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Role of Decentralization in Promoting Rural Development in Ibuje Sub County of Uganda

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ABSTRACT

This paper aims to assess the aspect of decentralization and its impact on the development of the rural area within Ibuje Sub-County, Apac District Uganda. The effects of decentralization are analyzed with regard to primary education, health care, and agricultural extension services. This study also shows that decentralization has enhanced the availability of these services but has not necessarily enhanced the quality of these services. Specifically, As, access to primary education and health services has increased, the quality of education and health has not improved. On the other hand, there is an enhancement in the availability of extension services to enhance agricultural productivity. Thus, the study finds that decentralization can work for rural development but this demands the provision of national minimum standards and better supervision to guarantee quality service delivery in the rural regions.

Keywords: Decentralization, Rural Development, Service Delivery, Uganda, Agricultural Extension

INTRODUCTION

The term decentralisation encompasses several concepts, such as devolution, deconcentration, delegation, and delocalization. Decentralization policies that promise success often incorporate elements of each of these concepts [1]. Many African countries are increasingly embracing decentralised governance as the most effective mode of governance for conceptualizing, planning, implementing, monitoring, and evaluating poverty reduction interventions [22]. Poverty reduction interventions can be conceived, planned, implemented, monitored, and evaluated [2]. Uganda has been actively pursuing a significant decentralization program since the late 1980s. A highly centralised state is gradually transitioning into a decentralised one as a result of the transfer of powers, functions, and services from the central government to local councils [3]. Uganda initiated the process of fiscal decentralization in the fiscal year 1993/94. The process of fiscal decentralization unfolded gradually, with certain districts experiencing decentralization ahead of others [4]. Decentralisation occurred in a phased manner, with some districts being decentralised before others [4]. Alwanga and Wanjiku [5] expect decentralisation to contribute to development by empowering people and institutions at every level of society, including public, private, and civic institutions; improving access to basic services; increasing people's participation in decision-making; assisting in the development of people's capacities; and enhancing the government's responsiveness, transparency, and accountability. For these reasons, decentralisation provides the framework within which Uganda is implementing its poverty eradication action plan. According to Falleti [6], decentralized systems of governance help to improve resource allocation by better understanding local preferences and competition among localities. Uganda introduced the decentralisation policy in 1997 under the Local Government Act of 1997, which has since undergone several amendments. The policy inherently decentralises service delivery institutions and their governance in order to improve access to services for the rural poor. The presumed argument in favour of decentralising delivery systems is that local governments will be subject to electoral pressure from local citizens, who are able to monitor delivery better than a distant central authority [7]. Disenchantment with previous centralised modes of governance, according to Mookherjee and Bardharn [8], has motivated the trend towards greater decentralisation because people believe that monolithic government breeds high levels of rent-seeking corruption and a lack of accountability of government officials. Apac district, like other districts in Uganda, appears to be doing well with the country's decentralisation policy. Regrettably, decentralisation intended to enhance the accessibility of services to the public. The government's attempts to usurp the power of devolution, by

rendering the District Service Commission's recruitment of CAOs powerless, constitute a serious abrogation of decentralised services in Uganda. This has resulted in significant hardship for numerous districts, contributing to issues such as corruption, inadequate accountability, a deficiency in participatory development, and overall poor service delivery throughout the country. This service is not uncommon in the Apac District. However, the government has attempted to address these by sensitizing and training civil servants, monitoring government programs, and strengthening civil society organisations in the country. The anti-corruption coalition, the role of the press, and other interest groups are all examples of intervention strategies. Despite the above interventions, the problem persists. This is how the present study examines the role of decentralisation in promoting rural development in the Apac district of Ibuje Sub-County, Uganda.

The Effects of Decentralizing Education Services

In 1997, decentralisation coincided with the introduction of the Universal Primary Education (UPE) policy, which provided free primary education for all school-age children. At first, there was a limit of four children per family, but it was amended to benefit all children in 2003 [9]. An analysis of the literature on the decentralisation of education services in Uganda shows that, despite all the associated problems, decentralisation in education does have some potential benefits. For instance, Namukas and Buye [10] conducted a theoretical comparative analysis of education decentralisation in six sub-Saharan African countries, namely Ghana, Mali, Nigeria, Tanzania, Uganda, and Zimbabwe. They found that educational decentralisation in some countries, particularly Uganda, Tanzania, and Mali, indicates that communities are capable of increased involvement in educational management issues at the school level and improvements in the school environment. However, according to Suzuki (2000), the benefits of decentralisation are only possible if certain key elements are present; these elements include, among others, community-level capacity building, enhanced social capital at the local level, and building partnerships between community stakeholders and local educational authorities. This means that a decentralization policy that does not embrace the foregoing elements may not lead to improvements in education service delivery and therefore be non-impactful on rural development. According to Kameshwara [11], concurrent with decentralisation, the implementation of the UPE policy puts much emphasis on the local management of schools, in particular the management of the UPE grant. We expect local councils (LCs) at various levels to monitor the flow and use of the UPE grant. The school governing bodies play a crucial role. In Uganda, every primary school is required by law to have a school management committee (SMC), which takes overall responsibility for running the school. However, according to Mulmka [12], the findings do not support the contention that decentralisation leads to greater participation, which should increase the accountability of decentralised units. Conversely, the findings revealed minimal impact of participation on accountability. Kabeireho [13] further posited that although education decentralisation is publicly advocated as a means of improved service delivery and local empowerment, it may actually be motivated by cost reduction or increasing political control. However, "education decentralisation efforts are unlikely to have the desired effects if the chief motivation remains cost reduction and a shifting of the financial burden from the centre to the under-resourced local communities." Reinikka and Svensson's [14] empirical study on local capture under decentralisation in Uganda cited a lack of information by users and a system of patronage politics as two factors explaining local capture and a lack of government accountability to beneficiaries. They found that beneficiaries are not able to hold the government accountable because the central government's policy regarding the capitation grant is not well known to parents, particularly those outside the capital. This lack of knowledge means that local officials and politicians can exploit the information gap and divert resources because they know such actions will not attract political attention.

Health Services and Rural Development

Uganda's holistic decentralisation offers substantial opportunities to involve political and administrative leaders in the local decision-making process over health services at the local level. After decentralization, the central government, through the Ministry of Health (MOH), is responsible for resource allocation and hospitals. However, it has devolved much of the responsibility of operating the lower health units, such as health centres and dispensaries, to lower levels of local government under the Ministry of Local Government [15]. As a result of decentralising the operating lower health units, such as health centres and dispensaries, to local governments, there has been a proliferation of health infrastructure in rural areas, contributing to rural development. At the local level, the district's political bodies and hospital management boards, appointed by elected local councils, hold formal powers over the implementation of health services [16]. Specifically, for the health sector, this power over the implementation of health services, which lies with district political bodies and hospital management boards, was expected to result in increased utilisation of health services, better access to health services, more coverage of the population with basic services, a better quality of healthcare, and, ultimately, a decline in the rate of illness and death [16]. However, according to Birungi [17], existing data show no improvement in social services or people's quality of life during the reform period. Many indicators have either remained the same or worsened. Tashobya et al. [18] challenged that the criteria used by MOH to determine the performance of the different districts are unreliable and misleading. He observed that these indicators were mainly facility and management indicators

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derived from Uganda's first Health Sector Strategic Plan and that most of the data used for the ranking were obtained from the facility health management information system reporting forms, which were submitted to the MOH without triangulation with other sources. The indicators used include the percentage of timely and complete health management information system forms, the percentage of approved posts filled by trained health personnel, and the coverage of pit latrines, among others. According to the paper, these indicators have limited value in monitoring progress toward achieving the national health sector goal of improving health status. Agyemang-Duah [2], who analysed district annual health work plans and budget patterns for fiscal years 1995/96, 1996/97, and 1997/98, obtained similar findings. Their findings supported the hypothesis that districts altered the budget shares of public goods and other types of health activities during the decentralization process. Between 1995/96 and 1997/98, the public goods category of health activities saw a decrease in its overall budget share from nearly 50 percent to around 30 percent. Their findings also indicate a shift of resources from highly public activities to brick-and-mortar and staff amenities—in other words, away from societal benefit goods and towards expenditures that benefit health sector managers and employees. Bossert and Beauvais's [19] comparative analytical paper on the decentralisation of health systems in Ghana, Zambia, Uganda, and the Philippines, based on secondary literature, found that given the wide variation between sub-county resource revenues, there are significant equity and quality issues associated with changes in human resource management. Because Uganda's MOH system is no longer nationally unified, district health officials no longer have the same geographic mobility and access to promotion, making it significantly more difficult for poorer rural districts to attract qualified personnel. Furthermore, different levels of resources and prioritization in the health sector tend to lead to non-uniformity in the training and capacity of district health personnel. Furthermore, wealthier urban districts provide better amenities, as well as more opportunities for complementary private-sector employment. Hiring and firing decisions are susceptible to tribalism, which contributes to deterioration in staff quality and negatively impacts rural development.

Agricultural Extension Services on Rural Development

Following decentralization in 2001, Uganda embarked on a process of transforming its public extension system to conform to the rest of its economic transformations. The National Agricultural Advisory Services (NAADS) Act of 2001 gradually phased out the public extension system and replaced it with a contract privatized system. NAADS, a new statutory semiautonomous body under the Ministry of Agriculture, Animal Industry, and Fisheries (MAAIF), implemented this system within a broader policy framework of a multisectoral Plan for Modernization of Agriculture (PMA), decentralization, liberalization, and privatization [20]. Under decentralization, the central government will pay district extension staff unconditional block grants, with the expectation that the sub-counties will supplement the bulk of the operational expenses. However, operational funding often constrains extension, except in situations where donor or NGO supplements are available [21]. Crowder and Anderson [22] introduced a reform known as "contracting in". Under this arrangement, national and international NGOs contract or second public extension staff, often underutilized due to a lack of operational funds, to provide services in their targeted areas. The NGO thus provides operational funds, travel allowances, and, in some cases, salary supplements to augment the low civil servant wages of the extension staff. This arrangement has the potential to benefit both the institutions and the farmers. The public extension staff enjoys better working conditions and terms of service, whereas the public extension institutions benefit from increased staff mobility, better staff training in planning, organizing, and supervising local development activities, participatory community-based approaches, and improved production practices. However, one limitation to the sustainability and reliability of this model is the fluid, location-specific nature of these coalitions, which, to a large extent, depend on local networks, available staff capacity, and organisational needs. Often, the donor's or NGO's interests drive these arrangements, resulting in limited farmer involvement in program development and performance evaluation. Furthermore, some NGO programs are not developed as part of district agricultural development plans. Other problems include managerial confusion and inefficiencies that result from extension staff having two masters—the NGO and the local government; this confusion could cause a conflict of interest. Occasionally, more than one NGO may contract an extension worker, who then collaborates with the same preferred group of farmers to carry out their activities, compounding the problem. These several contracting loopholes, as previously mentioned, are associated with decentralisation and therefore pose serious challenges to rural development [23]. Benin et al. [24] pointed out that the decentralization-adopted "contracting in model" of agricultural extension services suffers from the concentration of programs and organizations focusing on agriculture and the environment in areas with high market access in Uganda. Researchers have not studied the direct, quantifiable impacts of this approach on farmers' production, productivity, and incomes. The government provides conditional matching grants to district and sub-county local governments to contract private firms, farmers' associations, or NGOs to provide extension services, a process known as "contracting out" [25]. Lister [26] underscored the importance and potential of improved service delivery through local government-private sector and NGO partnerships, while also noting that there appears to be little study of this situation. Benin et al. [24] provide anecdotal evidence, suggesting an

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increase in market revenue when the private sector assumes management responsibilities. The privatised contract farmer-owned agricultural extension approach, introduced in 2001 under NAADS, is a classic example of this model. The NAADS program has several major features, including private delivery of publicly funded services, a demand-driven, farmer-owned, decentralized service delivery approach, and poverty and gender targeting. Sub-county farmers' forums contract private extension service providers, operating as individuals or firms, to deliver enterprise-specific services to targeted groups of farmers over a period of three to six months. In order to foster farmer articulation of needs, ownership, and control over the program, NAADS used the farmer institution development process to facilitate the establishment of farmers' forums from parish to district level, and this has improved farmers' productivity and agricultural income, therefore contributing to rural development.

METHODOLOGY

Research Design

The study shall employ a correlation design to assess the relationship between development and decentralization. It will specifically apply the case study research design. This is because it contains detailed information.

Population

We conducted the study in Ibuje Sub-county, Apac District. The population of Ibuje is 29,719, with 14,513 males and 15,206 females. The district used two parishes: Alworoceng, with 3,497 males and 3,732 females (7,229), and Tarogali, with 2,292 males and 2,284 females (4,576), totaling 11,805 people.

Table 1: Table of Sample size determination

Respondents	Total	Sample
Key Informants: CAO, NAADS Coordinator/person Lev	05	**05**
Farmers	60	**52**
Sub county chief	02	**02**
Civil societies organizations	05	**05**
Local community	80	**66**
Total	**151**	**130**

RESULTS

Table 2: Respondents' responses on increase in access to primary schools

		Frequency	Percent
Valid	**Strongly agree**	**7**	**21.2**
	Agree	13	
	Not sure	6	**18.2**
	Disagree	4	**12.1**
	Strongly disagree	3	**9.1**
	Total	**33**	**100.0**

Source: Primary data

Data from Table 2 above shows that 21.2% of respondents strongly agree that the number of children going to primary schools increased in their area in the last ten years, during the era of decentralisation; 39.4% agree; and 18.2% are not sure, compared to 12.1% who disagree and 9.1% who strongly disagree; and 18.2% are not sure.

Table 3: Respondents' responses on improvement in academic performance of primary schools

		Frequency	Percent
Valid	**Strongly disagree**	9	**27.3**
	Disagree	16	**48.5**
	Not sure	4	**12.1**
	Agree	4	**12.1**
	Total	**33**	**100.0**

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Source: Primary data

According to Table 3, 27.3% of respondents strongly disagreed that academic performance has improved in primary schools in their area in the last ten years, during the era of decentralisation; 48.5% disagree, compared to only 12.1% who agree, and 12.1% are not sure.

Table 4: Respondents' responses on the increase in the number of health units in the study area

Valid	**Strongly agree**	**Frequency 2**	**Percent 6.1**
Agree		18	**54.5**
	Not sure	7	**21.2**
	Disagree	4	**12.1**
	,trongly disagree	2	**6.1**
Total		**33**	**100.0**

Source: Primary data

Data from Table 4 above shows that 6.1% of the respondents strongly agree that the number of health units in their area increased in the last ten years, during the era of decentralisation, and 54.5% agree, compared to 12.1% disagree and 6.1% strongly disagree, while 21.2% were not sure.

Table 5: Respondents' responses on the decline of preventable diseases and deaths in the area

		Frequency	**Percent**
Valid	Strongly disagree	7	**21.2**
	Disagree	15	**45.5**
	Not sure	2	**6.1**
	Agree	6	**18.2**
	Strongly agree	3	**9.1**
Total		**33**	**100.0**

Source: Primary data

According to Table 5 above, 21.2% of the respondents strongly disagree that the number of preventable deaths and diseases has declined in the area in the last ten years during the era of decentralisation, and 45.5% disagree, compared to 18.2% who agree and 9.1% who strongly agree, while 6.1% are not sure. From the table, it is therefore evident that whereas decentralisation increased access to health services, as indicated in Table 4 hereinabove, the increase in access did not correspond with the increase in quality.

Table 6: Responses on access to Agricultural Extension Services in the

Valid	**Strongly agree**	**Frequency 5**	**Percent 15.2**
	Agree	17	**51.5**
	Not sure	4	**12.1**
	Disagree	7	**21.2**
	Total		**100.0**

According to Table 6 above, 15.2% of respondents strongly agree that access to agricultural extension services has increased in the last ten years, during the era of decentralisation, 51.2% agree, compared to 21.2% who disagree and 12.1% who are not sure.

DISCUSSION OF FINDINGS

The research findings show that decentralisation has increased access to primary education in the study area. Key informants interviewed during the study stated that decentralization programs such as the Local Government Development Program (LGDP) and School Facilitation Grants (SFG) have made this possible. However, according to the research findings, access to primary education increased, the findings reveal that the quality of

primary education has remained poor in the last ten years during the era of decentralization. Elacqua et al. [27] found that decentralization in education service delivery can serve as a policy lever to enhance service delivery, which aligns with these findings. The different approaches to decentralisation—delegation, fiscal, and administrative—can generate desired results if introduced sequentially, resulting in a more accountable system. Giving schools more fiscal and administrative autonomy can also make school agents more responsive to local needs and mitigate administrative inefficiencies in education service delivery. In this regard, the research findings reveal that decentralisation has increased the accessibility of health services in the area. Key informants claim that programs like Local Government Development Programs I and II, which were part of the decentralization program and led to the construction of several health units in the sub-county, have made this increase in access to health services possible. However, whereas the findings reveal that decentralisation increased access to health services, the findings show that the increase in access or quality did not correspond with the increase in quality. These findings are in line with the findings of Mahmood [28] et al., who found that some countries, including Argentina, China, India, Spain, and Canada, have reported beneficial impacts of fiscal decentralisation on population health, such as improved mortality rates, reduced regional disparities, and higher life expectancy. With regard to this theme, the findings of this research reveal that decentralisation has increased access to agricultural extension services. Key informants attribute this to the National Agricultural Advisory Services (NAADS) program, which recruited several agricultural extension staff to provide agricultural extension services to the locals. The findings further demonstrate that the decentralization of access to agricultural extension services led to an enhancement in the quality of these services, as demonstrated by the rise in farmers' agricultural productivity following the intervention of agricultural extension staff. These findings are in line with the findings of Benin et al. [24], who found that decentralisation reforms based on the devolution of functions and resources to local governments will typically assign all local-level public sector agriculture implementation responsibilities to local governments, including local planning and budgeting for such activities.

CONCLUSION

Therefore, we can conclude from the research's findings that while decentralization has improved access to primary education in rural areas, this increased access has not necessarily resulted in an improvement in the quality of primary education. Also, as decentralisation has improved access to health services in rural areas, this increased access does not go hand-in-hand with an increase in the quality of health services, whose indicators, among others, include a decline in morbidity and mortality. Decentralisation has led to an increase in agricultural productivity, which resulted from the increase in agricultural extension services. In this light, the study calls for the government to establish a national minimum standard that all health services and primary education institutions must achieve to plug the gap in the quality of health services and primary education standards between rural and urban areas. Furthermore, local governments, education, health, and agriculture ministries should scale up supervisory and mentoring efforts to ensure compliance with quality standards in primary education, health, and agricultural extension services in rural areas. Furthermore, responsible ministries and higher local governments should take proactive measures in rural areas, such as resource disbursements, personnel, transport, and other incentives, to close the quality gap between rural and urban primary education and health services. Similarly, the central government should direct considerable investments to attract the private sector and civil society organisations, which normally shun investments in rural areas, to invest in education, health, and agricultural extension services in rural areas because of economic reasons and the absence of social capital in rural areas, respectively. Finally, the central and local government agencies should harmonise and coordinate the rural development initiatives of non-governmental organisations, community-based organisations, faith-based organisations, and cultural institutions. These interventions, often fraught with overlaps and contradictions, often distort rural development. The aim is to rectify these distortions, which pose obstacles to rural development.

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