political leaders and Substantively Appointed Officers)	3.5	7.5
Level of responsiveness	2.5	6.8
Level of Citizen Participation	2.8	3.8
Level of Transparency	2.3	3.5
Level of Accountability	0.8	0.3
Level of performance/Supervision	2.5	3.8
Level of innovation	1.8	3.5
Citizens' average level of satisfaction with Administration	2.9	5.3

Citizens participating in the FGDs expressed satisfaction with the increased level of staffing and responsiveness of the technical and political leaders which they rated as having increased from 3.5 to 7.5 and 2.5 to 6.8 respectively. However the same leaders were deemed to have deteriorated in their level of accountability which was said to have declined from an average of 0.8 to 0.3 (for details, see Appendix 2 Table 5).

(b) Assessment of Service Delivery in Their Administrative Unit by respondents at House Hold (HH) Level

The two major justifications for decentralization were service delivery and increase of citizen's participation in governance. Accordingly, researchers sought to investigate the level of both service delivery and citizen's empowerment from HH level respondents, who are the service users and actors in the governance landscape. The following section presents the findings from the HH respondents.

HH Respondents Assessment of the Health Sector Services:

HH Respondents were asked to assess different aspects of the services in the Health Sector before and after the creation of the new administrative units like Districts, Sub-counties and Town Councils. The respondent's assessment was on the scale of: "Same (i.e. as before the creation of the administrative unit), Better, Worse and No Option". The following Figures..... present the assessments basing on indicators like Distance to the health Facility; Availability

of essential Drugs; Level of Staffing; Availability of Medical Equipment; Quality of Service delivered; Availability of outreach services and Level of supervision.

Fig. 3.5: Households Perceptions about Health Service Delivery after creation of new administrative units

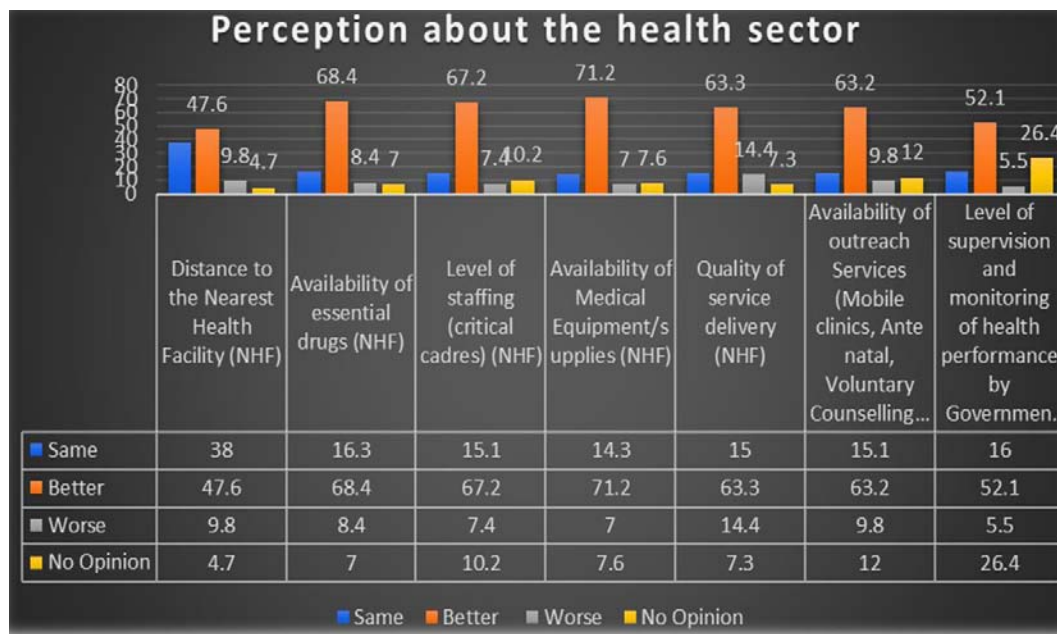
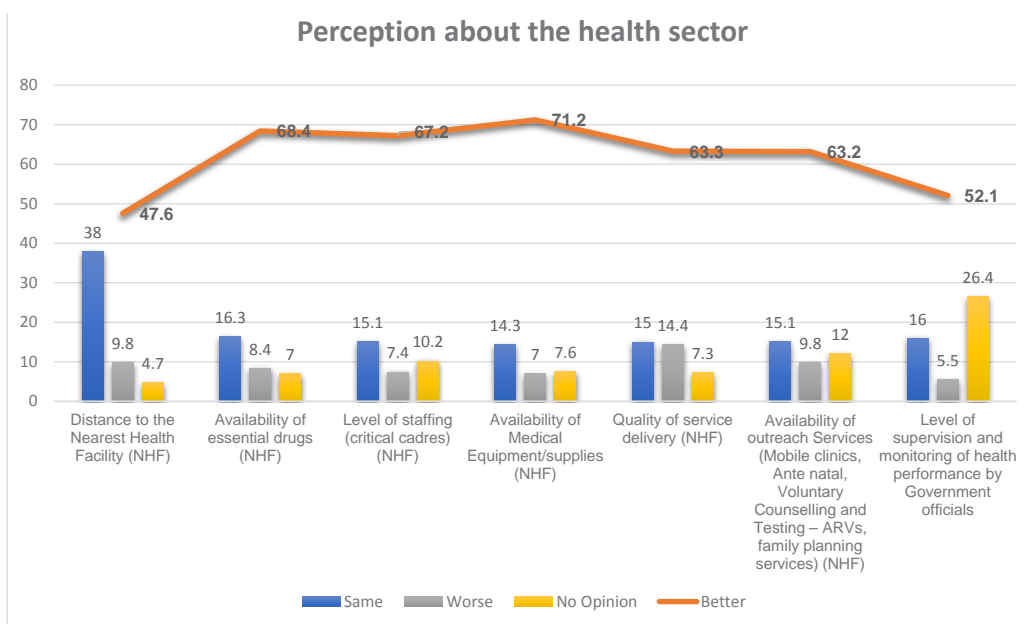


Fig 3.6: Graph Showing Households Perception of Health Service Delivery after the creation of new administrative units



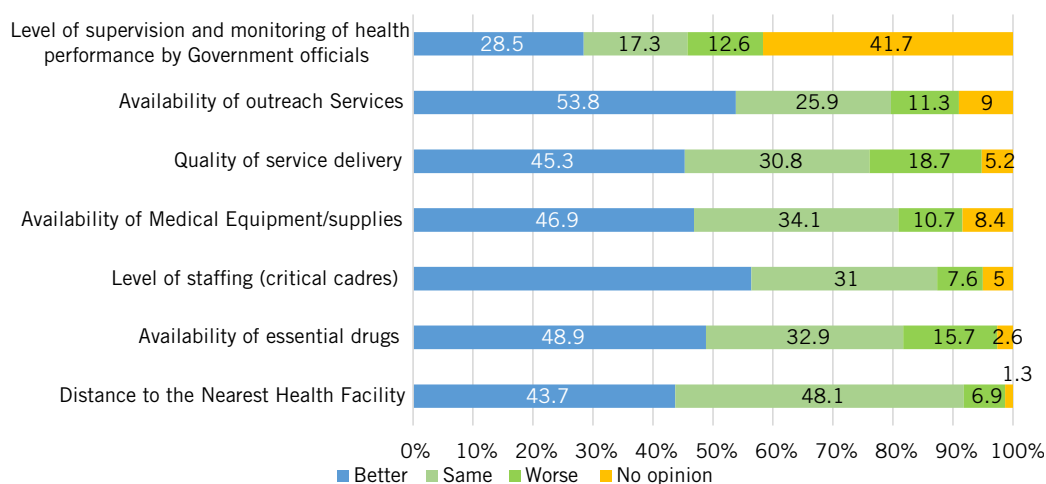
Figures 3.8 show that the majority of HH respondents rated various indicators in the health sector services as better than before the creation of the new administrative units. However, a significant percentage of the HH respondents rated the indicators in the health sector the same as before the creation of the new administrative units. These were followed by the HH respondents who rated the indicators as worse than before the creation of the new administrative units. It is noteworthy that a substantial percentage preferred the No option rating. Suffice it to note that when all the respondent who did not rate the services as Better are combined, they constitute a very significant percentage. Ipso facto, although there has been change in the service delivery in the Health Sector after the creation of the new administrative units, this cannot be conclusively be considered as very significant than before the creation of the new administrative units.

HH Respondents Assessment of the Education Sector Services:

a) Primary Education

HH respondents were asked to rate their perception the state of Primary Education after the creation of new administrative units on the scale of Same (as before the creation of the new administrative Unit), Better, Worse and No Option. Various indicators were provided, which included, distance to the nearest Government Primary School; availability of essential facilities; availability of essential educational materials; level of staffing; quality of teaching; level of performance in co-curricular activities and level of supervision and monitoring. The respondents rated the given indicators as shown in the Figure below

Fig 3.7: Households perception of primary education

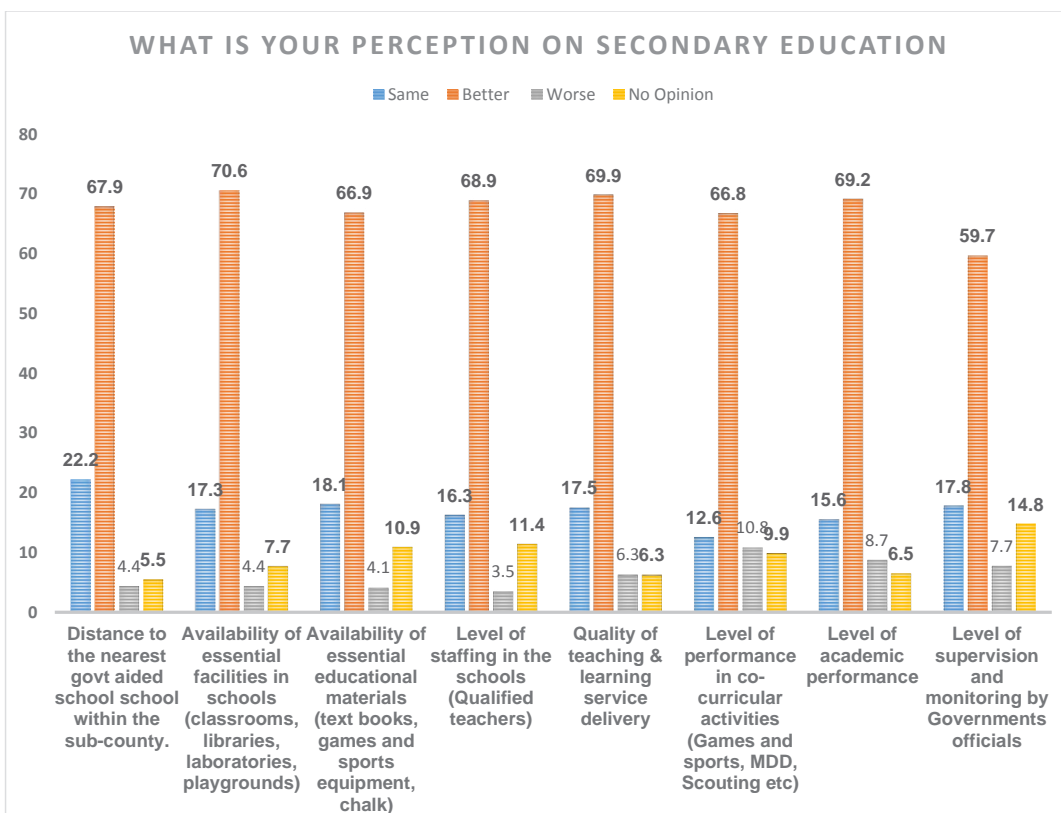


From the Graph, most of the respondents rated the various indicators as having had a positive change that was above 65 percent. To 69% of the respondents the distance was better; to 69.2% there was better availability of essential facilities like classrooms, libraries, laboratories and playgrounds; 71.4% of the respondents rated availability of essential educational materials as better; 70% rated level of staffing as better; 69% rated the quality of teaching as better; 68% rated performance in co-curricular activities as better; 65% rated the supervision and monitoring of Schools as better. To the majority of HH respondents, therefore, there was improvement in Primary Education after Decentralisation and creation of the new units, basing on the provided indicators. However, it is important to note that the combined number of respondents who rated services in Primary education as the Same; Worse or had no option was statistically significant.

b) Secondary Education

In the same way, HH respondents were asked to rate their perception the state of Secondary Education after the creation of new administrative units on the scale of Same (as before the creation of the Unit), Better, Worse and No Option. Again, various indicators were provided, which included, distance to the nearest Government Primary School; availability of essential facilities; availability of essential educational materials; level of staffing; quality of teaching; level of performance in co-curricular activities and level of supervision and monitoring. The respondents rated the given indicators as shown the Figure below

Fig 3.8: Household perception of secondary education

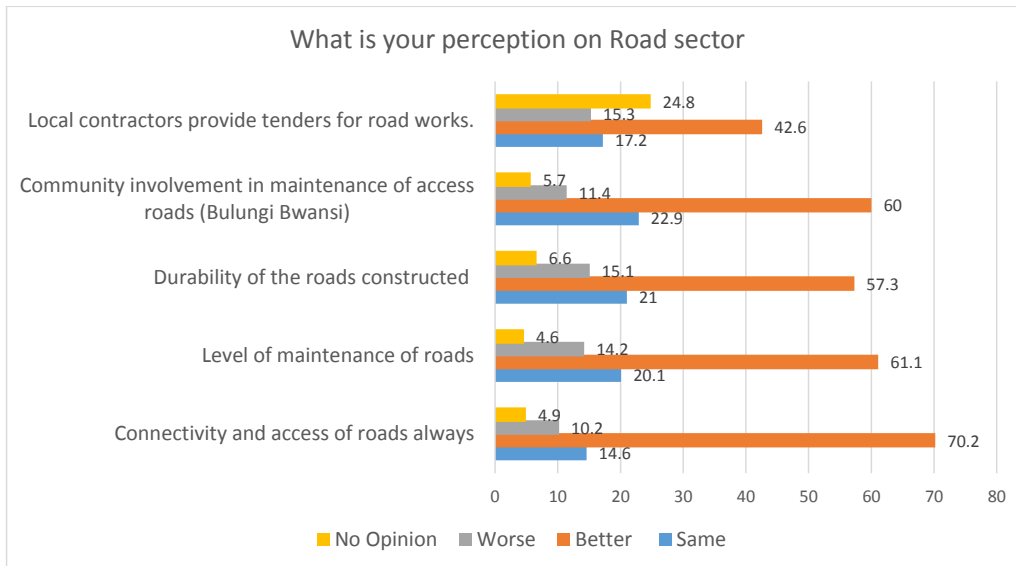


From the Figure, the majority of the respondents rated the various indicators of Secondary School education as having had a positive change that was above 60 percent. To 68% of the respondents the distance was better; to 71% there was better availability of essential facilities like classrooms, libraries, laboratories and playgrounds; 67% of the respondents rated availability of essential educational materials as better; 69% rated level of staffing as better; 69% rated the quality of teaching as better; 67% rated performance in co-curricular activities as better; 69% rated level of academic performance as better and 60% rated the supervision and monitoring of Schools as better. To most HH respondents, therefore, there was improvement in Primary Education after Decentralisation and creation of the new units, basing on the provided indicators. However, it is noteworthy that the combined number of respondents who rated services in Secondary education as the Same; Worse or had no option were significant to be ignored.

HH Respondents Assessment of the Works/Road Sector Services:

HH respondents were asked to rate their perception the state of the road sector after the creation of new administrative units on the scale of Same (as before the creation of the Units), Better, Worse and No Option. Various indicators were provided, which included, Local Contractors provision of tenders for the roads; community involvement in road maintenance of access roads (Bulungi Bwansi); durability of the constructed roads; level of road maintenance; constant connectivity and access of the roads. The HH respondents rated the given indicators as shown in Fig 3:10 below

Fig 3.9: Households Perception of service delivery in the Road Sector



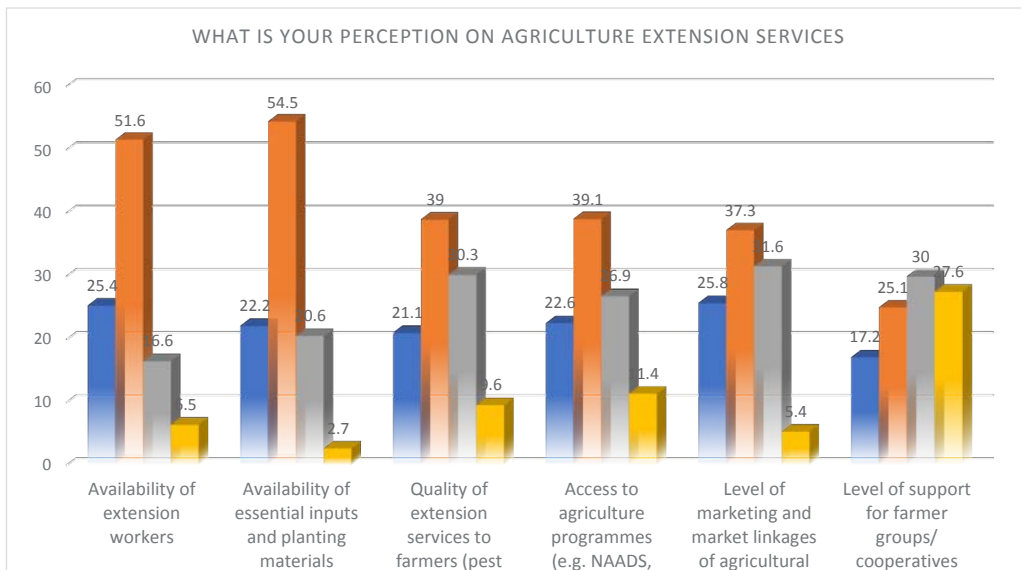
From the data in the Figure above, HH respondents rated the various indicators of the road sector as having generally had a positive change. Forty three percent maintained that the

Local Contractors provision of tenders for the roads was better; 60% that the community involvement in road maintenance of access roads (Bulungi Bwansi) was better; 57.3% held that the durability of the constructed roads was better; 61.1% rated the level of road maintenance as better and as many as 70.2% considered constant connectivity and access of the roads as better. While this points to a positive change, it is important to note that the combined respondents who rated services in the road sector as the same as before the new administrative units; Worse or had no option were significant to be ignored. Respondents who rated indicators in the road sector as worse were in all cases above 5%; while those who rated the indicators as the same were in all cases above 15 percent.

HH Respondents Assessment of the Production Sector Services:

The HH Respondents were asked to assess different aspects of the services in the Agricultural Sector before and after the creation of the new administrative units. The respondent’s assessment was on the scale of: “Same (i.e. as before the creation of the administrative unit), Better, Worse and No Option”. The following Fig 3.11 presents the assessments basing on indicators like Availability of extension workers; availability of essential in-puts and planting materials; quality of extension services; access to agricultural programs; level of marketing and market linkages and level of support for farmers groups.

Fig 3.10: Households Perception of Agricultural Services



Basing on the data in the Figure above, HH respondents rated the various indicators of the agricultural sector as moderately positive. While 52% rated availability of extension workers as better, an equally high 49% rated it as either the same, worse or had no option. While 55% rated availability of essential in-puts and planting materials as better, an equally high 46.2% of the HH respondents rated it otherwise as either the same, worse or had no option. In as many as 39% rated the quality of extension services as better, a much more 61% of the respondents rated it as either the same, worse or had no option. Particular attention

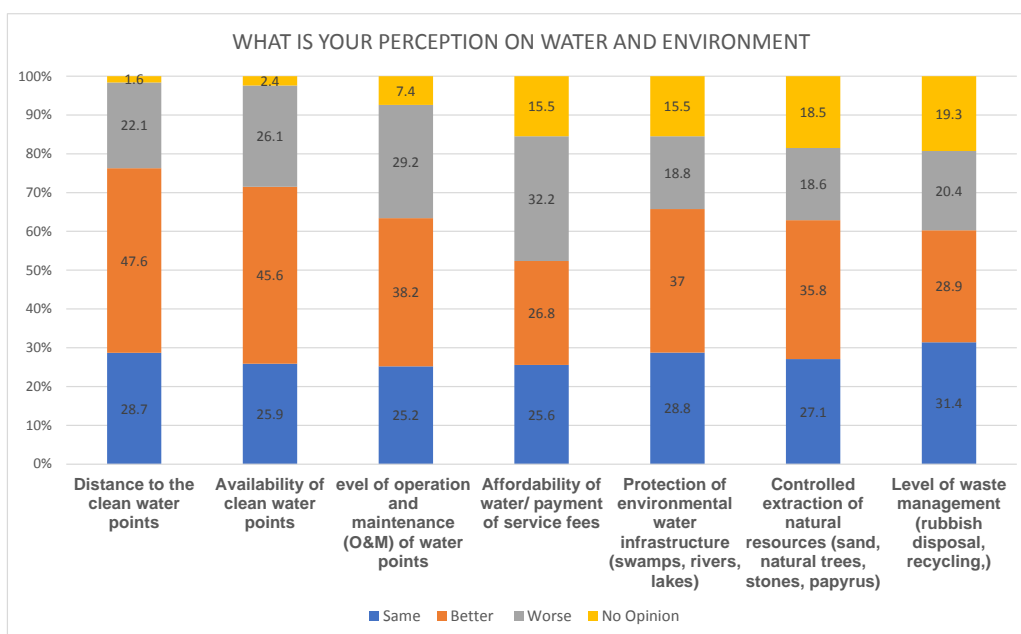
should be given to the fact that a whole 30.3% rated the quality of extension services as worse than before. While 39.1% rated access to agricultural programs like NAADS and OWC as better, the remaining combined respondents that constituted 61.4% rated access to agricultural programs as either the same, worse or had no option. Suffice it to note that as high as 27% rated access to agricultural programs as worse.

On the level of marketing and market linkages, 37.3% rated it as better, while the combined 63.4% rated the level of marketing and market linkages as either the same, worse or had no option. It is worth noting that while 37.3% rated the level of marketing and market linkages better, a comparatively high 32% rated it as worse. Worst of all was the variable of level of support for farmers groups where only 25.1% rated it as better in contrast to 30% who rated it as worse; 28% preferred not to comment and 17.2% rated it as the same. This data is so illuminating about the poor state of the production sector, which ramifies on citizen’s livelihoods and capabilities, notwithstanding decentralization and the creation of new administrative units.

HH Respondents Assessment of the Water & Environment Sector Services:

HH Respondents were asked to assess different aspects of the services in the Water and Environment Sector before and after the creation of the new Districts. Again, the respondent’s assessment was on the scale of: “Same, Better, Worse and No Option”. Respondents were asked to assess basing on indicators like Distance to the clean water point; availability of clean water points; level of operation and maintenance of water points; affordability of water/ payment of services; protection of environmental/water infrastructure; controlled extraction of natural resources and level of waste management. The following Figure presents the assessment by the HH respondents.

Fig 3.11: Households perception of water and environment

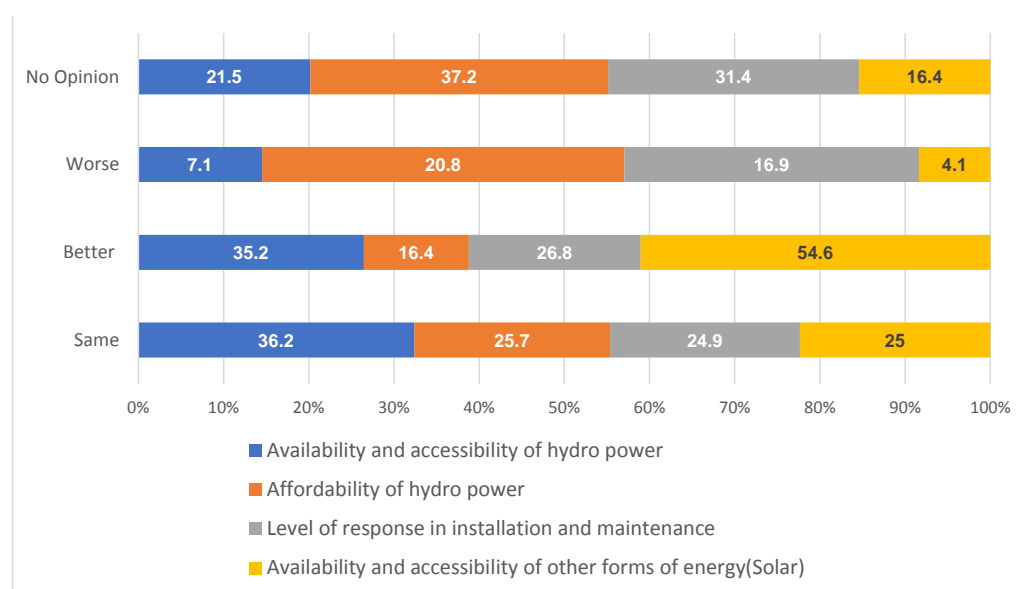


From the data in Figure 3.12, the change to better was modest as none of all the different indicators was rated by more than 48% of the respondents as better. From the graph, the combined respondents who rated the water and environment sector as the same or worse by far exceeded the percentage of the respondents who rated the sector as better. This is not to mention a good percentage who preferred not to have an option. Respondents who rated the Distance to the clean water point as the same or worse than before 51.1% compared to 48% who rated the distance as better; while 46% rated availability of clean water points 52.1% rated availability of clean water points as either the same or worse; whereas 38.2% rated the level of operation and maintenance of water points as better; the combined 54.4% rated the maintenance as either the same or worse; only 27% of the respondents rated affordability of water/payment of services as better in contrast to 32.2% who rated it as worse in addition to 26% who rated it as the same; to cite a few indicators. From the respondents, the right to clean water is still anathema in Uganda even after decentralization and creation of new administrative units (see Asimwe & Naiga, 2015).

HH Respondents Assessment of the Energy Sector Services:

In the energy sector, HH respondents were asked to assess the services before and after the creation of the new units, and again, their assessment was on the scale of: “Same, Better, Worse and No Option”. Respondents were asked to assess basing on indicators like availability and accessibility of hydro power; affordability of hydro power; level of response in installation and maintenance and availability and accessibility of other forms of power. Fig 3.13 presents the assessment by the HH respondents.

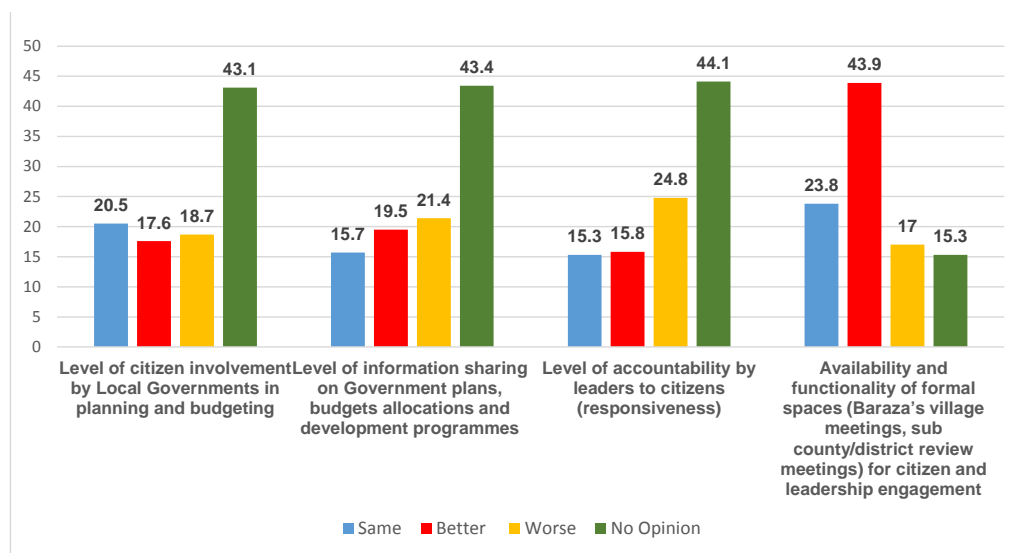
Fig 3.12: HH's perception of service delivery in the energy sector



HH Respondents Assessment of the Governance Sector Services:

HH Respondents were asked to assess different aspects of the services in the Governance sector before and after the creation of the new units. Again, the respondent’s assessment was on the scale of: “Same, Better, Worse and No Option”. Respondents were asked to assess basing on indicators like level of citizen involvement by local Governments in planning and budgeting; level of information sharing on government plans, budgets allocations and development programs; level of accountability by leaders to the citizens; availability and functionality of formal spaces for citizens and leadership engagement. Suffice it to note that citizen’s empowerment through participation in their governance was a paramount justifications for the decentralization policy. The following Graph presents the assessment by the HH respondents on the governance landscape.

Fig 3.13: Graph showing perception of Households on Governance, Planning and Accountability



From the data above, it is noteworthy that the majority of respondents preferred the no option rating on the crucial indicators of level of citizen involvement by local Governments in planning and budgeting; level of information sharing on government plans, budgets allocations and development programs and level of accountability by leaders to the citizens. What clearly emerged better was availability and functionality of formal spaces for citizens and leadership engagement. It is also insightful that many respondents rated the different indicators of governance as either the same as before the creation of new administrative units or even worse than before.

A national KI observed that Local participation was circumscribed by the culture of allowances and over expectations. LGs left local participation to NGOs who can afford to meet the expectations of the communities and to private radios which use the airwaves to communicate and mobilize the people. Additionally, the KI maintained that there was no formal and

organized forum where communities engage with their leaders and hold them accountable. “The decentralization spirit is now just a myth. The planning and feedback process died. People are no longer consulted. What appears in the District Development Plans are just the wishes of the leaders not of the people because they are never involved” (National Level KI).

Conclusion

Household level respondents who are the service users and actors on the governance landscape illuminated on the state of service delivery and governance under decentralization and its attendant creation of numerous administrative units. The decentralization policy assumption was of improvement of service delivery and empowerment of citizens. However, from the HH level respondents, the achievement of the two decentralization objectives is inconclusive. From the data, it emerged that there was either moderate improvement in service delivery or stagnation and even reversals. Likewise, the transformation of the governance landscape to the effect that citizens are fully empowered seems not to have been fully attained.

3.2.3: Level of Achievement of Citizens’ Aspirations for the NAUs

Respondents commended the principle of service delivery under the framework of decentralization as appropriate. Although there was considerable progress on the objective of service delivery through the creation of numerous administrative units, there were many challenges and gaps that constrained efficient and effective implementation. Additionally, it is noteworthy that the creation of new administrative units was not only precipitated by service delivery to the populace as in some cases, socio-political factors were at play. Paramount of these were the creation of jobs for the local population. Subsequently, although service delivery has not been fully achieved in some new administrative units, aspirations like creation of jobs have fairly been attained. In fact a respondent at national level described decentralization as something an ordinary Ugandan would consider the best thing that has ever happened in the country with regards to taking services closer to the people, deepening local democracy and promoting citizen participation in determining their own affairs and this is mainly because they have never seen any other alternative.

With regard to the overarching objective of service delivery, the creation of new administrative units directly and indirectly impacted on the service delivery landscape, particularly the quantitative growth of major services like Health, Education, Production, Roads and Administration. Remarkable changes were in the quantitative increase of services hence access, albeit not necessarily the qualitative transformation of the services. However, the quantitative growth of services and attendant infrastructure must be seen alongside the trajectories of quality and affordability by the general population (Asiimwe, 2018). Nonetheless, there was a remarkably recorded increase in the number of service end-users, which was a positive achievement. For instance, School enrollments and Health Facility attendance

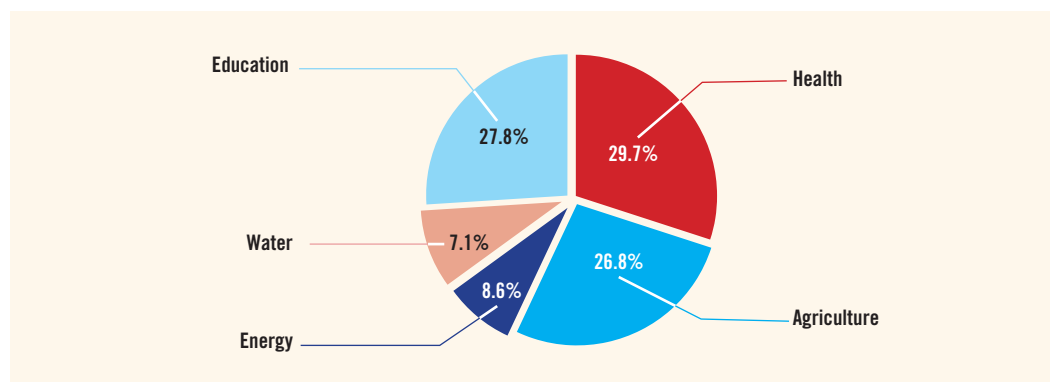
recorded incremental trends. However, this increase should also be seen from the perspective of the increasing population growth in the area.

Enrollment or attendance may have increased alongside rising population, but not necessarily out-stripping population growth hence serve all the population demands.

Although government services increased and became accessible, there were gaps some of which were filled by non-state actors, often with better services. These were, however, more costly for the general population hence the persistent outcry for improvement of government services. The assumption that decentralization would create its own exit mechanism as the population seeks better services in the private sector was hence not attained.

Suffice it to note that the increased availability of services was not only a function of creation of new administrative units, but also the intervention of other players. A combination of shortages and weaknesses in government service delivery and entrepreneurship opened space for private players and non-profit actors to fill the gaps with profit and non-profit driven service provision. Notable of these were the market driven profit oriented private sector; and non-profit actors like the donors/NGOs and faith-based service providers. It is particularly noteworthy that this third sector was instrumental in supplementing public sector services, with often better quality services, which significantly assuaged pressure from the public sector. Private players were particularly attracted by the entrepreneurial growth dynamics that came with the creation of new administrative units. However, the better Market driven services were particularly costly hence the persistent out-cry from the average population for better government services. Household service users provided insights on their expenditure on different services as shown in Fig 1 below.

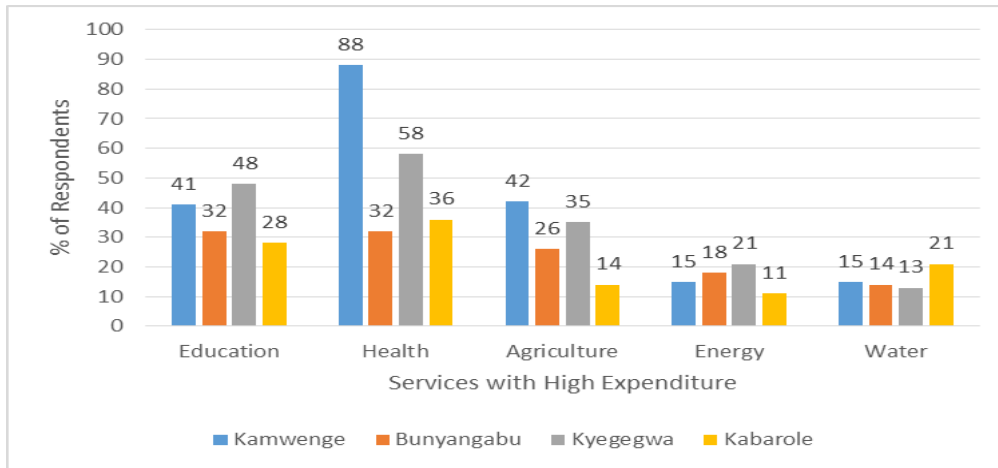
Fig 3.14: Where respondents at HH level spend most of their money



From the above Chart, most HH respondents pointed to frontline services as the ones on which they mostly spend their money on. Up to 30% cited Health as the sector in which they mostly spend their money on, hence a crucial service. This was followed by education

cited by 28% of the HH respondents. This, however, stretches from Primary which is directly under Local Governments to Secondary and Tertiary which is not directly under Local Government. Agriculture came third with 27% of the respondents, and energy (electricity) which was crucial in production came fourth with 9% of the respondents. This, however, shows the limited number of the population that use electricity, hence need to expand it beyond emerging urban centers to the rural. Water was also another sector that 7% of the respondents spend on. This distribution maps out the services the population in the region grapple with, most of which is under Local Authorities under the framework of Decentralization.

Fig 3.15: Services which Community Spend Money among People of Different Districts



$\chi^2 = 28.547$, $df = 13$, $P\text{-value} = 0.231$

The creation of new administrative units indisputably came with the creation of multifarious jobs which alleviated unemployment among the increasing local labour growth. However, most jobs were at higher District level, hence largely supervisory, compared to those in front-line units where services were discharged directly which were fewer. This was further aggravated by shortages of specifically trained support staff like extension workers, who were particularly suited for grassroots service provision.

This skewed staffing structure was not necessarily efficiently functional in service delivery owing to systemic factors like lack of power/autonomy as stipulated under decentralization and insufficient funding. A top-heavy structure in a formerly one county cum District is not devoid of redundancy and moreso becomes costly against the backdrop of narrow resource bases of most of the new administrative units like Districts. Accordingly, while there was recorded increase in overall staffing in Districts, there remained gaps in service delivery at the grassroots. Nonetheless, elevation of units like Trading Centers into Town Councils admittedly stimulated growth in services and local development initiatives in the areas.

Generally, 55% of the KIs maintained that the Decentralisation policy has not been fully adhered to, especially with regard to empowering local governments with autonomy and decision making. These respondents opined that the central government retained substantial power with stifling controls, whereby Local Governments approximate agents of the center with little space to make appropriate or timely decisions. The KI maintained that such a power structure was not in tandem with the decentralization policy. It was particularly underlined that Local Governments did not have full powers of managing their financial affairs, for instance, the payroll is managed by the Public Service Ministry. This has led to some of the money budgeted for wages being returned to the center at the end of a financial year. A district cannot recruit without obtaining permission from the center. Therefore, it can budget for wages but return the money if the permission for recruiting was not granted in that financial year. Likewise, the Central Government (CG) implements directly some projects within a Local Government (LG), but these are comparatively better funded. For instance, classrooms built by CG are priced higher than those built by the LG, and sometimes the LG is bypassed in such projects as often happens in refugee hosting districts like Kyegegwa and Kamwenge.

Accordingly, some KIs recommended complete devolution of power as the center concentrates on policy and oversight, while local government units implement as envisaged in the decentralization policy. They also called for better interagency coordination of policy and implementation efforts to avoid overlaps and duplications. The KIs noted that lack of space for Local Authorities to make strategic decisions, notably on priorities and emergencies was a constraint. Some respondents argued that this was inconsistent with the policy and guideline stipulations of the Local Government Act. Whereas consultation and bottom-up planning is envisaged as the cornerstone of decentralization this was reported to have become dysfunctional due to systemic and practical challenges. In addition decisions of District organs like Councils were sometimes ignored; there was no latitude to mobilise resources and funds were utilized within rigid frameworks of conditional and unconditional funds. Some respondents imputed influence peddling from MPs and Ministers from the center who maintained vested interests in the local governments. Such a mechanism defied the envisioned decentralization and instead reincarnated recentralization.

However, the Central Government alleges that LGs abused and manipulated procurement procedures and hence the CG returned powers to itself. A national level KIs underlined the need for enhanced supervision, quality/standards and checks and balances. The KI pointed out that initially, there emerged an outcry of rampant corruption in Local Governments; featherbedding/nepotism/favoritism in recruitments, failure to adhere to established standards and procedures, for instance, in recruitment of contractors, abuses, irregularities, which necessitated institution of controls by the center. The central government respondents also said that owing to the abuse of power and misuse of resources that was frequent in Local Governments, some powers were taken back to the center (interviews, Central Government Officials).

Table 3.47: Overview of the outcomes of the creation of NAUs Units in the Rwenzori Region

2001 BASE YEAR	CURRENT	INPUTS	OUTPUTS
Pop: 948,600	1, 597,056 (2014)	69% population growth	
Administration: 1 Kabarole District (6 Counties; 1 Municipality (3 Divisions); 35 S/Cs, hence 38 LLGs	5 Districts, 7 Counties, 11 Constituencies, 51 S/Cs, 23 Town Councils & 1 Municipality (3 Divisions), hence 77 LLGs (39 NAUs)	<p>More admin units, NAUs entitlements</p> <p>1)HLGs: District Entitlements: General Hospital, Road Unit, Production Coordinating Unit,</p> <p>2)Constituency Entitlements: Health Sub-District (HC4)</p> <p>3)LLGs S/C Entitlements: 1 Secondary School; 1 Vocational Technical School, 1 HC3, Extension Staffs 1 (agric, 1 Vet, 1 CDOs, 1 Fisheries.</p> <p>4)Parish: 1 Primary School, 1 HC2.</p>	<p>1)More service Delivery Units</p> <p>2)Units closer to people</p> <p>3)More Supervision & Monitoring</p> <p>4)More opportunity for citizen participation</p>
Staffing:1,189 approved established posts; 1,070 filled & 119 posts vacant	Av 1,600 per each of 5 Districts after Decentralisation (2001), hence 8,000 established staff.	<p>New Jobs for local (aspiration)</p> <p>More administrative staff (costly) vs direct service delivery staffs (top heavy structure)</p>	<p>1)More duty bearers to citizenry</p> <p>2)More service delivery</p>

3.2.4: Impact of the Creation of New Administrative units on Service Delivery

Objective 3: To find out the nature of services that have been positively or negatively affected by the creation of new administrative

In their assessment of how the creation of new administrative units as positively or negatively affected service delivery, KI from Districts and lower LGs noted as follows:

1. **Health:** Witnessed positive growth due to increased staffing, funding and closeness of the facilities to the communities. Construction and furnishing of health centers, for instance, Mahyoro HCIII, which greatly improved the health situation in the S/County.
2. **Education:** has been positively impacted because of increased enrollment, better facilities in schools and the overall performance has improved. The challenge has been putting in place infrastructure which has not kept pace with the new administrative units. Not every parish has a parish school. In Hapuyo S/C, only 4 parishes have public primary schools.
3. **Agriculture:** The impact is mixed, both positive and negative. For instance, input supply is still inadequate, farming has not yet been transform into commercial and modern production. However, there has been increased investment in post-harvest handling technology e.g. the coffee processing plant in Kyamukube TC. There has also been effective use of small pieces of land to increase production. No adequate facilitation to extension workers; staffing level not increased.
4. **Administration:** Challenge of staffing especially in lower units. In some cases, a number of Parishes like in Kichwamba Sub-county are staffed with 1 Parish chief who is also poorly facilitated. There is general inadequacy in terms of fuel and capacity.
5. **Roads:** Road fund released every year to improve community access roads and other funds to open and maintain other roads are provided by the DLG.

GENERAL COMMENTS

On effective supervision, some KIs noted that not all variables, for instance quality in education, are vigorously supervised. In health, drugs are supplied quarterly and these often run-out when demand is still high. The KI also maintained that there was accountability and transparency owing to functional institutions of checks and balances, notably the Public Accounts Committees, Auditor General, Tender Boards, Procurement Procedures, IGG and active CSOs. As a result, PPDDA rules were strictly followed. The KIs also noted that their working relationship with CSOs was based on MOUs hence CSOs stick on their objectives. However, they observed that CSOs did not share adequate information with the DLG and so were hard to evaluate. The KI, however, pointed to occasional political pressures and low participation at community level.

“Take resources to Districts and allow them to supervise. NAADs procurers and supplies from the centre and then expects the Districts to supervise suppliers on whom they have little power. Districts should control and account”.

“Match Administrative unit responsibilities and population with funding dispensed to undertake the responsibilities. Removal of graduated tax financially crippled Districts”.

“Allow units financial flexibility. Conditional funds cripple performance”

Halt the creation of new units to first consolidate and enhance capacity of the existing ones. There are many gaps in technical personnel like extension workers for lower units; inadequate facilitation, inadequate funding and inadequate remuneration that undermine efficient and effective service delivery.

(b) FOCUS GROUP DISCUSSIONS

Assessment of the Impact of the creation of NAUs on Service Delivery

The KI respondents pointed out that the creation of new administrative units had some positive impact on service delivery to the citizenry. The KIs rated the achievement of the objective of service delivery as moderate due to existing gaps. The respondents maintained that for a new administrative unit to stabilize and consolidate, it needed a period of 10 to 15 years. In this context, they pointed out that some areas have not yet have not yet felt the impact of service delivery under their new units. They noted that the success of the new administrative units, especially in the delivery of services depended on enabling and disabling factors on a case by case basis. While some new administrative units took a short time to stabilize, consolidate and render services, others took long. The following Table shows the KIs average rating of the impact of the creation of new administrative units on service delivery in the four sampled Districts of Kabarole, Kamwenge, Kyegegwa and Bunyangabu.

Table 3.48: The impact and assessment of the creation of new administrative units on specific sector service delivery in the sampled Districts (KIs at DLG level).

	SECTOR	PERFORMANCE (POSITIVE (P)/ NEGATIVE (N))	AVERAGE SECTOR RATING (1-10 SCALE)
i)	Health	P	6
ii)	Education	P	7
iii)	Roads	P	6.5
iv)	Agriculture	P	6.5
v)	Administration	P	6

Source: Field Data. N.B. Respondents rated service delivery to the population generally, thus included those provided by non-state players.

KIs noted that consolidation and stabilization of a new administrative unit was a gradual and learning process, and estimated a 10 – 15 year period for achieving considerable capacity in service delivery. They noted that all local government units still faced cross-cutting challenges and constraints, hence the persistent gaps in service delivery before stabilization. Service delivery in new units was, therefore, work in progress.

Cross-cutting Achievements

Significant achievements were registered in rapid growth and transformation after designating new Trading Centers and Town Councils. Services like roads, water, electricity and increase of the working middle class had a knock-on effect of stimulating enterprise, hence development. Contracts through procurement stimulated local private sector growth. A respondent observed that although the procurement principle is such that the best takes it, there were undertones pointing to favouring local contractors: “If our competitor is good, we award to our people. We know where to put our money”. Entrepreneurial growth was evident in mushrooming of modern services and enterprise like Private Schools, Hotels, Guest Houses, artisanship, Saloons, recreational facilities, more absorption of commodities, which had emerged. One KI from Kyegegwa observed that: “We used to have Kizindaaro (loud speaker), now we have radio stations” (KI, Kyegegwa, 19/9/2018). There was acceleration of property value especially of land; attraction of migration employment for business and better services, hence rapid increase of TC population.

Likewise, the road maintenance units allocated to new Districts enabled improvement and opening up rural roads in Sub-counties, which enable access of villages by produce buying traders, hence increased commercialization, productivity and better incomes.

The creation of new administrative units multiplied institutional structures like Health, Education, Engineering and Production which were accompanied by technical staff duty bearers in, hence increased access of services by the population. There was an increase in citizen’s access to their leaders and duty-bearers; participation in governance and planning for issues that affected them. This was not possible when administrative centers were distant, especially from hard to reach areas. It was pointed out that before the creation of new administrative units, some specialized personnel like Doctors often shunned distant hard to reach areas, which denied the population crucial services.

Cross-cutting challenges

- a. The presumed devolution of power and autonomy under decentralization was not fully achieved. Although the Local Government Act empowered local leaders, the centre retained substantial power/functions for checks and balances and even some services that by law are supposed to be delivered by LGs, which however, tend to curtail full operational autonomy in lower units. For instance, resource allocation and power were

not fully devolved to Districts and lower units. Some KIs noted that this constrains flexible planning and supervision. Some contracts and procurements remained with institutions at the centre, which then expect the Districts to supervise suppliers over whom they had little power. Lower units which are the ones at the frontline of service delivery should have increased autonomy to control, then account.

- b. There was no match between responsibilities and population size with funding to effectively undertake service delivery responsibilities. Funding was simply split between mother unit and new one, with a newly formed District and LLG receiving start up capital of Shs 100m and 50m respectively which is meant for overheads and fittings and fixtures, and for long this amount was not increased. Removal of graduated tax undermined financial capacity of the LGs to execute some of their mandates thus left them handicapped and largely dependent on the centre which undermined operational effectiveness.
- c. Low staff capacity and quality in some Districts, especially in lower units
- d. Lower units like Districts did not have financial flexibility for quick address of gaps and crises. Conditional funds curtailed planning and performance in service delivery. The Procurement and Public Disposal red-tape bureaucracy created insurmountable and costly rigidities for the administrative units. Procurement rates are inflated by taxes or even corruption, hence often draining resources from the administrative units.

Those vehicles you see have small mechanical problems. But we are not allowed to engage a local mechanic to fix it yet the pre-qualified service provider wants us to tow it to Fort-portal at an additional expense.

To some KIs, the creation of new administrative units was not in tandem with provision of critical services supported by professional/technical duty bearers. These were considered to be more relevant as vehicles of services delivery rather than numerous labels like CAOs who are largely concentrated at District Head-quarters rather than the grassroots. Such are functioning health centers with sufficient drugs and motivated health personnel; good education and quality teachers rather than simply constructing buildings; good and functional agricultural extension services and good and well maintained road networks. Some of these KIs observed that with decentralization, central government Ministries delegated work and became distant, yet did not adequately fund the Districts to effectively undertake the given heavy responsibilities. The KIs pointed out that for instance, the Ministry of Works used to maintain roads (PWDs); Ministry of Health used to have Health Inspectors at the grassroots and likewise the Ministry of Agriculture used to have Extension Workers.

The KIs observed that whereas 82% of the services were transferred to local governments, they were allocated only 11.4% - 17% of the national budget. On the creation of a new administrative unit, the budget allocations were not increased, but rather shared the existing budget with the mother district. Most of the budgetary allocations were subsumed in wages, while others were conditional funds and little was left for capital development and facilitation. Some of the conditional grants were often taken back to the treasury when not absorbed by their designated activities, yet there would be gaps or emergencies that would utilize the resources. Funds are also often received late, and given red-tape delays in mandatory procurement processes, services are often delayed. These rigidities and insufficient funding were the major hindrances for administrative units to effectively undertake their service delivery obligations, hence the numerous gaps to the dissatisfactions of the population.

Sub-county, Town Council, Local Government and citizens through FGDs rated the extent to which the creation of new administrative units had achieved their aspirations. Table.... presents the rating as follows:

The respondent's assessment of the impact of the creation of new administrative units on service delivery elicited drew mixed responses. Many Political District level KIs generally maintained that there was positive impact of the new administrative units on service delivery. However, while many Technical KIs who are the Duty bearers concurred, they also pointed to significant systemic gaps that constrained the functionality of the new administrative units in optimal service delivery. Notable of these were inadequate funding, lack of financial autonomy to mobilise or utilize available funds, stringent and costly procurement procedures, inadequate and qualified personnel.

Table 3.49: Rating the impact of decentralization/creation of new administrative units on LG's level of adherence to service delivery principles.

No	Decentralisation Principle	Rating (1 – 10) (Average)
1.	Conscious strengthening of service standards (quality, quantity, time & cost) of services delivered	6.9
2.	Uncompromisable Quality of Service (clients' expectations and satisfaction with the quality of service delivered).	6.6
3.	Professionalism and technical adequacy of contracting firms (the degree to which firms providing services adhere to their ethical and technical competencies)	6.0
4.	Effective and rigorous supervision of contracts (technical and political leadership hold service providers accountable)	7.1
5.	Citizens' Satisfaction with Service Delivery (the ordinary citizen is the focus of service delivery and realizes value for money).	5.7
6.	Transparent and open outsourcing of services (fair play in business and public procurement of service providers).	7.2

No	Decentralisation Principle	Rating (1 – 10) (Average)
7.	Accountable and equitable civil society services (CSOs delivering services in an exemplary manner to all clients and stakeholders)	7.9
8.	Good governance-focused institutional framework for service delivery (good service delivery processes and practices)	7.2
9.	Adequate mobilization of resources for service delivery (intergovernmental fiscal relations and local revenue raising mechanisms in local governments)	7.3
10.	Efficient and frugal utilization of resources	7.4
11.	Inclusive and participatory planning in local governments.	7.9
12.	Socio-economic empowerment of ordinary citizens through national and local programs (effectiveness in implementation of poverty reduction projects that benefit citizens at the local level)	6.9

Table 3.50: Rating of the Impact of the Creation of New Admin Units on service delivery in specified sectors (KIs at LLG level)

Sub county / Town Council/DLG	RATING (1 – 10 scale)				
	Health	Education	Works	Agriculture	Administration
Mahyoro S/C	8	8	9	8	7
Kisomoro	7	6	7	6	6
Rwimi T/C	6	8	4	9	8
Rwimi T/C	6	6	7	6	7
Hapuyo	6	7	7	6	6
Hapuyo S/C	2	2	6	7	8
Hapuyo	9	7	8	4	6
Kiko TC	6	9	7	6	8
Kiko TC	6	8	10	10	8
Kicwamba	6	8	6	2	6
Kicwamba	5	1	2	5	5
Mean	6	6.3	7	6.2	7

On average, the impact of the creation of new administrative units on service delivery were rated above average. However, the works and administration sectors were rated highest at 7/10. Multiplication of duty bearers and road units had an impact on their sector services. These were followed by Education at 6.3/10, which was as a result of increased school enrollment and staffing. The agricultural sector followed at 6.2/10, which pointed to a number of gaps in service delivery. It is noteworthy that the Health Services were rated lowest at 6/10, which underlined the gaps in the sector.

THE CASE OF KABAROLE DISTRICT

Although most Key Informants in Kabarole maintained that the creation of the new administrative units positively impacted on service delivery, a few respondents were either reserved or disagreed. The following was the rating and explanation:

Table 3.51: Rating of the Impact of the creation of new administrative units by KIs at District & National Level

SECTOR	HIGH RATING & POSITIVE IMPACT	LOW & MODERATE RATING HENCE LOW IMPACT
Health	<p>Average rating 70%.</p> <p>Reason for rating:</p> <p>HC4s level largely well-staffed and rendered a wide range of medical services.</p>	<p>Average rating 30%.</p> <p>Reason for rating:</p> <p>Although HC4s were fairly operational, most HC 3 & 2 were just structures with hardly medical staff and drugs.</p> <p>Well performing Health Centers were largely private and faith based, for instance, Kabarole Hospital under Church of Uganda (COU) and Virika Hospital under Fort-Portal Diocese.</p> <p>Most good services in Government Health Centers were donor funded, notably under the Baylor project.</p>
Education	<p>Average rating 70%.</p>	<p>Average rating 8%.</p> <p>Reason for rating</p> <p>Enrollment in government Schools improved but quality drastically deteriorated.</p> <p>Two tracks emerged, namely, Government Schools versus Private Schools. Performance and standards in most Private Schools was good, in contrast, Government Schools were deplorable to the extent of leaving them for children whose parents cannot afford private Schools.</p> <p>In major traditional high-ranking Schools in the region, for instance, Nyakasura, students no longer wish to enroll there. However, some KIs noted that traditional Schools were few and only attracted</p>
Roads	<p>Average rating 70%.</p> <p>Each District is given a road unit which enables opening up new roads and maintaining existing ones. A Town Council is given a sizable road fund and personnel for road networks, which stimulates development.</p>	<p>Average rating 40%</p> <p>Whereas new roads have been opened, their maintenance, especially in Sub/Counties is poor. Road funding at Sub/County level is insufficient.</p>
Agriculture	<p>Average rating 50%</p>	<p>Agriculture at 10%</p>

Administration	Average rating 60%	<p>Average rating 30%.</p> <p>Reason for rating:</p> <p>While the creation of new units increased and made officials and duty-bearers at District level accessible. Conversely, at lower levels, several factors undermined effective service delivery.</p> <p>Redundancy: Many of the 57 personnel in TCs, hence payment without work done.</p> <p>Absenteeism: Especially Parish Chiefs who often occasionally report. Some overqualified and seemed to have had motives of being put on the payroll, hence had no job satisfaction.</p> <p>Quality: Many personnel like extension workers of low quality unlike the traditional ones. Need re-orientation.</p>
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Explaining the Impact of NAUs on service delivery (KIs at LLG level)

Services brought closer to the people: With the decentralization and creation of new administrative units the respondents pointed to services in health, agriculture and education being brought closer to the communities. They noted that the opening of community access and the CAIIP feeder roads had opened up and linked most communities to service delivery points (schools, markets and health centres). Through the decentralization of the health services facilities nearer to the communities were reported to be fairly well staffed although stock outs of essential drugs and medical supplies were still common. Public hygiene and immunization campaigns were reported to have been intensified although malaria remained the number one cause of morbidity in the surveyed districts and local authorities. In agriculture respondents reported increased access to inputs and extension services which had led to adoption of improved technologies, and in some places like Rwimi, translated into increased production levels of bananas, maize and rice hence boosting household incomes. In urban centres there was marked improvement in infrastructure development including collection of garbage thanks to the availability of equipment like road unit and trucks. However, there were reports of shoddy work especially in opening and maintaining of roads.

Improved service outcomes: In the Agriculture sector it was reported that the number of model farmers had increased and some like the many banana farmers in Kabarole District were making profits (each farmer can earn up to 1.5m per week). In education there was marked improvement in the academic performance registered in all schools and most of the children were in school.

Strengthened Administration: With the new and smaller administration units KIs and HH respondents noted that the centres of administration were now nearer and accessible to them. Not only have new jobs been created but there is also an attendant increase in

supervision and monitoring by technical & political leaders who were also reported to have good cooperation. The few staffs are always on duty and attend to the people

Expectations: the creation of new administration units has brought new expectations within the communities which vary from creation of new jobs, opportunities for private sector growth, to new facilities like schools and health centres as is stipulated in the decentralization policy documents. However, it was reported that meeting most of these expectations is usually a slow process. For example after five years since it became a Town Council Kiko is yet to get a HCIII as stipulated in the law. On the other hand, when Hapuyo T/C and Kigambo S/C were curved out of Hapuyo S/C the latter remained with neither a secondary school nor a HCIII as these remained in the newly created Town Council.

Table 3.52: Extent to which the decentralization policy objective of service delivery has been achieved (KIs at LLG level)

Sub county / Town Council/DLG	RATING (1 – 10)			
	Great Extent	Moderate Extent	Less Extent	Not at all
Mahyoro S/C		✓		
Kisomoro S/C	✓			
Rwimi TC		✓		
Hapuyo	✓			
Kyegegwa TC	✓			
Kiko TC	✓			
Kicwamba		✓		

Table 3.53: Reasons for the rating above

Sub county / Town Council/DLG	Reasons for the rating of the extent of achievement of the decentralization policy objective of bringing services closer to the people
Mahyoro S/C	DLG has mandate to prioritize what to plan and implement Most of the developments registered in the district are from 2001 – 2015 when Kamwenge became a district. It was able to implement its mandate.
Kisomoro S/C	More cases handled due to the closeness of the services to the people Crime rate has reduced Availability of better markets for the produce Better road network
Rwimi TC	We have achieved increased service delivery in the health sector of more than 50%
Hapuyo	Decentralized has brought average improvement in service delivery More jobs have been created
Kyegegwa TC	Improved road network e.g. 10km of first class murram is to be built in the central business district Sensitization and mobilization of parents to pay school fees and provide lunch for their children

NEW ADMINISTRATIVE UNITS AND SERVICE DELIVERY: THE CASE OF KISOMORO AND HAPUYO SUB COUNTIES

Kisomoro Sub County LG

Health: People used to travel long distances; there were fewer medical workers; some NGOs like Baylor have complemented government efforts in deliveries, infant mortality rate, reduction and increase access to health services. They offer transport to the mothers who are giving birth or taking children for immunization. Transportation of patients to health facilities by the NGOs is not sustainable by the community & LG. When NGOs leave there is a reversal in the gains made; infant mortality increases. Budget: Government Budget allocations were supplemented by Baylor and USAID. Infrastructure: renovated under PHC & Baylor sub grants; water tanks & taps available. HCIII connected to Umeme; HCII use natural light and operate only during day time.

Non-state players like Baylor stood out in bolstering service delivery in the health sector

Education: Even if a new unit is created the capitation grant may not increase. Creation of a new administration unit will reduce the capitation even further as some funds are set aside to facilitate the new administration unit. Need to plan to bridge the gaps with or without the new administration units.

Creation of new units did not necessarily improve funding to sectors like education

Hapuyo Sub County Local Government

- 1. Space:** With the creation of new administrative units like 3 Sub counties from Hapuyo (Kigambo, Hapuyo Town Council and Hapuyo S/C) the original Hapuyo S/C was displaced from its headquarters in favour of Hapuyo TC, which constrained its service delivery.
- 2. Resources:** CG does not release additional funds to LLG when new units are formed. The budget amount remains the same but now is subdivided for 3 sub counties. However, people still demand the same amount of services as before. E.g. the budget for health remains the same for old sub county and is now subdivided for 3 S/Cs until the new admin units meet the requirements for a HCIII. The allocation of a HCIII is not according to admin units but according to the health policy requirements. For example in the 2 FY 3 S/C have been created yet the mother S/C has not even achieved optimum level of service delivery.
- 3. Criteria:** What informs creation of a new administration unit is population, financial viability and most importantly politics. For the case of Hapuyo, the division of the Sub-county into three was mainly due to political reasons to isolate tribes – Kigambo created was created for Bakiga, the proposed Nkakwa S/C will also be created for Bakiga while Hapuyo S/C will be reserved for Batooro.

4. **Inadequate funding:** Greater Hapuyo S/C would operate at a budget of Shs5M for general administration of the sub county, which is not enough. With the creation of new sub counties, this amount is sub divided amongst the newly formed units and the old one. This adversely affects service delivery, for instance, whereas other rural sub counties in Kyegegwa District pay councilors a sitting allowance of about Shs40,000, Hapuyo can only afford Shs14,000 per sitting, which is likely to reduce following the creation of the new Sub counties.
5. **Costs and viability:** New jobs with cases of underperformance yet high administrative costs versus narrow resource bases of the new administrative units.
6. **Staffing:** Critical staff are inadequate and not well facilitated due to limited funds. Some lower units lack CDOs, Extension Workers, Health Assistants and parish chiefs.

3.3: Anticipated period/time for the newly created structures to deliver better services

Objective 4: To examine and analyze the anticipated period/time for the newly created structures to deliver better services

From the study, it emerged that NAUs required between 10 – 15 years to be fully functional, and 20 – 30 years to deliver better services. The following section assesses the required period for the NAUs to consolidate.

Duration required for a new administrative unit to become viable and operate optimally

The researchers sought to find out from the KIs the length of time it might take a newly created administrative unit to attain sufficient capacity to deliver optimal services. The majority of KI s estimated 20 – 30 years. The most graphic explanation was given by KIs in Kiko Town Council. They noted that as TC like Kiko is required to deliver specific services which they listed as: Planned Developments (physical & structural plans); construction of roads (opening & maintaining community access roads, graveling some roads, tarmacking roads); provide piped water (safe & clean); garbage collection & disposal; promotion of trade and commerce within the town council; construct and supervise primary schools and at least 1 secondary school in the town council; Promote agricultural production, productivity and value addition; street lighting; and provide Primary Health Care Services (construct at least 1 HCIII). The KIs noted that Kiko TC requires Shs10 billion to put in place this entire required infrastructure if it is to be called a developed town council. With the current funding of Shs305,418,239/–annually, Kiko Town Council which is 5 years old would need at least 30 years to realize its targets.

Kiko TC Performance on services:**Table 3.54: Delivery of services in Kiko TC**

Achieved	Not yet Achieved
1) Construction of roads: Out of the planned 35km of murramed roads, Kiko has so far worked on 12km	1) Planned developments (physical & structural): Kiko has only a draft physical plan
2) Provision of safe and clean water (metered) –Kiko is only at 40% coverage out of the recommended coverage is 80% percent.	2) Kiko does not have registered SACCOs
3) Kiko has only one market which operates monthly	3) No operational HCIII
4) Kiko has 1 truck, 1 dumping site, dustbins and collects garbage weekly	4) Secondary school – Kiko has none

Other KIs also observed that most of the newly created administrative units are slow in meeting their development targets and so it would take them long (20 – 30 years) to become optimally viable. They blamed this slow pace on limited funding, political interference e.g. a KI observed that most of the newly created administrative units tend to become operational towards general elections. Other respondents cited corruption as key in retarding the pace at which newly created administrative units can develop and become self-sustaining.

3.4: Analysis of the Decentralisation Policy and Options for enhancing Service Delivery

Objective 5: To analyse the decentralization policy and propose options for enhancing quality service delivery to the citizens

3.4.1. The Decentralization Policy Analysis Framework regarding service delivery

Uganda's development goal is to eradicate poverty and to enable her people enjoy a high standard of living. Decentralization is a key policy reform that was adopted to promote democratization, improve service provision and ensure good governance in local development management. The call for decentralization has been driven by political pressures for autonomy and improved and efficient service delivery. In fact it is argued that decentralization improves service delivery and good governance through: 1) Allocative efficiency where service delivery is better matched with the needs of the beneficiaries; and 2) Productive efficiency whereby the local governments become more accountable to the citizens, there is reduction in the levels of bureaucracy and there is better knowledge of the unit cost of the services.

The effectiveness of decentralized service delivery depends on the design of decentralization and the institutional arrangements governing its implementation. For decentralization to promote allocative and productive efficiency the devolution of functions should occur in an institutional arrangement that provides political, financial and administrative authority to the local governments supported by channels of local accountability and central oversight.

These channels include: voice mechanisms in which citizens can express themselves to the authorities e.g. barazas; Exit mechanisms for citizens to switch private service providers or to access services from other localities; adequate legal and policy framework budgets to support central government oversight over the local authorities and channels through which the local governments can influence the central government decisions concerning them; and public sector management arrangements that support accountability.

For decentralization to be impactful in improving service delivery a number of conditions have to be met. These include: local governments having authority to respond to the local needs and putting in place adequate and viable mechanisms for accountability; more functions need to be devolved to lower local governments to enhance allocative efficiency; and thirdly citizens should have enough channels to express themselves and be heard in the local governments.

Table 3.55: Dimensions for analyzing the Decentralization Policy in Uganda²

Effects	Effectiveness	<p>What effects does the policy have on the targeted problem?</p> <ul style="list-style-type: none"> • Deepening the democratization process; • Improving service provision; • Ensuring good governance in local development management. <p>Poverty reduction;</p> <p>Decentralization is instrumental in shifting attitudes, developing and deepening skills and competencies, and engaging multiple stakeholders in the development process.</p>
	Unintended effects	<p>What are the unintended effects of this policy?</p> <ul style="list-style-type: none"> • Rural urban population flows • Increased urbanization and its related negative impacts such as increase in crime • Increased number of Implementing Partners e.g. NGOs • Unprecedented population growth e.g. in Kyegegwa District
	Equity	<p>What are the effects of this policy on different groups?</p> <ul style="list-style-type: none"> • Empowering local governments to determine local needs and priorities, mobilize resources on a sustainable basis, and to engage beneficiaries in the implementation of programs. • Beneficiaries have got opportunity to influence their own development programs and to hold their leaders accountable through platforms such as budget conferences and 'barazas'. • Interest groups, classes and minorities empowered and more visible • Interest groups can now access social services like health and education although they are not of the best quality

² This two pronged model of policy analysis is adapted from the National Collaboration Centre for Health Public Policy of Canada.

Implementation	Cost	<p>What is the financial cost of this policy?</p> <ul style="list-style-type: none"> The startup cost of creating a new district is estimated at between 685 million and 1.03 billion Ugandan shillings in wages per year. Each district thus costs between 23.8 shillings (\$0.013) to 35.8 shillings (\$0.019) Ush per citizen per year (Ocwich 2005 cited by Green 2008).
	Feasibility	<p>Is this policy technically feasible?</p> <ul style="list-style-type: none"> Given the very low per capita cost of a new district its creation is likely to encounter little opposition from those who pay for it and they will have little incentive to organise collectively to combat it The budget
	Acceptability	<p>Do the relevant stakeholders view the policy as acceptable?</p> <p>All stakeholders in Uganda were supportive of the decentralization policy describing it as being impactful although with several glaring gaps which need to be urgently filled through policy reforms and increased financing.</p>

The above analysis is consistent with the findings of a World Bank study of decentralization in Uganda and the Philippines (WB 2001). This study assessed the decentralized service delivery in health and education in Uganda and the Philippines found out that decentralizing service delivery has benefits but which often do not materialize. It cited the case where local authorities perceive local demands but have limited authority to adjust service delivery to meet these demands. In fact the study found out that resource allocation in both Uganda and the Philippines only weakly reflected local demands thanks to the limited authority of the local governments to adjust allocations. The same study highlighted a number of factors that have constrained decentralization to achieve increased efficiency.

These include: limited authority of the local governments, limited information to citizens which hinders their influence over resource allocation, and exit mechanisms do not adversely affect public service delivery. It was presumed that if citizens found service delivery in the public sector to be inappropriate they would vote with their feet and move to the private sector to access better services and this would mount pressure on government to improve services in the public sector lest it loses its legitimacy. However, this has not been the case as services by other nonpublic providers, while they are of better quality, are more expensive and often prohibitive to the average citizen. The poor citizens have no choice but to go for services in the public sector even when they are considered of inferior quality. Secondly service providers in the public sector in both countries also run services in the private sector hence there is a near fusion of service providers in both the public and private sectors. Other impediments to the efficiency of decentralized service delivery are the weak capacity (in terms of materials, equipment, personnel) of the local governments; and the fact that decentralized can inhibit delivery of certain public goods e.g. immunization which has been decentralized to local

authorities may not be prioritized by them given the scarcity of resources amidst the many competing priorities. The following Table provides the rating of the achievement of the Decentralisation principles after the creation of NAUs in the Rwenzori region.

Table 3.56: Assessment of attainment of Decentralisation Principles by KIs in the Rwenzori Region

	DECENTRALISATION PRINCIPLE	1-10 scale Average
1	Conscious strengthening of standards of services delivered	7
2	Uncompromisable Quality of Service	5.4
3	Professionalism and technical adequacy of contracting firms	7
4	Effective and rigorous supervision of contracts	8
5	Citizens' Satisfaction with Service Delivery	5.1
6	Transparent and open outsourcing of services	7
7	Accountable and equitable civil society services	7
8	Good governance-focused institutional framework for service delivery	6.5
9	Adequate mobilization of resources for service delivery	6.1
10	Efficient and frugal utilization of resources	7.2
11	Inclusive and participatory planning in local governments.	7
12	Socio-economic empowerment of ordinary citizens through national and local programmes	7.1

From Table 3.52, attainment of decentralization principles was rated above average by KIs. It is noteworthy that KIs rated the satisfaction of end-users lowest, which was in agreement with the rating by the end-users in the HH and FGD surveys.

Strong points of Decentralization Policy

Services: Respondents maintained that smaller units were easier to administer, deliver services and improve security. They noted LG mobilization of parents to contribute towards education, coupled with increased supervision and monitoring which had led to improvement of the quality education as exhibited in improved overall performance in Schools. New units exercised authority in planning and implementation of programs, hence brought services closer.

Employment: There were more job opportunities with the creation of LG units.

Awareness and self-help initiatives: Respondents noted increased awareness among the population as a result of close and intense programs. They further pointed to increased opportunities for OVCs & PWDs, thus improved welfare of the communities.

Urbanisation: KIs pointed to increased urbanization, physical planning and development brought by the creation of new units. This has stimulates developments in the rural villages

and increased investment by the private sector. When blended with good leadership. Urbanization accelerates development in new admin units.

Weak points of Decentralization Policy

Finances: Some respondents harped on control and approval of all finances by the center as a constraint in the decentralization policy. They underlined low revenue for LGs for implementation of their budgets. They noted that most of the funds from the center are conditional, leaving units like Sub County with little space to implement their priorities. The On creation of new units, government often subdivides the budget between the parent and new district, leaving inadequate funding. KIs also pointed to late releases of funds from the center as a major weakness. They also noted cases of misappropriation of funds (corruption) and increase in public expenditure. It was also noted that new administration requires additional funds, more taxes and costs especially on administration, which may suffocate other crucial sectors. KIs noted lack of plans to make the newly created unit sustainable.

Staff: KIs pointed to control on recruitment of key staffs by the center. Conversely, they noted mandatory recruitment of established staff against available volume of work, leading to redundancy of some staffs in some administrative units, which makes them unviable and unsustainable.

Anxieties: Some FGD respondents noted increased anxieties with the creation of units like TCs. They pointed to improvement of services but also new housing rules and higher taxes like LST, Hotel and ground rent, which are likely to affect poor surrounding communities.

Political interference: In some cases, local politicians were reported to interfere with technical operations, which often disrupted performance.

3.4.2: Proposed Policy Alternatives and Recommendations for enhancing service delivery

KI respondents and FGD from Mahyoro Sub-county, Hapuyo S/C, Rwimi Town Council, Kyegegwa TC, Kiko TC, Kichwanba and Kabarole DLG proposed policy alternatives for the effective achievement of the decentralization objective regarding service delivery. The following were the salient proposals.

Criteria: KIs and FGDs maintained that Government should put in place a criterion and undertake proper planning before creating new administration units. The government should also provide more resources other than sharing what is already available with the newly created units. Government should have a well worked minimum package of services (minimum service delivery package) with well-defined levels that an administrative unit can deliver. Government should come up with criteria for creating new admin units beyond the rhetoric of bringing services closer to the people. Besides the standards for service delivery, government should also develop standards for the viability of an administrative unit. Some respondents recommended that government should maintain the old (undivided)

administration units which were viable. Accordingly, there should be a moratorium on the creation of new admin units until the newly curved ones have become sustainable and met their objectives. They observed that the creation of new administrative units is not necessarily demanded by the grassroots but by politicians. This was corroborated by households, as 58.6% of who were not consulted in the process of creation of new administrative units. However, the people preferred the creation of more town councils other than rural Sub counties because urbanization leads to rapid development.

Staffing: KI recommended increase of salaries and facilitation of staff for effective work. Some KIs also recommended that the appointment of CAOs should be reverted to the LGs. They recommended capacity building of all LG staffs through refresher courses and training. In addition, they recommended that the CG should set qualifications for political leaders to enable them to provide oversight to the highly qualified technical staff. They also noted that a new administrative unit should be allowed adequate time to muster adequate capacity before carving new ones out of it. For instance, before Kyenjojo could consolidate, they curved out Kyegegwa District.

Procedures: Some KIs observed that since most of the central government structures are replicated at District level, the DLG should be empowered and made a one-stop center for all government programs implemented at District and lower levels. KI recommended that some procedures should be simplified and some like the procurement process and OWC be lowered to Sub county level. Additionally, government should consider adopting the PPP model for purposes of sharing responsibilities.

Revenues: The Central Government should allow LGs to collect and spend their revenues. There should be increased fund transfers to the LGs for execution of their mandates. Some KIs proposed an increase in funding to the LGs by 30% of the national budget and increase of unconditional grant to LGs, timely release of funds from the center and appropriate allocation. They further recommended increase of the share of development funds from 15% to 50% of the DLG Budget.

- a. *“Take resources to Districts and allow them to supervise. NAADs procurers and supplies from the centre and then expects the Districts to supervise suppliers on whom they have little power. Districts should control and account”.*
- b. *“Match Administrative unit responsibilities and population with funding dispensed to undertake the responsibilities. Removal of graduated tax financially crippled Districts”.*
- c. *“Allow units financial flexibility. Conditional funds cripple performance”*
- d. *Halt the creation of new units to first consolidate and enhance capacity of the existing ones. There are many gaps in technical personnel like extension workers*

for lower units; inadequate facilitation, inadequate funding and inadequate remuneration that undermine efficient and effective service delivery.

3.4.3: Overarching Factors that Enabled and Disabled the Delivery of Services in the NAUs

Respondents presented overarching enabling and disabling factors in the achievement of the Decentralization policy objective regarding service delivery. The following are the salient issues.

OVERARCHING ENABLING FACTORS

1. **Funding:** Increased funding from the CG and releases to the S/Counties benefitted from political support and lobbying. This was in addition to funds received from IPs e.g. Baylor and MSF. The districts exercised control over their own funds and used Force on Account system to implement infrastructural projects without the usual red-tape. Allocation of road units facilitated Districts to have road infrastructure in fairly good shape. Many of the service units have electricity and water connections. The PPP model was also appropriate in service delivery.
2. **Staffing:** Brought more staff closer to the service delivery units hence more supervision and monitoring. There was strict adherence to the planning, budgeting & procurement guidelines. Some districts benefited from team work amongst the staff.
3. **Participation:** Participatory planning and improvement in planning techniques boosted service delivery leading to HH betterment. This was complimented by HH constant sensitization, mobilization and distribution of inputs by government and CSOs.

Enabling Factors for the Health Sector

1. Decentralization of the health service delivery system and introduction of the Health Service Delivery (HSD) concept led to remarkable improvements in the health sector. People used to move long distances to access specialized services like MCH, caesarian and surgeries. When doctors were posted to new administrative centers in rural areas, surgeries were conducted at HCIV and more personnel were employed. Employment opportunities for health workers increased and some like doctors received further training in management in order to be an in-charge of a HCIV.
2. Infrastructure was created or improved and despite cases of absenteeism, some health workers are able to deliver services. Increment in staff salaries has motivated the staff and this has tremendously reduced staff attrition rate. For instance, medical officers received a top up allowance of Shs1.4m. In addition all staffs in the health sector have received salary enhancement.
3. Development Partners: Implementing Partners (IPs) have played a crucial supplementary role in all the surveyed areas. The most prominent were UNICEF, Baylor College of

Health Sciences and Medicins san Frontieres (MSF). These have particularly helped in solving the endemic problem of shortage of drugs, supplies and other pharmaceutical products, at least for special cases such as HIV/AIDS, Hypertension and Tuberculosis. IPs also provide capacity building to the medical workers which raised Doctor's morale to be posted in HCIVs. Their support spans construction of infrastructure, provision of facilities, Maternal and Child Health, HIV/AIDS, child survival and health education among others.

4. In Mahyoro Sub County, it was reported that given the nature of the fishing communities, there were quite a number of Development Partners who render crucial services. Baylor and Medicine San Frontieres (MSF) have built 2 ART clinics in the sub county while another Development Partner had opened a clinic and provided an ambulance in the area. In Kabarole District the health sector is surviving because of the IPs. The positive changes in the Health Sector like reduction of infant mortality rate, increase access to health services including transportation of mothers in labour and taking children for immunization, NGOs like Baylor have had a big impact.
5. With the limited budget to the Health Sector, Baylor & USAID supplement government programs. In cases like Kisomoro, Baylor sub grants helped some HCs in obtaining water tanks and connectivity to electricity. Unfortunately the IPs do not stay for long, as projects are often time specific, which could undermine sustainability. Transportation of patients to health facilities by the NGOs may not be sustained by the community and LGs. When NGOs leave, there is likely to be a reversal in the gains made. The DLG management is usually not in control on where the IP invests or have priorities. IPs follow their own targets, goals and donor interests. Some IPs recruit staff but when the projects are over, the DLG cannot absorb those staffs. The IP recruit staff who they call their own staff and are paid more than the government staff doing the same work. This has created conflict among the health workers and undermines team work.
6. Improvement in key indicators has been achieved: Underlying causes of MMR have been addressed: Delay at home has been solved by ambulance referral service; delay on the way has been addressed by improvements in road infrastructure; complications en-route to hospitals have been addressed by bringing specialized services nearer; MMR has fallen from 750 deaths / 100,000 to 420; IMR has been solved because of introduction of interventions on child survival and community outreach. These achievements were as a result of expanded government services and supplementary non-state providers.
7. There has been reasonable empowerment of the communities who now understood that they have a stake in the delivery of health services. HUMCs have been strengthened.
8. Training of health workers: Almost every district has a health training institute and this has improved the availability of health workers.

9. New administrative units have strengthened service delivery in health. Smaller administrative units tended to be have increased intensity in implementation. Smaller units often intensify pressure to have their entitled service units, for instance, health centers. There was increased lobbying capacity because leaders were near the centers of power; had to showcase their capacity and were on ground hence conversant with the context-specific challenges. Such used their positions to lobby for additional resources for services like those in the health sector. For instance, in the remaining Kabarole district, there are only 2 HCIVs – Bukuku and Kataraga (F/P Municipality). However, there is intense pressure for the creation of Ruteete County so that Ruteete HCIII will be elevated to HCIV and UGX 500million has already been earmarked for the process. Creation of the new administrative units devolved the planning power closer to the people. “With the elevation of Kyegegwa to district status more planning power was brought closer e.g. we had only one maternity ward where we would serve only 9 women. However, using our own resources the district has constructed another ward which now caters for 15 patients” (Respondent, Kyegegwa Town Council).
10. Increased budget allocation to health. A key respondent noted that “With a new district the budgetary allocation from the central government also increased”. This led to more regular availability of drugs in health centres, increased staffing and construction of new infrastructure and provision of facilities in the health units.
11. Increased supervision. It was reported that there was monthly supervision of health facilities by the Sub county staffs who reported their findings to the CAO for action. Additionally, there were Quarterly meetings between health unit staffs and Sub County leadership.
12. There was intensification of campaigns and sensitization, for instance, on Public hygiene and improvement of garbage collection. These improved public health, hence better health for the population.

Enabling Factors in Education Sector

1. Respondents attributed the improvement in the education sector to the creation of new administration units which has seen more Implementing Partners (IPs) get closer to the communities as they usually focus their interventions to specific administrative units. For instance one respondent in Kamwenge District reported that the World Bank is constructing 7 classrooms, Staff quarters and all sanitation and hygiene facilities at Nyanga Primary School in Mahyoro S/C. Each county (Kibale & Kitagwenda) in the district was allocated a school. The respondent reasoned that before Kabarole was subdivided into other new districts such an opportunity was unlikely to come to Mahyoro Sub County but one closer to Fort Portal due to the intense lobbying by people closer to the seat of power. In addition the same respondent noted that District Local Government Authorities can determine and influence development partners like UNICEF where to invest their

resources within the district. “I think if Kitagwenda became a district, we would get more services and facilities from Implementing Partners like UNICEF” (respondent, Mahyoro).

2. Other interventions that supported the improvements in education were the contributions from government agencies such as UWA which was using a portion of the revenue sharing fund to construct educational facilities in frontline communities neighbouring the national park.
3. The creation of new administrative units, especially Town Councils, has stimulated private investors to set up schools which often are better resourced than the government granted-aided ones. Privatization of schools has increased students’ performance and private schools have more facilities than the government aided ones.
4. The creation of administrative units especially the districts reduced the geographical area and hence made it possible for more frequent technical supervision.
5. Contributions by parents to support their children in the UPE schools (each parent pays 10,000/-per child) for supplementary teaching.
6. Improvement in academic performance has been attained, for instance in Kabarole District, the pass rate was reported to be 97% in 2017.

Enabling Factors in the Roads and Works Sector

1. Increased budget for the roads sector.
2. District road units: All surveyed districts had fairly well equipped road units.
3. Special projects in the sector e.g. the Community Agriculture Infrastructure and Institutional Project (CAIIP) which has opened and maintained roads in various districts.
4. Decentralization of road maintenance budget to the districts (force account)
5. Community engagement in road maintenance. A respondent in Mahyoro Sub County noted that every FY 1 Community Access road is upgraded using the Uganda Road Fund. 5 roads (25km) have so far been opened. They are maintained by the community.
6. Creation of town councils leads to concentration of resources for roads and works in a small geographical location. In addition town councils remove more funds for roads maintenance than the rural sub counties.

Enabling Factors in the Production Sector

1. These, inter alia, included the following: government programs such as NAADS and OWC supplied inputs and funding

OVERARCHING DISABLING FACTORS

1. **Human Resource Challenges:** Some units reported conflicts between the appointed and elected leaders. Other KIs pointed to limited independence of LGs and political interference. Other units noted that some critical staff were not yet recruited, especially at S/C level e.g. extension workers.
2. **Resources:** KIs pointed to limited sources of local revenue to support service delivery. Other KIs noted misuse of resources, inadequate facilitation leading to inadequate mobilization of resources.
3. **Procedures:** KIs underlined constraining procurement procedure from the center which are characterized by red-tape, delays and discrepancies with local realities. In some LG units, newly recruited staff were not oriented and retooled to the policies. Some KIs pointed to delays of establishing infrastructure and poor adherence to policies e.g. taxation and planning.
4. **Natural disasters:** Landslides in mountainous areas, prolonged droughts, pests & diseases e.g. BBW & Bacterial Blight on potatoes
5. **Participation:** High expectations from the communities and low adoption rates.

Staffing and facilitation: KIs noted that it was a long process for a new administrative units to consolidate, which on average took a period of 15 years. Pioneering challenges were therefore inhibitive for efficient and effective service delivery.

Health Sector: In the health sector in the newly created Bunyangabu District is still constrained. Out of the 8 established staffing posts in the DHO's office, only one is substantively filled – that of the Biostatistician. The District also lacks transport for the office of the DHO which has delayed most of the planned activities such as support supervision, disease surveillance, immunization outreaches and coordination with key stakeholders. Additionally, lack of ambulance in the district contributed to poor maternal and neonatal outcomes. It should be noted that most of these facilities were retained in Kabarole District when Bunyangabu District was carved off. Initially, it was always an uphill task for a young District, hence inconceivable for it to fully satisfy its citizens in service delivery.

Education Sector: The creation of Town Councils in largely rural settings has elevated the state of some of the schools as they have basic amenities as roads, electricity and good accommodation. This has attracted good teachers to schools in the urban setting. However,

rural Schools do not easily attract good teachers save those who originate from those very communities. In a related case, in Kicwamba S/C Kabarole District and Hapuyo S/C in Kyegegwa district, it was reported that the creation of new administration units had deprived the old sub counties of government-grant aided secondary schools. There was limited funding for monitoring and support supervision. Funding reduced depending on number of schools. New schools are not provided for in the budget.

Other Disabling Factors

1. Low funding, limited skilled staff
2. Community resisting some programs e.g. road opening before compensation
3. Political interference e.g. directives from the President against taxes in Transport
4. Some challenges of poor response from tax payers
5. Infrequent valuation of properties – poor response from landlords. This has affected garbage management and street lighting in towns.
6. Inadequate enforcement officers – Kyegegwa TC has only 2 out of the 5 required
7. Lack of means of transport for TC staffs
8. CG agencies implementing projects in the LGs was disabling. This is because projects implemented by the CG appear to be more expensive compared to similar ones implemented by the LG. Whereas the LG is a one stop centre for most of the CG departments, it is not right that CG implements projects that ordinarily should be implemented by the LG e.g. construction of classrooms. By doing this, the CG weakens the LG. This appears to be contrary to the original intention of decentralization.
9. Parastatal bodies and CSOs tend to be better facilitated, deliver better services and more trusted by the communities.
10. Limited budget for development for instance out of the UGX 25 billion budgeted for Kabarole in FY2018/19 only 15% is unconditional and can be used for developments such as roads, schools, water. The 85% is conditional.
11. Huge bureaucracy – LGs have limited authority and powers e.g. over the payroll which is controlled by Ministry of Public Service. Other areas where the LG lack direct control include the Integrated Financial Management System and IPPS.
12. Petty-feuding, in-fighting, especially over recruitment, utilization of funds.

13. Competitions, contestations, power struggles among office bearers and/or with technical staff and politicians. In some cases, such rise because policy did not spell out standards for political leaders. In some cases, uneducated politicians like less educated LC3 Chairpersons/Councilors who may not comprehend or manipulated around technicalities easily conflict with graduate S/County Chiefs. Likewise, some LC 5 Chairpersons/Councilors can have contestations with well experienced and highly educated technical staff like the CAOs.

CHAPTER

4

CHAPTER FOUR: CONCLUSIONS AND RECOMMENDATIONS

Decentralization and the creation of new administrative units enabled access and increased volume of services to the citizenry in major sectors like health, education, production, works, administration, water, energy and governance. Before the creation of new administrative units, such services and duty bearers were few and distant from the end-users. Subsequently, many people aspired for the creation of new administrative units, which would increase job opportunities, duty-bearers and come with entitlements in the critical service sectors like education, health, works, production and administration. Additionally, the creation of new administrative units stimulated growth and development especially in Urban Centers and Town Councils.

Level of satisfaction in service access in the NAUs

Most KIs, especially the duty-bearers and political leaders projected a more positive impact of service delivery in newly created units than service users at Household level. Most of respondents at different levels indicated that they were moderately satisfied with service delivery in the newly created administrative units and many believe that decentralization has empowered them. Findings from the study revealed that there was an increase in the quantity of services, which became more accessible to the end users. Most of the newly created units received their entitlements like Schools, Health Centers, Road Units, duty-bearers, administrators and support staff who rendered the services at closer range to the population. As a result, there was recorded increase of service users, albeit with an ever increasing population that often over-stripped the available services. Significant increase was reflected in education, where new administrative units got their entitlements of Government Aided Schools, and enrolment, staffing, supervision, teacher/student ratio and performance increased. The Health Sector recorded an increase as the new administrative units got their entitlements of Health Centers, thus an increase in staffing and essential drugs. Production equally registered growth, as new administrative units got closer services, for instance, from OWC and the new administrative units were allocated road units which were used to expand and improve road networks which had a knock-on impact on productivity.

New administrative units multiplied officials who rendered various services and at a closer range for the population which was continuously increasing to be effectively served by few units. Meanwhile, the new administrative units were also creating job opportunities for the local population. In general, the creation of new administrative units created opportunities for

citizens to raise their voices in the decision making process, especially within the framework of the numerously created elective positions.

The study also established that the third sector and Implementing Partners played a pivotal role in augmenting service delivery to the population. Non-state players like Implementing Partners tended to go into new administrative units to “fill the gaps”, while the private sector was often stimulated by the dynamics that accrued from the creation of the new administrative units. A combination of Local Governments, Implementing Partners and the third sector significantly rendered services to the population.

Challenges of LG service delivery under decentralisation

However, service delivery by Local Governments had challenges and gaps which undermined its efficiency and effectiveness. For instance, the quantitative increase in service delivery by the public sector was not always matched with qualitative improvements of the services to the citizenry. As a result, many respondents largely rated government service as having had a moderate impact. The better services by private sector providers were often costly, which tended to undermine the legitimacy of the government in service delivery.

Some critics thought the practice of the decentralization policy had not lived to its envisaged expectations as there was hardly consultative bottom – up planning. It was opined that in fact, citizens had been disempowered and bypassed in informing development planning and in demanding for accountability from duty bearers. It emerged that the implementation of the decentralization policy left Local Authorities less effective in achieving allocative and productive efficiency owing to the fact that they lacked authority over most of the financial resources, which were provided by the central government, and so could not easily adjust service delivery to local needs.

The implementation of the decentralization policy in Uganda was marred with several challenges that engendered gaps that particularly undermined effective and efficient quality service delivery by the local Governments. Some of these were systemic, for instance, central government controls, insufficient central government funding versus controls over local government revenue collections, conditional funds, insufficient facilitation of duty-bearers, procedural delays and controls like in procurements, quarterly releases of drugs versus high demand, to mention but a few. These constraints hindered optimal service delivery by the Local Government Units. New administrative units also had high administrative costs relative to development funding, which, for instance, slowed infrastructural development for optimum service delivery. However, a major tradeoff in the creation of new administrative units was the stimulation of development through the third sector of NGOs, private sector and Implementing Partners (IP). These significantly augmented Local Government service delivery to the population. However, the cost hence affordability of profit-driven services was a major hindrance for the general population.

The creation of new administrative units was also meant to increase on spot monitoring and technical supervision. Given the fact that the Rwenzori region had a big geographical coverage and barriers coupled with an ever increasing population, it was imperative that smaller administrative units be created. Additionally, the region was punctuated by complex factors that engendered aspirations like identity configurations and contestations, employment opportunities and political interests. It was the interplay of service delivery and other aspirations that made it imperative for the sub-division of greater Kabarole into new administrative units. However, it was argued that the over-subdivision of less-viable thus high-cost Districts was unsustainable, compared to lower units like Town Councils that stimulated development and Sub-counties that were front-line units in service delivery.

The anticipated period/time for the newly created structures to deliver better services.

This study found out that apart from the services spelt out in 1995 Constitution and the Local Governments Act 1997 and the guidelines for service delivery by the Ministry of Public Service, there is no minimum requirement of service levels that a local government is required to deliver. For instance, it is not a requirement for a District Local Government to have its own offices. It can operate in the open or in rented facilities. It was also revealed that most of the newly created local governments require between 10 – 15 years before becoming fully functional. This functionality may be defined by factors such as filling all established staff positions and acquiring adequate plant and equipment to enable the local government to execute its mandate effectively. It was generally pointed out that at the current level of funding a typical local government needs 20 – 30 years to start delivering better services in line with its mandate. Basing on this it can be concluded that it is only Kamwenge, Kyenjojo and Kabarole districts that may be considered to be fully functional. Newly created Kyegegwa and Bunyangabu Districts are deemed not to be fully functional as is the case with most of the recently created town councils and sub counties.

RECOMMENDATIONS

Accordingly, the following major recommendations emerged from the study.

First, there was need to consolidate the capacity of new administrative units in order to render quality services before creation of new ones. Viability and sustainability should be factored into the criteria for the creation of new administrative units. A major recommendation was to particularly halt the creation of Districts until the present ones consolidate. Lower administrative units like Town Councils and Sub-counties may continue to be created.

Secondly, Local Governments which are saddled with the responsibility of service delivery need more empowerment and autonomy. Decentralization looks at service delivery as provision of social services, which inter alia, include health, education, water, roads and

agriculture. However, in Uganda decentralization was blended with creation of authorities such as National Water and Sewerage Corporation (NWSC), UNRA and NEMA, some of which have taken over roles that would be for the LGs. For instance, LGs are by law supposed to provide water but this role has been taken over by NWSC, distribution of electricity has been taken over by UMEME and other private companies, mass transport by private provides like UTODA. Services that would be delivered by the LG and are heavily funded have been retained by the Centre. This constrains Local Governments.

Thirdly, Local Governments need more funding that is commensurate with their mandate. Either they should be viable enough to generate their own revenue without over burdening the population or the central government increases budgetary allocations consistent with their responsibilities. Whereas the legal framework provides that money is mobilized and shared between the centre and the local government for development in meaningful ratios, the centre has not complied with this provision. The share of the local government in the national budget has kept declining from 30% to the current 12%. What goes to real development is about 3% as the rest is for wages and salaries. LGs have no discretion over funding, hence depend on the CG and donors. The law does not empower LGs to raise adequate Local Revenue in order to implement their own agendas. The dysfunctionality of the LG in fiscal matters could entrench patronage. Service delivery is minimally funded and dependent on donors, which puts it at a very big risk of breakdown when donors pull out.

Fourthly, there was need to restructure the human resource distribution, so that front-line units that are in direct contact with service users get more and appropriate and motivated duty-bearers. These have weak capacity to attract and retain well qualified staffs. This is because the LGs do not adequately facilitate them to perform on their mandates. These units should have more allocations of development funds and facilitation for efficient and effective delivery of services to the population.

Fifthly, much as the decentralization law and policy are elaborate and a good guide for implementation, they have not been reviewed in a very long time. There is need to rejuvenate joint annual reviews of decentralization.

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APPENDICES

APPENDIX 1: Approved Staff Structure for Local Authorities: District, Sub/County and Town Council Levels

Staff Establishment at District Level (the case of Bunyangabu District)

No	Job Title/Department	Approved
OFFICE OF CAO		
1	CAO	1
2	Personal Secretary	1
3	Driver	1
	Sub-Total	3
ADMINISTRATION DEPT		
4	Deputy CAO	1
5	Principle Assistant Secretary	1
6	Senior IT Officer	1
7	Senior Records Officer	1
8	Senior Assistant Secretary	1
9	IT Officer	1
10	Records Officer	1
11	Communication Officer	1
12	Personal Secretary	1
13	Assistant Records Officer	2
14	Senior Officer Supervisor	1
15	Stenographer Secretary	3
16	Pool Stenographer	3
17	Office Typist	2
18	Office Attendant	7
19	Driver	11
	Sub-Total	38
HUMAN RESOURCE MANAGEMENT UNIT		
20	Principal Human Resource Officer	1
21	Senior Human Resource Officer	1
22	Human Resource Officer	1
	Sub-Total	3

No	Job Title/Department	Approved
STATUTORY BODIES		
23	Principal Human Resource Officer	1
24	Secretary, District Land Board/Senior Assistant Secretary	1
25	Assistant Records Officer	1
26	Pool Stenographer	1
27	Office Attendant	1
	Sub-Total	5
FINANCE DEPARTMENT		
28	Chief Finance Officer	1
29	Senior Finance Officer	1
30	Senior Accountant	1
31	Finance Officer	1
32	Accountant	1
33	Senior Accounts Assistant	5
34	Assistant Inventory Management Officer	1
35	Accounts Assistant	2
	Sub-Total	13
PROCUREMENT AND DISPOSAL UNIT		
36	Senior Procurement Officer	1
37	Procurement Officer	1
	Sub-Total	2
PLANNING DEPARTMENT		
38	District Planner	1
39	Senior Planner	1
40	Planner	1
	Sub-Total	3
WORKS DEPARTMENT		
41	District Engineer	1
42	Senior Engineer	1
43	Superintendent of Works/Senior Assistant Engineer Off/Civil Eng.	1
44	Civil Engineer (Water)	1
45	Assist Engineer Office	2
46	Engineering Assistant (Mechanical)	1
47	Engineering Assistant (Water/Borehole Technician)	1
48	Plant Operator	4
49	Driver	2
	Sub-Total	14
EDUCATION DEPARTMENT		
50	District Education Officer	1

No	Job Title/Department	Approved
51	Senior Education Officer	1
52	Senior Inspector of Schools	1
53	Sports Officer	1
54	Education Officer (Special Needs and Administration)	1
55	Inspector of Schools	1
56	Education Officer (Guidance and Counseling)	1
	Sub-Total	7
COMMUNITY-BASED SERVICE DEPARTMENT		
57	District Community Development Officer	1
58	Senior Community Development Officer	1
59	Senior Probation and Welfare Officer	1
60	Senior Labour Officer	1
61	Probation and Welfare Officer	1
	Sub-Total	5
NATURAL RESOURCE DEPARTMENT		
62	District Natural Resource Officer	1
63	Senior Land Management Officer	1
64	Senior Environment Officer	1
65	Environment Officer	1
66	Forestry Officer	1
67	Physical Planner	1
68	Staff surveyor	1
69	Assistant Forestry Officer	1
70	Forestry Ranger	1
71	Forest Guard	1
	Sub-Total	10
INTERNAL AUDIT UNIT		
72	District Internal Auditor	1
73	Internal Auditor	1
	Sub-Total	2
PRODUCTION DEPARTMENT		
74	District Production Officer	1
75	Principal Agricultural Officer	1
76	Principal Veterinary Officer	1
77	Principal Fisheries Officer	1
78	Principal Entomologist	1
79	Senior Agricultural Officer	1
80	Senior Agricultural Engineer (Water Production)	1
81	Senior Veterinary Officer	1

No	Job Title/Department	Approved
82	Senior Fisheries Officer	1
83	Senior Entomologist	1
84	Animal Husbandry Officer	1
85	Fisheries Officer	1
86	Vermin Control Officer	1
87	Artificial Insemination Technician	1
88	Assistant Inventory Management Officer	1
89	Laboratory Attendant	1
	Sub-total	16
TRADE INDUSTRY & LOCAL ECONOMIC DEVELOPMENT		
90	District Commercial Officer	1
91	Principal Commercial Officer	1
92	Senior Commercial Officer	1
93	Commercial Officer	1
94	Tourism Officer	1
95	Wildlife Officer	1
96	Conservator Officer	1
	Sub-Total	7
HEALTH SERVICES DEPARTMENT		
97	District Health Officer	1
98	Assistant DHO (Environmental Health)	1
99	Assistant DHO (Maternal Child Health/Nursing)	1
100	Senior Environment Health Officer	1
101	Senior Health Educator	1
102	Bio-Statistician	1
103	Assistant Inventory Management Officer	1
104	Cold Chain Technician	1
	Sub-Total	8
97	District Health Officer	1
98	Assistant DHO (Environmental Health)	1
99	Assistant DHO (Maternal Child Health/Nursing)	1
100	Senior Environment Health Officer	1
101	Senior Health Educator	1
102	Bio-Statistician	1
103	Assistant Inventory Management Officer	1
104	Cold Chain Technician	1
	Sub-Total	8

No	Job Title/Department	Approved
STAFF ESTABLISHMENT FOR BUHEESI TOWN COUNCIL & STAFFING LEVELS		
1	Town Clerk	1
2	Driver	1
	Sub-Total	2
ADMINISTRATION		
3	Senior Assistant Town Clerk	1
4	Ass Town Clerk	1
5	Human Resource Officer	1
6	IT Officer	1
7	Stenographer Secretary	1
8	Assistant Record Officer	1
9	Pool Stenographer	1
10	Law Enforcement Officer	1
11	Principal Town Agent	2
12	Law Enforcement Assistant	2
13	Office Typist	2
14	Askari	2
15	Office Attendant	3
16	Driver	2
	Sub-Total	21
FINANCE AND PLANNING		
17	Senior Treasurer	1
18	Statistician /Economist	1
19	Senior Accounts Assistant	1
20	Assistant Inventory Management Officer	1
21	Assistant Tax Officer	1
22	Accounts Assistant	2
	Sub-Total	7
WORKS		
23	Town Engineer (Senior Engineer)	1
24	Physical Planner	1
25	Assistant Engineering Officer (Civil)	2
26	Assistant Engineering Officer (Water)	1
27	Assistant Environmental Officer	1
28	Engineering Assistant	1
29	Porter	2
30	Machine Operator	1
31	Machine Attendant	1
	Sub-Total	11

No	Job Title/Department	Approved
TRADE INDUSTRY AND LOCAL ECONOMIC DEVELOPMENT		
32	Senior Commercial Officer	1
33	Assistant Commercial Officer	1
	Sub-Total	2
PRODUCTION		
34	Veterinary Officer	1
35	Assist Agricultural Officer	1
36	Assist Veterinary Officer	1
	Sub-Total	3
COMMUNITY BASED SERVICES		
37	Senior Community Development Officer	1
38	Assistant Community Development Officer	1
39	Assistant Labour Officer	1
	Sub-Total	3
INTERNAL AUDIT		
40	Senior Internal Auditor	1
	Sub-Total	1
PUBLIC HEALTH		
41	Principal Health Inspector	1
42	Health Inspector	1
43	Health Assistant	1
	Sub-Total	3
	Grand Total	53
	GRAND TOTAL FOR BUNYANGABU ESTABLISHMENT	293
STAFF ESTABLISHMENT FOR SUB-COUNTIES		
	Staff	No. of Posts
1	Sub-County Chief/Senior Assistant Secretary (SAS)	1
2	Community Development Officer (CDO)	1
3	Veterinary Officer	1
4	Agricultural Officer	1
5	Fisheries Officer	1
6	Assistant Animal Husbandry Officer	1
7	Assistant Agricultural Officer	1
8	Assistant Fisheries Development Officer	1
9	Parish Chiefs (1 per parish)	1
10	Senior Accounts Assistant	1
11	Accounts Assistant/Cashier	1
12	Office Typist	1

No	Job Title/Department	Approved
13	Office Attendant	1
	Sub-Total	13
Staff Establishment for Town Councils		
	STAFF ESTABLISHMENT FOR BUHEESI TOWN COUNCIL & STAFFING LEVELS	No. Posts
1	Town Clerk	1
2	Driver	1
3	Senior Assistant Town Clerk	1
4	Ass Town Clerk	1
5	Human Resource Officer	1
6	IT Officer	1
7	Stenographer Secretary	1
8	Assistant Record Officer	1
9	Pool Stenographer	1
10	Law Enforcement Officer	1
11	Principal Town Agent	2
12	Law Enforcement Assistant	2
13	Office Typist	2
14	Askari	2
15	Office Attendant	3
16	Driver	2
	Sub-Total	21
	FINANCE AND PLANNING	
17	Senior Treasurer	1
18	Statistician /Economist	1
19	Senior Accounts Assistant	1
20	Assistant Inventory Management Officer	1
21	Assistant Tax Officer	1
22	Accounts Assistant	2
	Sub-Total	7
	WORKS	
23	Town Engineer (Senior Engineer)	1
24	Physical Planner	1
25	Assistant Engineering Officer (Civil)	2
26	Assistant Engineering Officer (Water)	1
27	Assistant Environmental Officer	1
28	Engineering Assistant	1
29	Porter	2

No	Job Title/Department	Approved
30	Machine Operator	1
31	Machine Attendant	1
	Sub-Total	11
	TRADE INDUSTRY AND LOCAL ECONOMIC DEVELOPMENT	
32	Senior Commercial Officer	1
33	Assistant Commercial Officer	1
	Sub-Total	2
	PRODUCTION	
34	Veterinary Officer	1
35	Assist Agricultural Officer	1
36	Assist Veterinary Officer	1
	Sub-Total	3
	COMMUNITY BASED SERVICES	
37	Senior Community Development Officer	1
38	Assistant Community Development Officer	1
39	Assistant Labour Officer	1
	Sub-Total	3
	INTERNAL AUDIT	
40	Senior Internal Auditor	1
	Sub-Total	1
	PUBLIC HEALTH	
41	Principal Health Inspector	1
42	Health Inspector	1
43	Health Assistant	1
	Sub-Total	3
	Grand Total	53
	GRAND TOTAL FOR BUNYANGABU ESTABLISHMENT	293

Source: Bunyangabu District

Appendix 2: Response by FGD Participants on the Health Sector

Table 1a: Response by FGD Participants on the Health Sector (rating 1-10)

Health Sector	FGD 1: Mahyoro		FGD 2: Hapuyo		FDG 3: Kyegegwa TC		FGD 4: Kicwamba S/C	
	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current
Distance to the Nearest Health Facility (NHF)	2	8	1	8	4	8	1	8
Availability of essential drugs (NHF)	2	7	2	5	2	6	3	8
Level of staffing (critical cadres) (NHF)	2	8	2	6	2	6	4	9
Availability of Medical Equipment/supplies (NHF)	1	6	2	4	0	4	3	7
Quality of service delivery (NHF)	2	7	3	6	6	4	5	9
Availability of Special Services	0	10	1	6	1	8	1	9
Payment of user fees (NHF)	2	9	2	8	2	7	1	10
Quality of facilities (NHF)	2	6	1	2	3	8	3	7
Average	1.62	7.6	1.7	5.6	2.5	6.3	2.6	8.3

Table 2a: FDG Members' Satisfaction with Education Services Before and After the creation of new administrative units

Education Sector	FGD 1: Mahyoro		FGD 2: Hapuyo		FDG 3: Kyegegwa TC		FGD 4: Kicwamba S/C	
	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current
Distance to the nearest education facility								
Primary	2	8	2	5	5	5	2	6
Secondary	3	8	2	5	5	5	0	2
Tertiary/Vocational	0	0	0	1	5	5	2	5
University	0	0	0	0			0	0
Average	1.6	5.3	1.3	3.7	5	5	1.3	4.3

Education Sector	FGD 1: Mahyoro		FGD 2: Hapuyo		FGD 3: Kyegegwa TC		FGD 4: Kicwamba S/C	
	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current
Availability of essential facilities in schools (classrooms, libraries, laboratories, playgrounds)								
Primary	2	8	1	5	3	6	2	8
Secondary	3	7	0	5	5	7	0	0
Tertiary/Vocational	0	0	0	0	5	7	2	5
Average	1.7	5.0		3.3	4.3	6.6	1.3	4.3
Availability of essential educational materials (text books, games and sports equipment, chalk)								
Primary	3	6	3	7	6	4	1	7
Secondary	3	6	0	4	5	8	1	7
Tertiary/Vocational			0	0	4	6	1	7
Average	2	4	1	3.6	5	6	1	7
Level of staffing in the schools (qualified teachers)								
Primary	2	8	2	6	3	8	2	7
Secondary	3	7	0	6	3	8	N/A	N/A
Tertiary/Vocational	0	0	0	0	3	5	5	9
Average	1.6	5	0.6	4	3	7	2.3	5.3
Availability of Teaching Staff in schools at all times								
Primary	2	5	6	6	2		3	8
Secondary	2	7	6	6	2		N/A	N/A
Tertiary/Vocational							5	9
Average	1.3	4	4	4	1.3	0	2.6	5.6
Quality of teaching & learning service delivery								
Primary	8	4	5	2	2	9	5	1
Secondary	5	7	5	2	2	9	1	3
Tertiary/Vocational					2	9	5	9
Average	4.3	3.7	3.3	1.3	2	9	3.6	4.3
Level of performance in co-curricular activities (Games and sports, MDD, Scouting etc)								
Primary	7	3	6	6	7	4	4	8
Secondary	3	7	0	6	7	3	4	6
Tertiary/Vocational					0	0	6	8
Average	3.3	3.3	2	4	4.6	2.3	4.6	7.3
Level of enforcement of educational policies (UPE, USE)								

Education Sector	FGD 1: Mahyoro		FGD 2: Hapuyo		FDG 3: Kyegegwa TC		FGD 4: Kicwamba S/C	
	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current
Primary	3	7	4	3	2	6	5	3
Secondary	3	7	0	3	2	6	1	5
Tertiary/Vocational			0	0	7	2		
Average	2	4.6	1.3	3	3.6	4.6	2	3

Table 3a: FGD Members' Rating the Performance in the Roads and Works Sector Before and After the Creation of New Administrative Units (Rating 1-10 scale).

WORKS SECTOR	FGD 1: Mahyoro		FGD 2: Hapuyo		FDG 3: Kyegegwa TC		FGD 4: Kicwamba S/C	
	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current
Connectivity of roads at all times	2	8	2	5	2	6	2	6
Level of maintenance of roads	2	6	3	3	7	4	2	6
Periodicity of maintenance	1	6	2	4	7	4	1	5
Quality of roadworks	1	4	0	4	3	5	2	5
Value for money in road works	1	3	3	5	6	3	3	4
Community engagement in road works	6	2	5	3	9	2	5	7
Participation of local contractors in road works (building local capacity)	4	2	0	0	6	4	4	0
Average Level of satisfaction by S/C	2.4	4.4	2.1	3.4	5.7	4	2.7	4.7

Table 4a: FGD Members' Level of Satisfaction with the Delivery of Services in the Production Sector by Sub County Before and After the Creation of New Administrative Units

Production Sector	FGD 1: Mahyoro		FGD 2: Hapuyo		FDG 3: Kyegegwa TC		FGD 4: Kicwamba S/C	
	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current
Rating (1 – 10)								
Level of staffing (critical cadres)	1	4	2	7	5.0	5.0	5.0	8.0
Availability of Extension Staff	1	5	0	5	3.0	3.0	5.0	3.0
Availability of essential inputs	1	3	0	5	2.0	5.0	-	5.0
Quality of service delivery	1	2	2	6	3.0	3.0	5.0	3.0
Special Services								
(OWC, NAADS)	1	1	0	5	3.0	7.0	7.0	5.0
Change in level of production (agriculture, livestock, fisheries, forestry)	3	2	2	0	3.0	7.0	4.0	7.0
Level of improvement in marketing of agricultural produce	3	6	4	7	2.0	7.0	2.0	1.0
Average Level of Satisfaction	2.4	4.4	2.1	3.4	5.7	4	2.7	4.7

Table 5: FGD Rating of Administration (1-10 scale)

Administration	FGD 1: Mahyoro		FGD 2: Hapuyo		FDG 3: Kyegegwa TC		FGD 4: Kicwamba S/C	
	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current	Before (2001)	Current
Level of staffing (Political leaders and Substantively Appointed Officers)	3.0	7.0	2.0	8.0	4.0	7.0	5.0	8.0
Level of responsiveness	2.0	5.0	-	6.0	3.0	8.0	5.0	8.0
Level of Citizen Participation	3.0	6.0	1.0	5.0			7.0	4.0
Level of Transparency	2.0	6.0	-	-	4.0	2.0	3.0	6.0
Level of Accountability	3.0	1.0	-	-	-	-	-	-
Level of performance/ Supervision	2.0	4.0	3.0	5.0	1.0	5.0	4.0	1.0
Level of innovation	3.0	5.0	-	4.0	2.0	3.0	2.0	2.0
	2.6	4.9	0.9	4.0	2.8	5.0	3.7	4.1

Appendix 3: Key Informant Respondents

1) KABAROLE DISTRICT

	Respondent	Gender	Occupation	Date of Interview
A) KABAROLE DISTRICT OFFICIALS				
1	Hon Rwabuhinga Richard	M	LC 5 Chairperson	26/9/2018
2	Mrsg. Mayombo Isaiah	M	Vicar General, Fort/Portal Diocese.	25/9/18
3	Basone Naome	F	Senior Superintendent of Works	26/9/18
4	Amanyire Simon	M	NGO Director, Twerwaneho Listeners Club	26/9/18
5	Kisembo Michael	M	ACAO	26/9/18
6	Saad	M	ACAO	26/9/18
7		M	DEO	26/9/18
8		M	District Planner	26/9/18
9		M	DHO	25/9/18

2) KAMWENGE DISTRICT

	Respondent	Gender	Occupation	Date of Interview
A) KAMWENGE DISTRICT OFFICIALS				
1	Hon. Natuhamya Aggrey	M	District Chairperson	12/9/2018
2	Habyaremye Fabian	M	Senior Education Officer	12/9/2018
3	Dr. Kamanyire Alfred	M	Production and Marketing Officer	12/9/2018
4	Dr. Mucunguzi William	M	DHO	13/9/2018
5	Biryabarema Richard	M	RDC	13/9/2018
6	Bakesiima Patrick	M	District Planner	13/9/2018
7	Ssozi Chris Ganafa	M	Principle Human Resource Officer	13/9/2018
8	Musinguzi Bahemuka Levi	M	Principle Assistant Secretary	13/9/2018
9	Mwebembezi Benon	M	Private Sector	13/9/2018
B) KAMWENGE T/COUNCIL OFFICIALS				
1	Kakuhikire Enoc	M	Kamwenge Town Clerk	12/9/2018
2	Rwamunahe James	M	Kamwenge Assistant Town Clerk	12/9/2018

3) KYEGEGWA DISTRICT

	Respondent	Gender	Occupation	Date of Interview
A) KYEGEGWA DISTRICT				
1	Nyesiga Laubeni	M	District Health Inspector	18/9/2018
2	Asimwe Stephen Dougus	M	District Education Officer	18/9/2018
3	Hon. Nyandera John	M	District Councilor, Chairperson Production Department	19/9/2018
4	Mugabi Johnathan	M	Secretary Works	19/9/2018

	Respondent	Gender	Occupation	Date of Interview
5	Hon. Muhuma Katagasa Joshua	M	Secretary, Production, Marketing & Natural Resources	19/9/2018
6	Muhumuza Issa	M	NGO Field Officer, Child Rights Empowerment & Development (CEDO)	19/9/2018
7	Mbalile Arthur	M	District Senior Agricultural Officer	19/9/2018
8	Oloya Steven	M	CAO	19/9/2018
9	Mugisha M. Harriet	F	District Woman Councilor	19/9/2018
10	Rev. Karuhanga Patrick Wilberforce	M	Archdeacon (COU)	19/9/2018
11	Matovu Charles	M	CSO	19/9/2018

4) BUNYANGABO DISTRICT

	Respondent	Gender	Occupation	Date of Interview
A) BUNYANGABO DISTRICT				
1	Kasaja John Tigwezire	M	Chairperson, District Service Commission	14/9/2018
2	Hon Manume John	M	District Vice Chairperson	14/9/2018
3	Rwabuhesi George William	M	Ag. District Production Officer	14/9/2018
4	Tusingwire Maxwell	M	Ag. District Planner	14/9/2018
5	Eng. Mutegeki Wilson	M	District Engineer	17/9/2018
6	Mugabe Robert	M	Assistant CAO	17/9/2018
7	Kabatoro Brenda	F	Ag. CDO	17/9/2018
8	Dr. Obeti Richards	M	DHO	17/9/2018
9	Mugabe Nathan	M	District Engineer	14/9/2018
10	Hon. Kusemererwa Annet	F	Woman Councilor/Secretary Works & Technology	14/9/2018
11	Inagobya Moses	M	District Speaker	14/9/2018
12	Bategena Sadrick	M	RDC	17/9/2018

5) About the Respondents

	Respondent 1	Respondent 2	Respondent 3	Respondent 4	Respondent 5	Respondent 6	Respondent 7
Ministry/ District/ Organization	Mahyoro S/C; Kamwenge District	Kisomoro S/C Bunyangabu District	Rwimi Town Council	Hapuyo S/C	Kyegegwa TC	Kiko Town Council Kabarole District	Kicwamba S/C Kabarole District
Date	12/9/2018	14/9/2018	17/9/2018	18/9/2018	19/9/2018	20/9/2018	21/9/2018

Respondents Bio Data							
Name	Bwambale Bernard	Joseline	Rwekunda Simon	Komuhendo Rahel	Byamukama Serwano	Mbabazi Bridget Masiko	Doreen Katugume
Sex	M	F	M	F	M	F	F
Level of Educ	BA, PGD	BSWA, Cert. Admin Law	M.A.	Degree	Diploma	BA+ 2 PGD	BA Pub Adm
Age (Years)	30 – 40	32	40	36	32	30 – 40	34
Department	LGA Admin	Admin	Admin	Admin	Admin	Admin	Admin
Phone	0773411466	0774147015	0786523634	0775461833	0775112371		0775279356

	Respondent 1	Respondent 2	Respondent 3	Respondent 4	Respondent 5	Respondent 6	Respondent 7
Ministry/ District/ Organization	Kamwenge District	Mahyoro s/c	Kyegegwa Town Council	Rwimi Town Council	Hapuyo S/C	Hapuyo S/C	Hapuyo S/C
Date	13/9/2018	12/9/2018	19-9-18	17/9/2018	18/9/2018	18/9/2018	18-9-18
Respondents Bio Data							
Name	Aliganyira kassim	Kaheeru juma	Rubaihayo k Rhoda	Aggrey	Asiimwe Richard	Ruth Tukamushaba	Hafusa Nabagala
Sex	M	m	F	M	M	F	F
Level of Educ	Degree	P4	Tertiary	Degree	A Level	S6	P6
Age	44	63	37	33	40	22	45
Department	Town council (production)	council	Council	Admin	LCIII Council	Local Council	Local Council
Position	Extension worker and Ast vet officer	CP LC3	Councillor, PWD	Parish	Chairman	Councilor for Women	Women Councilor – Nkakwa parish
Phone				0787291161	0782993633		

With support from:



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