



**COMMUNITY PARTICIPATION AND SERVICE DELIVERY IN LOCAL
GOVERNMENTS: A CASE OF RUKUNGIRI MUNICIPALITY**

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Declaration

This research report is my original work and has not been presented to any higher institution for consideration of any certification.

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Dedication

I dedicate this work to my husband Tuhumwire Adons for his financial, care and moral support throughout my academic career.

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I am grateful to the following people who have helped me in different and valuable ways in the preparation of this research report.

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List of Abbreviations

CBOs	Community-Based Organizations
CBR	Community-Based Rehabilitation
CP	Community Participation
C.V.I	Content Validity Index
E-governance	Electronic Governance
HIV	Human Immune Virus
IGG	Inspector General of Government
INGDO	International Non-Governmental Development Organization
NAP	National Action Plan
NGOs	Non-Governmental Organization
NWSC	National Water & Sewerage Corporation
PPPs	Public-Private Partnerships
PRA (Participation)	Participatory Rural Appraisal
RDC	Resident District Commissioner
RRA (Rapid)	Rapid Rural Appraisal
SD	Service Delivery

Abstract

This study examined the relationship between community participation and service delivery in Rukungiri Municipality, Uganda. Guided by a general objective to explore how community engagement influences local government service provision, the study pursued three specific objectives: (1) to examine the ways through which communities participate in local governance; (2) to assess the level of service delivery in the municipality; and (3) to establish the relationship between community participation and service delivery. A case study research design was employed, integrating both quantitative and qualitative approaches. Data were collected using questionnaires and interviews from a stratified sample of 352 respondents, including municipal officials and community members. Quantitative data were analyzed using SPSS (version 28), employing descriptive statistics, Pearson correlation, and linear regression analysis, while qualitative data were thematically analyzed through coding. Findings revealed that the level of community participation in leadership, service delivery, and resource contribution was generally moderate. Service delivery, while fair in some areas such as infrastructure and education, was rated below average in responsiveness and public communication. A significant positive relationship ($r = 0.644$, $p < 0.05$) was found between community participation and service delivery, with community participation accounting for 41.4% of the variance in service delivery outcomes. The study concludes that enhanced community engagement can significantly improve service delivery but must be supported by favorable policies and resources. The study recommends strategies to deepen community involvement in decision-making and improve communication channels to boost responsiveness and public trust in local governance.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This Chapter presents the background of the study, statement of the problem, general objective, specific objectives of the study, research hypothesis, scope of the study, significance of the study and conceptual frame work.

1.1 Background to the Study

This background of the study was based on historical, conceptual, theoretical and contextual backgrounds of community participation and service delivery in different communities of Rukungiri municipality.

1.1.1 Historical background

The origins of community participation can be traced back to ancient Greece and Colonial New England (Fleck & Hanssen, 2006). Fleck & Hanssen, attribute the early roots of community participation to the city-states of ancient Greece, possibly stemming from concerns about slavery. However, alternative perspectives suggest that it is primarily a more recent phenomenon, dating back only a few centuries. During Roman times, community participation evolved to be more legally oriented, with less emphasis on political engagement compared to ancient Greece, yet encompassing a broader range of individuals considered community. In medieval Europe, community participation became closely associated with commercial and secular aspects of life in the burgeoning cities, eventually being viewed as membership in emerging nation-states (Fleck & Hanssen, 2006).

In Europe, numerous official websites such as europa.eu and government portals, along with radio stations like BBC Radio and social media platforms including Twitter and Facebook, serve as vital channels for community to voice their opinions and concerns. Despite criticisms that these platforms are often perceived as ineffective and unresponsive, with decisions already predetermined, they remain significant avenues for public engagement (Grant, & Devas, 2003). Local consultations, though sometimes criticized for yielding only superficial changes to pre-established plans, are nonetheless crucial for fostering community participation in decision-making processes. Civil society organizations play a pivotal role in enhancing community engagement by offering educational programs and capacity-building initiatives aimed at empowering individuals and NGOs to actively participate in local governance. By bridging the

gap between community and decision-makers, these efforts strive to transform passive criticism into meaningful contributions to the democratic process (Susskind & Elliott, 2013).

During the 1970s and 1980s, many African nations experienced a rise in authoritarian leadership, with numerous countries falling under the control of iron-fisted dictators. In others, political instability led to frequent coups and the emergence of military regimes. This period was marked by a political culture of patronage, which facilitated widespread corruption within public administration. However, by the mid-1990s, the introduction of Poverty Reduction Strategy Papers (PRSPs) brought a shift in governance priorities. These reforms focused on capacity building in the public service by improving the work environment for civil servants, enhancing staff competencies, reforming management systems and structures, and providing better incentives. As a result, many African governments began to promote community involvement in decision-making processes and public service delivery, including participatory initiatives such as the construction of local roads (Andrews & Shah, 2013).

Since the 1970s, non-governmental organizations have played an increasing role in addressing the problem of poverty around the globe. The reason for their rise, relative to government actors, was their adaptability and proximity to the grassroots which is supposed to give them a greater understanding of local realities and community dynamics. However, in recent years, NGO's have come under increasing criticism among prominent development scholars, most notable (Banks et al. 2021) for the gradual erosion of the very qualities that made them so impactful in the first place. The reason cited most commonly for their downfall include the increased influence of donors and their increased demand for bureaucratization and professionalization which has aligned NGO's closer to the priorities of donors (increasingly government donors) than the needs of poor communities (Banks et al. 2021).

Prominent development theorists such as Arturo (1995), Jeffrey (2005), and Majid Rahnema (1997) contend that global poverty only became a significant concern for Western nations in the post-World War II era. According to Putnam (2018), this shift in perspective was driven by the realization that the prosperity and political stability of wealthy nations were intrinsically linked to global stability. Additionally, there was a growing fear among Western powers particularly the United States and its allies that the economic vulnerability of poor nations could make them susceptible to communist ideologies. This concern was heightened by the geopolitical tensions of the Cold War. The successful reconstruction of Western Europe through the Marshall Plan, which

restored many economies to pre-war levels within five years, reinforced a belief that underdevelopment elsewhere was largely a result of technological and institutional deficiencies. Consequently, it was assumed that with sufficient external support primarily through state-led interventions developing nations could rapidly transition from traditional, agrarian societies to modern industrial economies. This logic underpinned much of the early post-war development discourse and shaped the trajectory of international aid strategies.

In the 1970s, non-governmental organizations started to play an increasing role in the fight against poverty around the globe (Banks et al., 2021). The increased prominence of NGOs in the development sector was ushered in by a growing dissatisfaction with state-led attempts to remedy poverty which often focused on the development of infrastructure and privatization of land and public services, broadly understood as “modernization,” which only increased the disparity between the rich and poor (Timmons et al., 2022). These trends served to legitimize the arguments scholars and activists in developing countries were making about the negative impact of “development” by the rich countries. In response, the donor community became increasingly interested in approaches that focused on the poorest of the poor (Chambers & Pettit, 2013).

The transition to a more people-centered development took two sometimes overlapping paths. The first championed by Latin American scholars/activists such as Ghandi, Paulo Freire as well as the liberation theology and landless people’s movement, was the more radical rejection of modernization emphasizing popular education, broad-based political mobilization, and delinking from oppressive neocolonial relationships through increased self-reliance. The second trend championed more by scholars such as Robert Chambers and David Korten and international nongovernmental development organizations (INGDOs) was an emphasis on participatory development. While still an implicit critique of modernization top-down approach, participatory development emphasizes bottom-up participation at the community-level rather than in broader political processes (Hickey & Mohan, 2021; Ika & Damian, 2022).

Participatory development, at its core, places faith in the ability and willingness of individuals and communities to work together for the common good (Ostrom, 2021) and is based on the belief that community participation is not only a right but also enhances the quality and appropriateness of development outcomes. It also contributes to local long-term self-reliance and self-determination by enhancing local decision-making and the creation of local institutions (Chambers, 2012).

Since its establishment, participatory development has faced numerous critiques and generated various associated perspectives. The primary focus of these criticisms revolves around the pivotal question of "to what extent should participation be emphasized?" This inquiry can be conceptualized as a spectrum, ranging from mere consultation (where individuals are informed about impending plans) to autonomous development (granting individuals complete control over all facets of planning and execution). Discussions within this spectrum encompass a wide array of topics, from cost-benefit analyses to existential considerations about the essence of humanity.

The discourse on the effectiveness and efficiency of community development gained prominence within non-governmental organizations (NGOs), notably through the contributions of Robert Chambers and Korten. Chambers, in his seminal work "Whose Reality Counts?: Putting the First Last" (Chambers, 2003), shed light on the unsatisfactory outcomes when external experts dictate plans for communities. He advocated for a novel approach known as participatory rural appraisal (PRA). Korten, as cited by Ika and Damian (2022), introduced the fit requirement model based on an analysis of successful service delivery. This model elucidates the interplay between program design, beneficiary needs, and the capabilities of assisting organizations.

According to Korten (1980), as cited by Ika and Damian (2022), the success of each service stemmed from the meticulous alignment of the program design with the specific needs of beneficiaries at a particular time and place. Furthermore, each service had established a robust organization capable of effectively implementing the program. In Korten's words, "service delivery was successful because it had worked out a program model responsive to the beneficiary needs at a particular time and place and each had built a strong organization capable of making the program work. Put another way, they had achieved a high degree of fit between program design, beneficiary needs, and the capabilities of the assisting organizations" (Korten, 1980).

The roots of contemporary ethical discussions advocating for participation can be primarily attributed to Paulo Freire. Influenced by existentialist thinkers, Freire contended that the core of human existence lies in our capacity to construct meaning and make reasoned choices. Consequently, any negation of this capacity or the imposition of one person's preferences on another equates to depriving that individual of their humanity. He expressed this idea by stating that every prescription imposes the choices of one individual onto another, molding the consciousness of the recipient to align with that of the prescriber. In his work "Pedagogy of the Oppressed" (2018), Freire outlines a radical approach to humanization, advocating for the

engagement of oppressed communities in a continuous cycle of critical analysis, action, and reflection.

The discourse on this matter has been influenced by the social work community, as evidenced by the works of Batten and Batten (1967) and Tropman (1968). Both authors present arguments grounded in efficiency and human development. They posit that individuals are more inclined to act on decisions they have made voluntarily rather than those imposed on them by others. They emphasize the importance of participation in the processes of thinking, deciding, and planning, asserting that such engagement fosters increased confidence and competence in individuals.

While emphasizing community participation remains a key principle for International Non-Governmental Organizations (INGDOs), there is an ongoing and significant discourse surrounding their capacity to genuinely facilitate bottom-up planning and initiatives. Critics contend that INGDOs have increasingly prioritized being accountable to their donors, neglecting their responsibility to be accountable to beneficiaries and, consequently, losing touch with local communities (Elbers and Arts, 2011; Ebrahim, 2003; Power et al., 2016; Epstein and Gang, 2006; Fowler, 2018a; Fowler, 2018b; Gill, 1997; Mohan, 2016; Tvedt, 2006). In a related discussion, scholars such as Banks et al. (2021) have asserted that NGOs have severed their ties to grassroots movements due to donor pressures for professionalization.

A critical perspective on participatory development highlights its tendency to prioritize technical remedies over addressing intricate social and organizational challenges. These challenges encompass aspects such as community participation, decision-making processes, the establishment of effective social agreements, organizational development, capacity building, and empowerment (Power et al., 2016). Critics argue that participatory service delivery may place individuals in vulnerable positions, subjecting them to "psychological and physical duress" by creating competition with elites (Mansuri, 2021). According to Mosse (1994), the concept of "participation" in community development often reflects the facilitators' cultural experiences, especially in terms of power dynamics, sex relations, and the inclusion of specific types of knowledge.

While there is widespread acknowledgment of the significance of bottom-up planning, a limited number of International Non-Governmental Development Organizations (INGDOs) actually implement it. This reluctance is attributed to their bias toward a singular sector (Romero 2003), a particular technological solution (Seitanidi 2008), and the failure to invest sufficient time and

resources in mobilizing and engaging communities. Instead, these organizations tend to prioritize the collective efficiency of funders' priorities over those of the communities they serve (Mansuri & Rao 2021; Powers and Powers 2021). Public service represents a vital facility or resource crucial to the well-being and existence of society or the ordinary individual. Acting as a vital link between the government and the general public, these services are dispensed through governmental administrative channels. Public services encompass a broad spectrum, catering to the needs of the general public, community, and organizations alike. Examples include security, defense, rule of law, community service, essential services, employment opportunities, and communication and technology services. In essence, public services encompass the collective efforts of the state in providing goods and services to meet the diverse needs and desires of the public (Arroyo, 2021).

In considering the perspective of Adam Smith on public service, he posits that it encompasses institutions whose returns cannot be recouped through investments. These are functions that inherently serve the public interest and cannot be undertaken or maintained by individuals or groups. Essentially, public service is the provision of services by the government or state to the public or general populace, emphasizing the unrepayable nature of its benefits (Arroyo, 2021).

1.1.2 Conceptual background

Community participation

Community participation plays a vital role in democratic decision-making, providing individuals with the opportunity to influence public choices (Irvin & Stansbury, 2019). This process, described by Lanmafankpotin (1971), involves community organizing themselves at the grassroots level through non-governmental organizations to impact decision-making. The engagement of communities in decision-making, program collective efficiency, and monitoring is essential, with indirect and direct participation highlighting the roles of officials in representative democracies and the ownership of decisions by communities (Yang et al, 2005).

A well-structured community participation strategy facilitates the integration of local data, solicitation of input on priorities, and coordination among partners (The-e Con-Planning-Suite, 2022). Public participation aims to provide the public with a meaningful role in decision-making, fostering improved understanding of expectations, agency comprehension of conservation issues, and enhanced community support (Coenen, 2009). The fundamental principle of community participation asserts that those affected by a decision have the right to be involved (Unsworth,

2010), emphasizing direct engagement of communities or groups in decision-making and action (Johnston et al, 2008).

The chapter explores the concept of "community participation," offering definitions from various theorists and addressing critical issues such as stages, levels, and the necessity for participation. It acknowledges the misuse of the term, underscoring the importance of understanding "community" and "participation" separately. The social and spatial dimensions of community, as described by various theorists, along with the importance of shared objectives and unity, are highlighted (Hamdi, 2017). Community participation gained prominence in the 1970s, particularly in World Bank-funded housing schemes, but it is crucial to grasp its meaning amid service provided misuse (Wates, 2009; Hamdi, 2019).

The discussion also explores the role of architects and planners in mediating community-based services, advocating for a partnership model that promotes collaboration between governments and communities in planning and decision-making (Reddy, 2001). The chapter concludes by considering the benefits and limitations of participatory development approaches, acknowledging the time-consuming nature and potential challenges in transitioning from a paternalistic approach (Ansari, 2008). Broadly defined, community participation is the active participation of people in service addressing their own issues, emphasizing its role in community empowerment (Paul, 1987; Stone, 1989). Its evaluation involves assessing its impact on community empowerment and sustainability (Barab et al, 2012).

Service delivery

Service delivery, in contrast, refers to the interaction between providers and clients, offering services to enhance quality of life. This involves a constant exchange and can be categorized into general and industry-specific models (Aba et al, 2022). In South Africa, "service delivery" commonly refers to the distribution of basic resources, but the reliability of government delivery is often questioned (Monisola, 2022). Effective service delivery by the government, including electronic service delivery, is crucial for meeting the needs of the public (Oliver Kavanagh, 2016). In essence, community participation and service delivery are integral components of democratic governance and development, emphasizing collaboration, empowerment, and the effective provision of essential services.

Local governments provide various types of services that directly impact the well-being of their communities. These services generally fall into three categories: essential services, regulatory services, and developmental services. Essential services include basic needs like water supply, sanitation, waste management, and public health. Regulatory services involve enforcing laws and regulations, such as issuing permits and licenses, zoning, and maintaining law and order. Developmental services focus on the growth and development of the community through infrastructure development, education, and social welfare programs. Each type of service delivery is crucial for the sustainable development of local areas, as it addresses the immediate needs and long-term growth of the community (Andrews & Boyne, 2010).

The provision of these services often requires collaboration between various departments within the local government, as well as partnerships with private sector organizations and non-governmental organizations (NGOs). The effectiveness of service delivery is influenced by factors such as governance structures, resource availability, and community engagement. Local governments must balance the demand for services with their available resources to ensure that all community receive equitable access to essential services (Koma, 2010).

Service delivery in local governments operates at different levels, often categorized as basic, enhanced, and premium. Basic service delivery refers to the minimum standard of services that must be provided to all residents, such as clean water, sanitation, and primary healthcare. Enhanced services are those that go beyond the basic level, offering additional benefits like communication clarity and accuracy, better educational facilities, and more advanced healthcare options. Premium service delivery includes high-end services that cater to specific needs, such as specialized healthcare, recreational facilities, and advanced technological infrastructure. These levels of service delivery reflect the varying capacities of local governments to meet the diverse needs of their populations (De Vries et al, 2016).

The level of service delivery often depends on the resources available to the local government, the socio-economic status of the community, and the priorities set by local leadership. In some cases, disparities in service levels can lead to inequality and social tensions. Therefore, it is crucial for local governments to strive for inclusive service delivery that addresses the needs of all community members, regardless of their economic status or geographic location (Graham et al, 2003).

1.1.3 Theoretical background

This study is grounded in two complementary theoretical frameworks: Schumpeter's Theory of Democracy and Arnstein's Ladder of Citizen Participation. Both theories provide critical perspectives on the role of citizen engagement in governance and service delivery, particularly at the local government level.

Schumpeter's Theory of Democracy, initially proposed by Joseph Schumpeter in his seminal work *Capitalism, Socialism, and Democracy* (1942), conceptualizes democracy not as a participatory ideal but as an institutional mechanism for leadership selection. Schumpeter defines democracy as a political arrangement in which individuals acquire the power to decide by means of a competitive struggle for the people's vote. This "elitist" or minimalist model of democracy emphasizes electoral competition rather than continuous citizen participation in decision-making processes. Schumpeter's approach challenges the Classical Theory of Democracy, rooted in Rousseau's social contract, which presumes that the electorate is capable of discerning and acting upon the common good. In contrast, Schumpeter argues that the masses are largely uninformed and should instead delegate decision-making to elected elites. Critics such as Robert Dahl, however, contend that democracy should go beyond periodic elections to include pluralism, civil liberties, and active civic engagement (Blair, 2018; Sirker & Cosic, 2007).

While Schumpeter's model underscores the formal mechanisms of democracy, it falls short in addressing the depth and quality of citizen engagement in governance, particularly at the local level. This is where Arnstein's Ladder of Citizen Participation (1969) becomes relevant. Sherry Arnstein's model conceptualizes participation as a continuum, ranging from non-participation (manipulation and therapy), through degrees of tokenism (informing, consultation, placation), to degrees of citizen power (partnership, delegated power, citizen control).

Arnstein argues that genuine citizen participation involves power redistribution and shared decision-making authority between government and citizens. Her ladder highlights the importance of meaningful engagement, rather than superficial involvement, in improving public services and ensuring government accountability. This theory is particularly relevant to local governments, where community participation is essential for the effective identification of public needs, allocation of resources, and monitoring of service delivery.

Applying these theories to the context of Uganda, and specifically Rukungiri Municipality, helps illuminate the gap between formal democratic processes, such as elections, and substantive democratic outcomes, such as equitable and efficient service delivery. While competitive elections may exist (as Schumpeter emphasizes), actual public influence over policy and service delivery decisions may be limited to lower rungs of Arnstein's ladder, often amounting to consultation without authority.

Moreover, the increasing global emphasis on participatory governance, as reflected in Agenda 21 and other sustainable development frameworks, reinforces the relevance of these theories. Participatory mechanisms are now embedded in national and international policy frameworks as essential tools for enhancing transparency, fostering local accountability, and improving service quality (Stone, 1989; Zillman et al., 2016).

In conclusion, Schumpeter's Theory of Democracy provides an understanding of the institutional foundations of democratic governance, while Arnstein's Ladder of Participation offers a normative framework for evaluating the extent and effectiveness of citizen engagement in service delivery. Together, they inform this study's exploration of how community participation influences the quality, accessibility, communication, and responsiveness of local government services.

1.1.4 Contextual background

Since 1986, Uganda's governance system has been characterized as both a 'democratic surge' and the 'beacon of Africa,' but also labeled a 'democratic recession' (Mwenda 2007; World Bank 2018, Diamond 2008). The former two descriptions apply to the period before 2001, while the latter pertains to the last decade. Interestingly, the period post-2001 coincides with a significant increase in the number of local governments, averaging six per year since 2008. The primary objectives are to bring services closer to the people through increased participation and to ensure democratic control by local community over these governments. Participation, transparency, and accountability are widely recognized as crucial elements of good governance. Consequently, the substantial creation of local governments in Uganda is expected to enhance not only service delivery but also participation.

Efforts towards decentralization in Uganda began with the Resistance Councils and Committee Statute of 1987, aiming to transform district councils into corporate bodies responsible for service provision and delegate policy-making powers to local councils. The Local Government

(Resistance Councils) Statute of 1993 and the Local Government Act of 1997 as amended further empowered districts by devolving planning powers, theoretically separating them from the central government. These institutional reforms were reinforced by the 1995 constitution, emphasizing community participation in the country's planning and governance (Batley, 2022).

The constitution mandates the creation of a National Planning Authority (NPA) in Section 125, and the Local Government Act of 1997 in Section 36 establishes a counterpart institution at the sub-national level, such as a district council, to handle devolved planning functions. The law also mandates the creation of district technical planning committees chaired by the district's chief administrative officer. District councils, acting as local planning authorities, are required to prepare comprehensive development plans incorporating reports from lower-level local governments for submission to the NPA. Public policy reforms aimed at enhancing the right to participation were enacted through the Access to Information Act of 2005, giving effect to constitutional guarantees of access to government information (Claasen and Alpin-Lardies, 2010).

Public participation as a democratic right has gained acceptance in local governance in Uganda, with two decades of experience in various forms of decentralization. However, the level of public participation, both in local planning and holding local politicians accountable, has been inconsistent. A case study in Buikwe District identified three key factors influencing public participation: access to information, the ability to use information effectively, and awareness of community' rights, roles, and responsibilities. These factors positively influenced overall respondent participation by 10.2%, 19%, and 22%, respectively. The study also revealed that information is not readily accessible or effectively disseminated to the majority of community, hindering its full utilization for planning, monitoring, and evaluating government services (Sirker & Cosic, 2007).

In Uganda, over 60% of urban residents in informal settlements lack basic services and infrastructure such as piped water, decent housing, good roads, sewerage systems, schools, and health centers (Kiggundu, 2022). Rukungiri municipality faces challenges in service delivery, including low staffing levels, a lack of official transport for department staff, and insufficient skills and knowledge among councillors regarding their roles and responsibilities. Staff members also need mentoring in procurement, disposal planning, and contracts management (Rukungiri-District-Statistical-abstract, 2021/16) (Kiggundu, 2022).

1.2 Statement of the Problem

Community participation is increasingly recognized as a key driver for improving public service delivery through enhancing accountability, reducing corruption, and ensuring equitable resource distribution. It enables governments to better identify public needs, facilitates effective communication with citizens, and promotes transparency in service provision (Kakumba, 2010). However, despite the theoretical benefits of participatory governance, many urban areas in Uganda continue to grapple with chronic service delivery challenges. Notably, more than 60% of urban dwellers live in informal settlements characterized by poor infrastructure, including inadequate roads, drainage systems, education facilities, and health services (Mitchell, 2022).

In Rukungiri Municipality, these challenges are both visible and persistent. The quality of services remains significantly low, with frequent reports of poorly maintained roads, inefficient waste management systems, and unreliable access to clean and safe water. These issues compromise not only the health of residents but also hinder economic activity and community well-being (Rukungiri Municipality Five-Year Development Plan 2020/21–2024/25). Service accessibility is equally problematic, especially in peri-urban and informal settlements where essential facilities such as schools, health centers, and sanitation infrastructure are either absent or located far from residential areas, making them inaccessible to many, particularly the poor and vulnerable (Mitchell, 2022).

Many community members remain unaware of the services they are entitled to, or the development programs being implemented, largely due to inadequate information dissemination mechanisms and limited civic education (Kakumba, 2010). Citizens frequently express dissatisfaction with service delays, unresponsiveness of public officials, and a disconnect between local government priorities and community needs. This disconnect reflects broader institutional inefficiencies and a lack of community involvement in decision-making processes, all of which contribute to poor service delivery outcomes (Kiggundu, 2022).

This study seeks to examine the role of community participation in enhancing service delivery in Rukungiri Municipality.

Objectives of the study

This covers both general and specific objectives.

General objective

To examine the relationship between community participation and service delivery in Rukungiri municipality.

Specific objectives

- 1) To examine ways of community participation in local government of Rukungiri municipality.
- 2) To assess the level of service delivery in local government of Rukungiri municipality.
- 3) To establish the relationship between community participation and service delivery in local government of Rukungiri municipality.

Research Questions.

- 1) What are ways of community participation in local government of Rukungiri municipality?
- 2) What is the level of service delivery in local government of Rukungiri municipality?
- 3) What is the relationship between community participation and service delivery in local government of Rukungiri municipality?

Research hypothesis

Ho: There is no relationship between community participation and service delivery in local government of Rukungiri municipality.

Scope of the study

The scope of this study was defined along three key dimensions: content, geographical coverage, and timeframe.

Content Scope

This study focused on community participation as the independent variable and service delivery as the dependent variable. Key dimensions of community participation explored include leadership and decision-making, collective efficiency, and resource contribution. On the other hand, service delivery was assessed through indicators such as service quality, accessibility of services, communication clarity and accuracy, and customer satisfaction and responsiveness to people's needs. The study specifically investigated the causes of poor service delivery, the level of community involvement, the current state of service quality in communities, and how community

participation influences the effectiveness and responsiveness of service delivery in Rukungiri Municipality.

Geographical Scope

The study was carried out in Rukungiri Municipality, located in Rukungiri District, and covered all divisions: Eastern, Southern, and Western. This municipality was selected as the study area due to the persistent challenges it faces in delivering quality public services, which have been attributed to low levels of community engagement and participation in local governance processes (Rukungiri Municipal Council, 2016/2017). The selected divisions represent both central and peripheral urban zones, making them suitable for capturing a diverse perspective on community participation and its impact on service delivery. Rukungiri district's economy is largely driven by agriculture, with a significant portion of the population engaged in subsistence farming. The population of Rukungiri district is approximately 330,700, according to the Uganda Bureau of Statistics.

Time Scope

The study focused on the period from 2022 to 2024, spanning a decade characterized by intensified public concern over poor service delivery and minimal community involvement in local development initiatives. This period was selected because it reflects significant moments when service delivery issues became more pronounced in Rukungiri Municipality, thereby providing a comprehensive timeframe for analyzing trends, patterns, and the evolving role of community participation in enhancing public service delivery.

Justification of the study

Most local governments in Uganda today are faced with a challenge of poor service delivery because inadequate transport means poor road networks and poor infrastructure in schools, hospitals and other public services; yet if community were to be involved, they would help in providing infrastructure such as local feeder roads and in supervision and maintenance.

Significance of this study

This study is significant in several ways.

Firstly, the findings may benefit the Government of Uganda and particularly the community leaders in Rukungiri Municipal Council by providing insights into how communities can be more

effectively involved in the delivery of public services. Understanding the dynamics of community participation will enable leaders to adopt more inclusive and participatory governance practices.

Secondly, the study may assist local leaders and policymakers in identifying and addressing gaps in the current quality of service delivery. By examining the experiences and perspectives of both community members and service providers, the research can help leaders to improve planning, resource allocation, and accountability measures that enhance the effectiveness and responsiveness of services.

Thirdly, the findings may highlight various challenges and barriers that hinder community participation in service delivery. This could guide government institutions and development partners in designing appropriate interventions to enhance inclusiveness and local ownership of development initiatives. Overcoming these barriers is critical for achieving sustainable and equitable development.

Moreover, the study supports national policies such as Uganda's Decentralization Policy and the National Development Plan (NDP III), which emphasize community involvement as a key pillar for improving public service delivery. The study also aligns with government programs like the Parish Development Model (PDM), which aims to bring services closer to the people and promote grassroots development.

Additionally, the research may inform the collective efficiency of strategies under programs such as the Local Government Management and Service Delivery Program (LGMSDP) and Community Driven Development (CDD), both of which advocate for participatory planning and active citizen engagement. These strategies can be strengthened using evidence generated from the study, thereby enhancing transparency, efficiency, and responsiveness in local governance.

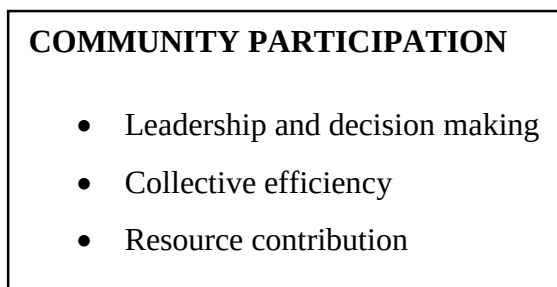
Finally, this study lays a foundation for future researchers interested in exploring community participation in service delivery. It offers a contextual framework, practical insights, and identified gaps that can be built upon in future studies. Researchers may use the findings to conduct comparative analyses across different regions or sectors, refine community engagement models, or assess the long-term impacts of participatory governance on service delivery outcomes.

Conceptual Frame Work

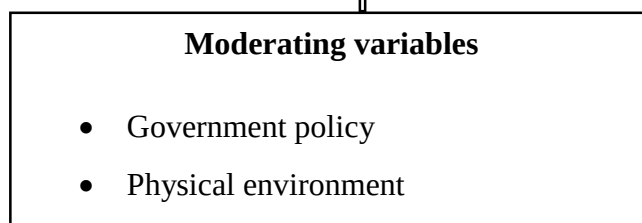
The conceptual framework outlined the relationship between the key variables under investigation in this study. It served as a guide for understanding how different factors interacted to influence service delivery in Rukungiri Municipality.

Figure I: Conceptual frame work

Independent variable (IV)



Dependent Variable (DV)



Adopted from: (Council, 2022 and (Gupta, Vehoeven, & Tiongson, 2019).

The conceptual framework outlined above illustrates the interconnections among the study variables, with community participation serving as the independent variable (Leadership and decision making, Resource contribution and service delivery was considered as the dependent variable characterized by access to service quality, accessibility of services, communication clarity and accuracy, customer satisfaction and people's needs as drawn from the work of Gupta et al. (2018). Moderating variables in the model included government policy and the physical environment. The model indicates that community participation has a direct impact on service delivery. However, it is noteworthy that there are additional factors influencing service delivery in Rukungiri Municipality, including government policy and the physical environment, as identified by Vehoeven and Tiongson (2019).

Definition of Key Operational Terms

Community participation can be described as a grassroots-level, community-based process in which communities organize themselves to collaboratively influence decision-making processes (Holdar & Zakharchenko, 2016). In the context of this study, community participation involves communities actively engaging in decision-making, collective efficiency, monitoring, and evaluation.

Service delivery encompasses the provision of essential social services, such as piped water supply, well-maintained roads, healthcare services, and electricity, with the aim of alleviating human suffering and improving the overall quality of life within a community (Abe & Monisola, 2022). In the present study, service delivery is characterized by the provision of social services, including education, healthcare, water and sanitation, as well as infrastructure development.

A community is defined as a socially interdependent group of people who engage in collective discussions, production activities, and share common practices that both shape and are nurtured by the community (Barab 2012). In the scope of this study, a community is specifically identified as a group of individuals residing in the same geographical location or sharing a particular common characteristic.

The public service delivery system refers to the process through which the government or state efficiently provides services to community in a prompt and cost-effective manner, ensuring accessibility for the general population. It is the duty of the state to ensure the provision of public services. The term "delivery system" encompasses the technology, methods, and mechanisms employed to offer services, facilities, and goods to the public. It involves the distribution of beneficial goods and services obtained from various organizations (Banerjee et al., 2010).

Public services, including essential infrastructure, commercial services, and others, are administered at the government level. Numerous policies, legal frameworks, institutional structures, and procedural arrangements are in place to systematize and enhance basic service delivery. However, despite these efforts, the effectiveness of service delivery remains limited. Over an extended period, the government has dedicated substantial efforts to administrative reforms aimed at optimizing the flow of services to the public. Despite initiatives to simplify government processes, decentralize services, provide skilled personnel in service centers, and enhance service delivery, collective efficiency has been inadequate. Traditional thinking, a lack of

positive administrative perceptions, limited resources, and transparency issues contribute to the ineffectiveness of public service (Batley, 2022).

Public services are administered by the government or governmental bodies, emphasizing their non-profit nature. The delivery of public services is a civil and human right, theoretically fair, and closely linked to community' lives. These services adhere to legal guidelines and regulations, and service recipients can participate in the distribution process. Public service investments do not generate profits and serve as a crucial link between the government and the general populace. Public services are vital for community existence, serving as the primary responsibility of the state. They contribute to building trust in the government, increasing its legitimacy, and signaling good governance. Effective public services embody accountability and forward-thinking governance, aligning with the government's overarching goal of providing necessary services to the people. Strengths and Weaknesses of the Public Service Delivery System in Nepal (Hubbard, 2007).

Over time, the Government of Uganda (GoU) has consistently worked to mobilize resources for budget financing, aiming to enhance service delivery, stimulate economic activity, and foster development. This section outlines the overall budget trends, encompassing allocations, disbursements, and resource absorptions during the Financial Years 2016/17-2020/21 (FYs 2016/17-21), drawing from the World Bank's insights in 2021.

The adoption of a quality-centric approach has emerged as a prominent trend, injecting renewed vigor into the global economy. Disregarding this worldwide shift toward quality would be inconceivable in contemporary public administration. The transition from traditional authoritarian administration to a service-oriented model stands as the central element of administrative modernization today. The primary objective is to establish a responsive administration aligned with community' perspectives, marking a key feature of the reform movement in the new public administration as it advances into the 21st century. Service quality initiatives aim to improve the public sector's responsiveness, altering public perception of services, transforming interactions between public servants and the public, reshaping the organization and delivery of public services, and diversifying the types of services offered (Suk.2018).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter critically examined the existing literature pertinent to the subject of the study. The review was systematically organized in alignment with the relevant theoretical frameworks and the specific objectives guiding the research.

2.1 Theoretical review

2.1.1 Joseph Schumpeter's democratic theory

Joseph Schumpeter's democratic theory posits that the community functions as an individual seeking reciprocation for participation, primarily in an indirect manner (Schumpeter, 1934). In contrast, the cognitive engagement theory emphasizes that community participation relies on access to information about politics and government, and the inclination to use that information for reasoned engagement (Cornwall, 2008). Aristotle delineates the dual roles of a community in the public arena both personal and public. Similarly, Dewey envisions the community serving the common good's voice while also receiving personal benefits. The Dynamic Theory of Service Management, put forth by Abowitz and Harnish (2006), asserts that service quality lacks the straightforward measurability inherent in manufacturing.

Schumpeter deserves acknowledgment for conceptualizing democracy as a form of government rather than an ideal of governance, departing from the Classical Theory rooted in Rousseau's Social Contract. Huntington simplifies democracy as "the selection of leaders through competitive elections by the people they govern" (Batley, 2022). However, Schumpeter's divergence lies in allowing the commonwealth to define "the people," permitting disqualifications based on economic status, religion, and sex. This stance challenges the contemporary notion of democracy, as it contradicts the inclusive principles prevalent today (Forster and Singh, 2021).

Over the past three decades, Schumpeter's ideas have faced challenges, particularly with the introduction of elections that are nominally competitive. Zakaria's article on "The Rise of Illiberal Democracy" and Levitsky and Way's work on competitive authoritarianism have significantly undermined Schumpeter's definition of democracy (Malena, C., Forster, R., and Singh, 2021). The mere presence of competitive elections no longer guarantees democratic governance, as elections may establish rules favoring the political incumbents, leading to the erosion of democratic norms and the rise of hegemonic authoritarianism (McNeil, and Mumvuma, 2006).

Schumpeter's book, "Capitalism, Socialism and Democracy," explores the sustainability and inevitability of socialism. He posits that the success of capitalism leads to its own demise through creative destruction, drawing parallels between the evolution of companies and the economic order. Despite some inaccuracies in his economic predictions, Schumpeter's concept of creative destruction is not fully applied to democracy. He acknowledges the challenges of polarization and the competitive nature of elections undermining democracy but accepts the necessity of authoritarianism, albeit with the hope that democratic principles can be reinstated (Misra, 2007; Olken, 2007).

Understanding Schumpeter's perspective is crucial for a comprehensive grasp of democratic ideas. While Huntington commends it as a theoretical advancement, Schumpeter's approach, rooted in economics rather than sociology, overlooks the intricate interplay between different democratic institutions. This limitation hinders his ability to recognize crucial aspects necessary for effective democratic governance (Olken, 2007).

2.2 Ways of Community Participation in local governments

Participation plays a crucial role in enhancing life situations, especially for individuals facing poverty and disadvantage, including those with disabilities and their families. The extent of participation's contribution to health development remains a subject of disagreement. This is followed by an exploration of the reasons supporting participation in health development and its impact on the evolution of community-based rehabilitation programs (CBR). The discussion also delves into various ways of defining and evaluating community participation. The subsequent section highlights key issues that demand attention when considering participation as a foundation for planning CBR programs, drawing examples from the Ugandan context. The conclusion underscores the intricate nature and challenges associated with participation, confronting planners and managers of community-based health and disability initiatives (Pande, 2008).

Planners and professionals exhibit a lack of consensus regarding the role of community participation in enhancing the lives of individuals, especially those grappling with poverty and disadvantage. Some completely disregard its significance, while others perceive it as a 'magic bullet' capable of driving improvements, particularly in the realm of poverty alleviation. Despite this divergence of opinions, community participation remains advocated as a pivotal element in development. Although the emphasis on participation fluctuates over time, it is currently recognized by numerous governments, United Nations agencies, and non-governmental

organizations (NGOs) as crucial for program planning and poverty alleviation (World Bank, 1996).

Community participation has been a consistent focus in development discussions over the last five decades. During the 1960s and 1970s, it gained prominence in development initiatives, emphasizing sustainability and fairness, especially for marginalized populations. The World Health Organization (WHO) made community participation a cornerstone of health policy during the Alma Ata conference in 1978. The adoption of Primary Health Care as government policy by WHO members signaled the recognition of involving the intended beneficiaries in the design and collective efficiency of services and programs. This acceptance was driven by several considerations, including the underutilization and misuse of services when the target population is not engaged, the untapped financial, material, and human resources within communities, the idea that individuals' actions significantly impact their health, and the belief in social justice, affirming the right of all, particularly the poor and disadvantaged, to participate in decisions affecting their lives (Who/ Unicef, 1978; Rifkin, 1990).

The development of Community Based Rehabilitation (CBR) for individuals with disabilities in developing countries stemmed from the principles of Primary Health Care. Recognizing the inadequacies of institutional rehabilitation, the Alma Ata declaration expanded Primary Health Care to include rehabilitation as its fourth component, alongside promotion, prevention, and curative services (Who/ Unicef, 1978). O'Toole (1996) highlighted the importance of bringing about incremental improvements across entire populations rather than providing elite care. This approach also acknowledged that nonprofessionals with limited training could play pivotal roles in service delivery.

The World Health Organization (WHO), the architects of CBR, envisioned a model where information and rehabilitation skills would be transferred to people with disabilities and their families. Local community members were integral to the planning and decision-making processes of these programs (Helander et al, 1989). Throughout the 1990s, there was a growing emphasis on community participation in planning, decision-making, and evaluation, recognizing that CBR partnerships could leverage community resources to reach more individuals with disabilities (Mitchell, 2022; Sharma and Deepak, 2001; Lang, 2018).

Even after 25 years of development work in health and disability, the arguments for community participation remain pertinent. In the current political and economic landscape, organizations such as the World Bank have adapted these principles to pursue both equity and sustainability objectives, drawing from the experiences of international development agencies and the advocacy efforts of figures like Robert Chambers and other champions of Participatory Rural/Rapid Appraisal and Participatory Learning Approaches (Chambers, 1994).

Principles of service delivery in Uganda's local governments

Approaches to management of service delivery

(a) Direct provision

The conventional method of service delivery involves the local government assuming the responsibility of directly providing services to the community. In this approach, the local government is responsible for planning, executing, monitoring, and evaluating the services.

While this approach has achieved some success, as seen in Uganda where the government provided road maintenance equipment to local governments for direct road servicing, it is not without limitations. Challenges associated with this approach include insufficient transparency and accountability, corruption, local capture, low efficiency levels, bureaucratic red tape, incomplete job assignments, and various other obstacles (Abowitz, 2006).

(b) Public-Private Partnerships

Public-Private Partnerships (PPPs) have emerged as a key national strategy for delivering services, involving collaborative efforts between the government and the private sector. The primary objective is to facilitate the provision of public infrastructure, community facilities, and various services. These partnerships encompass active participation from the private sector, public sector, and Civil Society Organizations (CSOs).

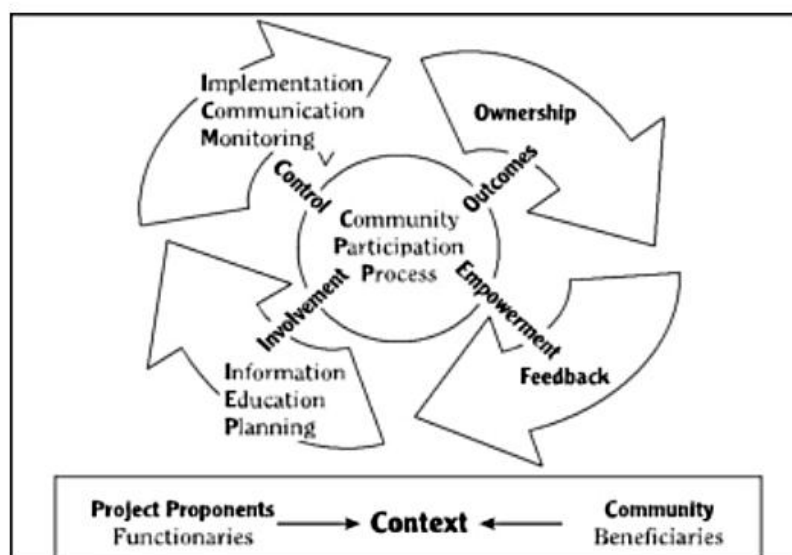
Within these partnerships, stakeholders jointly contribute investments, share risks, and distribute benefits. The contractual relationships involved often extend to local governments engaging with for-profit entities either companies or individuals providing services with a profit motive. Additionally, partnerships may involve non-profit organizations or CSOs (Abowitz, 2006). CSOs play a crucial role as partners, either offering services or overseeing them on behalf of local governments or the public, ensuring that the service provider prioritizes the interests of the people.

In this framework, community participation serves as the independent variable, influencing the dynamics of the partnerships, while service delivery stands as the dependent variable, reflecting the outcomes of these collaborative efforts.

Model of participation

Engagement of the public in development initiatives can be rooted in various theories and models. In this investigation, the Mathbor (2008) model of proficient community participation is applied. The framework posits that communities initiate their discussions at the inception of a development intervention, persistently collaborating until service delivery achievements and shortcomings are comprehensively assessed and incorporated into subsequent planning. Figure 1 illustrates this process.

Figure 2: An Effective Community Participation Model for service delivery



Source: Mathbor (2008).

Access to meaningful information is the initial step in empowering community to exert control over resources and institutions (Schwarte, 2008). Kofi Annan, the former Secretary-General of the United Nations, highlighted the transformative power of information in his 1997 address at the World Bank conference 'Global Knowledge,' emphasizing its potential to bring about change and alleviate poverty in Africa.

The availability of information allows community to express their voices, effectively monitor, hold the government accountable, and engage in informed dialogue about decisions impacting their lives. Information empowers all community, including those who are vulnerable and marginalized, enabling them to assert their broader rights and entitlements. Informed community are essential to

standing up for their rights and ensuring public officials are held accountable for their actions and decisions (Chege et al. 2008).

Nevertheless, access to information and technology alone won't create informed community without the understanding and capacity to use information effectively. Tise (2009) points out that despite the global information explosion, information literacy skills are crucial for fully harnessing this information. In many countries, real structural and political barriers hinder community from realizing their right to information and participating in demanding better governance and services (Pejova 2016). Lack of information literacy skills and ineffective use of information waste resources and impact productivity across various aspects of life and work. Development initiatives can only succeed if beneficiaries are aware of their rights, roles, and responsibilities (Mohammad 2010), and community awareness of channels for exercising these rights is crucial for the success of devolution (Omolo, 2010).

Community engagement is advocated as a strategy to enhance people's health and empower those lacking power to take control of their lives. While it is a part of clinical guidance and national strategies for promoting public health in many countries, there is inconsistency in the terms used to describe it, the meanings assigned to it, and the rationales supporting the perceived need for it. Understanding the origins, workings, and different perspectives around community engagement is necessary to address challenges in planning and commissioning health services (Omolo 2010).

This paper presents findings from a synthesis examining factors, models of change, and evidence for community engagement and its impacts on various health outcomes. The synthesis is part of a larger multi-method systematic review of services offered, which includes different syntheses of community engagement. The research synthesis reported here focuses on the theoretical and empirical literature, identifying key characteristics of community engagement interventions and organizing them into a new conceptual framework. This framework encapsulates a wide range of understandings and perspectives on community engagement, shedding light on how different approaches may impact people's health (Schwarte 2008).

Community participation through support and collective efficiency of service delivery in local government

Local communities possess valuable experience and insights regarding effective and ineffective approaches, providing a nuanced understanding of what works and why. The participation of local residents in planning enhances their dedication to the initiative services offered. This engagement not only fosters the development of technical and managerial skills among locals but also expands their employment opportunities. Furthermore, the inclusion of local individuals contributes to an increase in resources available for program collective efficiency. In essence, involving local communities facilitates 'social learning,' where both planners and beneficiaries engage in mutual learning from each other (World Bank, 1966).

While the importance of community participation in development programs is widely acknowledged, there is a lack of consensus on its definition. Various interpretations exist, including voluntary contributions to public programs without influencing program design, participation in shaping, implementing, and evaluating programs with shared benefits, and an active process where beneficiaries influence outcomes intended and experience personal growth (Oakley, 1989).

In the realm of health and disability, different perspectives on community participation emerge, revealing distinctions in its definition and understanding. Three primary views include:

The medical approach perceives health as the absence of disease, with community participation viewed as adhering to medical recommendations (Rifkin, 1985). The health planning approach, aligned with the World Health Organization's definition of health, considers it as not just the absence of disease but also the overall well-being of individuals. Here, community participation involves contributing to the delivery of health services through financial, material, and human resource contributions.

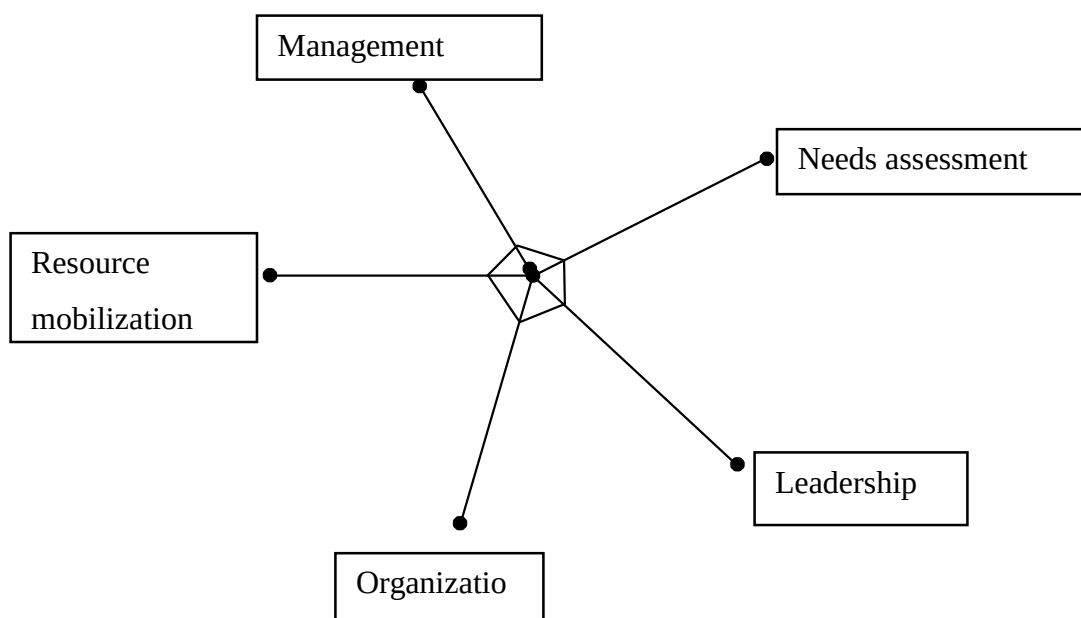
The community development perspective defines health as a human condition, with community participation involving active decision-making and accountability for programs. These perspectives align with frameworks from rural development thinking, emphasizing the interaction between professionals/planners and community members and the process of developing community participation (Ravindra, 2021).

Assessing participation

If a consensus on the definition of participation is lacking, professionals and planners increasingly recognize it as a process rather than merely an outcome of an intervention. This perspective raises questions about evaluating the process to gauge program achievements. Traditionally, quantifiable metrics, such as the number of attendees at a meeting or participants in a community activity, have been used to assess community participation. However, the challenge lies in recognizing that mere presence does not equate to genuine participation; individuals may attend without demonstrating commitment or understanding. Sherry Arnstein addressed this issue approximately 25 years ago by introducing the "ladder of participation," a visual representation where the bottom step involves informing people, and the top step signifies community control. Progressing through the ladder reflects a transition from tokenism to various degrees of community power (Arnstein, 1969).

A more contemporary visualization, emphasizing similar concepts, is the spider gram. This tool allows for describing process changes by mapping the situation along five continuums, each representing a crucial aspect of participation. These factors needs assessment, leadership, organization, management, and resource mobilization are interconnected in the middle, offering a comprehensive view of the program (Arnstein, 1969).

Figure 3: Participation viewed as a spider gram



Source: Rifkin et.al (1988)

Recording changes in participation over time can be achieved by marking each continuum with a value corresponding to the extent of participation in the program. The spider gram serves as a

useful tool for planners, enabling them to perceive participation as a dynamic process and evaluate the evolution and advancements of a program.

Key Concerns in Participation and Planning Over the last five decades, challenges have surfaced for planners and professionals advocating participation in development programs. These challenges arise from the quest for a universally accepted definition of community participation and a shift in perspective from viewing participation as a product to recognizing it as a process. A significant challenge is the absence of a universally accepted conceptual framework. While participation is argued to have strong methodological roots, some argue that developing such a methodology is impossible, as participation evolves from practical experiences in specific situations. The lack of consensus on what works and why contributes to the perception of participation as a 'soft' science, challenging its measurement, quantification, and replication. The absence of a framework creates discomfort in a technological world, hindering efforts to find universal solutions to modern world problems (Cooke and Kothari, 2001).

Another crucial issue for program planners and professionals involves assumptions about participation as a cure-all for development. While it is assumed that participation leads to program sustainability, equity, and empowerment, direct causal evidence is scarce. Anecdotal data supports a linkage, but a direct knock-on effect is not evident. While participation may be deemed necessary for these outcomes, it is not sufficient, requiring further research to understand the specific relationships. The third critical issue revolves around how planners and professionals handle power and control. Involving local people means relinquishing complete control over program design and management. Many view this step as threatening because it challenges the assurance that resources are used effectively. Professionals fear challenges to their power, status, and salaries if things go wrong. Past experiences, attitudes, beliefs, and behaviors reinforce the reluctance to share power with local people (Paul & Eric, 2012).

Community participation encompasses both theoretical and practical aspects related to the active engagement of communities or groups that may be affected by or interested in a decision or action. It involves contributing to the activities, processes, and outcomes of a group. Key areas for community participation include decision-making, program and service delivery collective efficiency, and monitoring and evaluating program progress (RMC-2021). Two main dimensions of community participation are indirect participation, where elected officials and administrators

act on behalf of the community in representative democracies, and direct participation, emphasizing that communities are stakeholders in government decisions (Yang & Callahan, 2005).

In the realm of state and community planning, effective community participation is integral. A well-crafted participation and consultation strategy can facilitate the incorporation of local data into planning processes, validate data accuracy, gather input on priority needs, enhance coordination among partners, leverage plan activities with other funding sources, and expand outreach efforts (Suite, 2022).

Public participation aims to provide meaningful input into the decision-making process, fostering improved understanding of client expectations, agency comprehension of conservation issues, and enhanced stakeholder relationships. Other benefits include increased community support, improved agency credibility, and better-quality decision-making (Coenen, 2009). The central principle of community participation asserts that those affected by a decision possess a right to be involved (Johnston & Clark, 2008). This chapter explores the term "community participation" in depth, presenting various definitions and discussing critical issues such as stages and levels of participation.

The discussion of community participation in architecture gained prominence in the 1960s and intensified in the mid-1970s with housing schemes. However, it is crucial to clarify the meaning of community participation, avoiding misuse. Definitions of "community" and "participation" individually shed light on the term. Community, defined as a group with common interests or shared values, works on principles of unity and strength (Wates, 2009; Hamdi, 2019). The sense of community may evolve during service delivery, even if the community is not initially well-organized (Hamdi, 2017).

The partnership approach suggests collaboration between governments and communities, fostering planning and decision-making together. Community participation serves as both a means and an end in offering material and social benefits. However, challenges include time consumption and government reluctance due to fear of uncontrolled empowerment. Balancing the benefits and limitations of participation is essential for successful community development (Moser, 2015).

In emergency sanitation programs, community participation is crucial as people should have the opportunity to be involved in services affecting their lives, aligning with the principles of basic human rights and democracy.

Assessment of Needs involves expressing viewpoints on desirable enhancements, prioritizing objectives, and negotiating with relevant agencies. During the Planning phase, one formulates objectives, establishes goals, and critiques plans. Mobilization efforts include raising community awareness about needs and either establishing or supporting organizational structures within the community. In the Training phase, individuals participate in formal or informal training activities aimed at improving communication, construction, maintenance, and financial management skills. Collective efficiency encompasses engaging in management activities, contributing directly to construction, operation, and maintenance through labor and materials, as well as providing financial support by contributing cash towards costs or paying for services and membership fees of community organizations. Resource contribution involves actively participating in the appraisal of work done, recognizing areas for improvement, and redefining needs. It is noteworthy that while most emergency sanitation programs are typically designed and executed by relief agencies, this does not imply that the community is incapable or unwilling to participate in some or all of the aforementioned activities (Lachapelle, 2008).

The motivation for individuals to engage in humanitarian programs stems from various factors, with community participation, social and cultural obligations, and the prospect of personal and communal improvement being primary reasons. Genuine community participation fosters a sense of belonging and an understanding of the positive outcomes that can arise from active engagement (Mansuri & Rao, 2012). This participation may be driven by social, religious, or traditional responsibilities that emphasize mutual aid (Putnam, 2018). Additionally, tangible incentives, whether in the form of cash or kind, play a significant role in encouraging participation (Ostrom, 2018).

Incentives can be categorized into different types, such as social, status, and material incentives. Social incentives are intangible rewards derived from socializing and camaraderie, creating an enjoyable atmosphere and fostering strong relationships (Ryan & Deci, 2018). However, not everyone may be motivated by these intrinsic rewards, especially external organizations and individuals with a preference for a more private lifestyle (Deci & Ryan, 1985).

Status incentives, on the other hand, involve intangible rewards like prestige and recognition. Publicly acknowledging the efforts of individuals or entities, whether through awards or press releases, can significantly boost motivation and morale (Frey & Jegen, 2001). While public recognition is valuable, private expressions of gratitude should not be overlooked, as they contribute to sustaining commitment and dedication (Kohn, 1993).

Material incentives encompass tangible rewards with monetary value. While they can enhance short-term performance and address immediate barriers, their effectiveness in promoting long-term volunteerism is limited (Gneezy, Meier & Rey-Biel, 2011). Research suggests that an overreliance on monetary incentives may undermine intrinsic motivation, potentially leading to a decline in the quality and quantity of voluntary work (Deci, Koestner & Ryan, 1999). In community planning, the misuse of material incentives has sometimes led to perceptions of bribery (Mansuri & Rao, 2012), and in international excessive reliance on these incentives can devalue the services offered, discouraging community participation unless well compensated (Ostrom, 2018). Consequently, using material incentives as the primary means to reward volunteerism is unlikely to foster sustained motivation or commitment (Kohn, 1993).

Community planning involves a diverse array of individuals, groups, and organizations, with some participants volunteering willingly, while others may need persistent encouragement. The effective application of the three types of incentives mentioned earlier can sustain the engagement of committed participants and motivate those who require encouragement (Ryan & Deci, 2018).

Incentives do not guarantee solutions for inadequate community participation, but they serve various purposes that can enhance local participation in community planning. Firstly, incentives can inspire individuals and groups to participate actively or remain engaged, particularly through intrinsic motivation (Kohn, 1993). Secondly, incentives can elevate morale by offering words of praise, leading to improved participant satisfaction (Frey & Jegen, 2001). Thirdly, incentives contribute to increased individual or group performance and productivity due to heightened motivation and morale (Gneezy, Meier & Rey-Biel, 2011). Although high participation rates are commendable, the quality of participation, including performance and productivity, remains crucial. Incentives also play a role in overcoming temporary barriers that hinder planning activities, ensuring sustained participation and commitment (Mansuri & Rao, 2012).

Community participation typically involves falling into five main categories: the general public, elected officials, non-elected officials, local government departments, and external organizations. When employing incentives in community planning, it is essential to consider how each type of incentive can impact different individuals and groups within these categories, taking into account factors such as age, sex, culture, profession, and socio-economic status (Kohn, 1993). People are generally willing to participate, and the primary disincentive lies in the attitude and actions of the involved agency. Treating individuals with respect, actively listening to them, and learning from their insights contribute significantly to program success, saving time and resources (Putnam, 2018). Fieldworkers who fail to empathize with the affected community may satisfy their egos but have minimal positive effects (Mansuri & Rao, 2012).

Community participation significantly enhances program effectiveness and efficiency, with the attitude of agency staff playing a crucial role in its success. Disrespectful treatment or favoritism towards certain individuals or groups within a community can detrimentally impact participation, emphasizing the importance of identifying key representatives and groups early on (Ostrom, 2018). Stakeholder analysis is a valuable tool to identify and involve key groups and individuals in a program. This analysis assesses the likely positive or negative impact of the program on different stakeholders, ranking their influence and importance (Frey & Jegen, 2001). While not every member of the affected population may contribute equally, efforts can be made to actively involve key groups and individuals (Putnam, 2018). This tool helps ensure that those affected by the program have a say in its development and collective efficiency (Mansuri & Rao, 2012).

Table. 2.1 Example participation matrix

Type of participation	Inform	Consult	Partnership	Control
Stage in programme				
Rapid assessment and priority setting		Agency staff Community	Authorities Donor NGOs/UNHCR; Authorities	agency
Programme design		Community: focus groups, groups etc.	leaders, women's NGOs/UNHCR; Agency; Authorities; Community	Implementing agency
Collective efficiency	Agency headquarters Donor	Agency staff Community	Agency NGOs/UNHCR Authorities Community	Implementing agency
Resource contribution	Agency headquarters Donor	Authorities Community	UNHCR Agency NGOs/UNHCR Authorities Community	Implementing agency Consultants

Community mobilization

Community mobilization involves encouraging and motivating people to actively participate in program activities. Successful mobilization requires a careful understanding of people's priorities and motivations. A practical approach is to identify community leaders to establish crucial connections between the agency and the community, ensuring representation of all community members (Campbell, 2022).

Motivation is a critical factor in disaster-affected communities where sanitation may not be a top priority compared to immediate needs like food, water, and healthcare. Often, this stems from a lack of awareness of the link between sanitation and health. Promoting hygiene is essential for raising awareness and sensitivity, playing a pivotal role in engaging and mobilizing communities (Tinner, 2021).

Communities are diverse, comprising individuals with varied backgrounds and motivations. What motivates one group may not appeal to others. Public health aspects may drive some to participate,

while others may be motivated by the chance to elevate their societal status. For instance, male Congolese refugees in Zambia became more involved in constructing family latrines upon realizing the safety risks faced by their female family members during open defecation (Phiri, 2001).

In the context of program design, many participation activities occur in group settings. Facilitation in group meetings involves a person without decision-making authority aiding the group's efficiency and effectiveness in planning, implementing, monitoring, and evaluating. This role is challenging but crucial for empowering the community with decision-making power. Professionals may require sex training and capacity building in participatory research and planning techniques to be effective facilitators. Capacity building at the community level is vital for skill development and confidence building, especially for women unfamiliar with contributing to community planning. Skills training and confidence-building efforts can significantly motivate and mobilize different segments of a community.

Participatory Rural Appraisal (PRA) and Rapid Rural Appraisal (RRA) are social research techniques used in resource and time-constrained situations. Trained facilitators are essential for these methods to be effective. RRA is employed by outsiders to quickly gather information about a community, aiming to strengthen the community's analytical and decision-making power. PRA, on the other hand, is used in program design, collective efficiency, monitoring, and evaluation. The community learns to analyze its situation and design and implement program activities, fostering a positive interaction process that may lead to changes in the attitudes and behavior of agency staff (Svendsen et al., 2018). Community mapping is a valuable tool for collecting information by illustrating the location of activities not immediately apparent. It helps understand how the community perceives its situation and identifies opportunities or constraints. The process involves a small group creating a sketch map of their area, providing valuable information despite not being to scale (Svendsen et al., 2018).

In ranking exercises, community members prioritize their overall sanitation-related needs and preferences for different facilities. The facilitator guides the group in considering appropriate facilities, with ideas primarily coming from the participants. This method aids in understanding community priorities, as exemplified in Table 12.3, where sanitation-related needs are ranked in order of importance (Svendsen et al., 2018).

Table 2.2. Example ranking exercise

Priority needs	Rank	Associated facilities/activities	Rank
Preventing diarrhea	4	Communal latrines	1
		Family latrines	3
		Hand washing	2
Clean environment ²		Solid waste pits	2
		Cleaning materials	1
Preventing malaria ³		Wastewater disposal	2
		Bed nets	1
Traditional funerals	1	Morgue	4
		Burial groundCoffins	1
		Concrete grave markers	2
			3
Family facilities	5	Family latrines	4
		Family solid waste	3
		pitsCleaning materials Tools	1
			2

(Ager, Stark and Potts, 2010)

This method offers a quick and straightforward approach to identifying the primary needs perceived by community members. Priorities can vary significantly, and engaging in this process may yield unexpected outcomes. As illustrated in the given example, there is a notable emphasis on funeral rites compared to concerns about diarrhea.

Illustration Methods Visual aids such as diagrams, charts, and cards prove effective in depicting relationships among individuals, resources, or time. Examples encompass activity calendars, resource utilization charts, and traditional leadership trees. For more enduring settlements, charts become invaluable for documenting seasonal patterns related to hygiene behaviors and health, aiding in the identification and prioritization of needs and actions. The use of shading or images can denote relevant months. A specific illustration is presented in the table below.

Table. 2.3 Example seasonal chart for health and hygiene

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Poor health												
Poor access to latrines, pits, etc.												
Poor drainage												
Large amount of waste												
Low availability of water												
Lack of building materials												

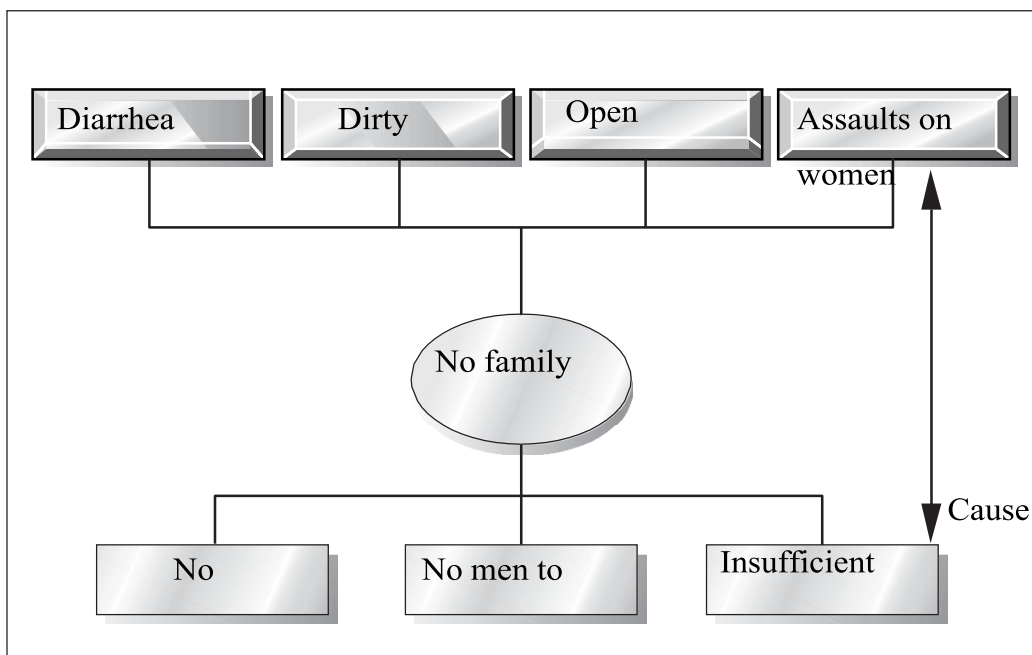
(Ager, Stark and Potts, 2010)

Discussions are a prevalent form of participative activity, occurring in settings such as focus groups (comprising women, community leaders, burial committees, etc.) or broader meetings. The role of the facilitator is to guide and concentrate these discussions.

In the later stages of an emergency, communities may actively engage in problem-tree analysis, an interactive process where community members pinpoint existing issues, establish objectives, and choose appropriate actions. Group meetings involving key stakeholders typically facilitate this process. Prior to selecting specific actions, it is crucial for stakeholders to recognize and prioritize existing problems that require attention or potential issues that might impact program development. This can be accomplished through a ranking exercise, as described earlier. Subsequently, these problems can be developed into objectives for action selection, preferably performed by the community planning team for each pertinent sanitation sector.

To initiate the process, all stakeholders should identify the perceived 'core' problem in the specific sector. Group discussion should then follow to reach a consensus on a singular core problem. Subsequently, the team must identify substantial and direct causes for the core problem, positioning them in a diagram parallel to each other beneath the core issue. Likewise, the substantial and direct effects of the core problem should be identified and placed on the diagram parallel to each other above the core problem. An illustrative example is presented below.

Figure 4. Problem tree analysis example



Causes and consequences can be further elaborated based on the same principle, leading to the creation of a complex network of interconnected causal links and branches.

Community participation in resource contribution

The problem tree generated during the analysis can be converted into a hierarchy of objectives. This involves reformulating all the issues in the tree, including the central problem, and transforming them into objectives.

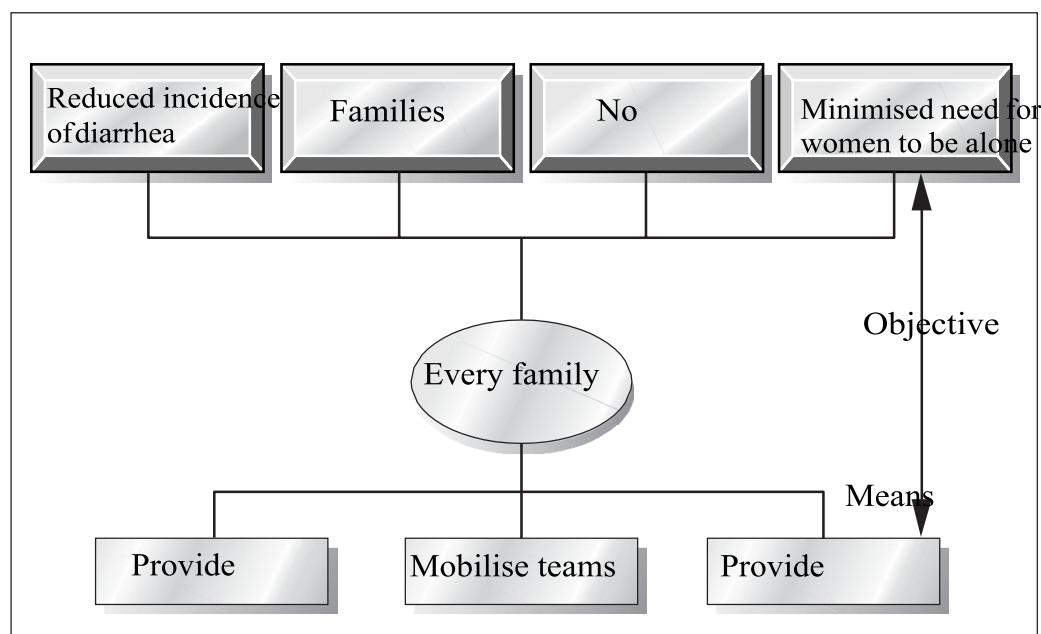
Consequently, an objectives tree is formed, wherein cause-and-effect relationships are transformed into means-and-end relationships.

From the list of objectives, key actions necessary to achieve them must be identified. The facilitator can assist participants in grouping by presenting various options and outlining the significant advantages and limitations of each.

Using the aforementioned example, community members would collectively decide on the specifications for constructing a family latrine, the materials to be utilized, the management of tools and materials, and the assignment of responsibilities for the construction.

Community Participation

Figure 5: Objectives tree analysis example



In most externally-assisted emergency relief programs, community-managed finance is often absent. However, this does not imply that communities cannot play a role in generating and managing finances. It is noteworthy that many emergencies globally receive no external assistance and are entirely locally funded and managed. In externally-assisted programs, the implementing agency typically handles fund procurement and management, with the community having minimal participation or contribution. While this approach may be the only viable option in the immediate stages of an emergency, as programs evolve and become long-term, the participation of communities in financial matters can gradually shift.

Community participation can extend to activities related to finance generation, serving as a crucial starting point for empowering communities, reducing reliance on external support, and promoting sustainability. In numerous emergency situations, affected communities often initiate economic activities such as establishing food markets, hairdressers, or tailor services based on existing skills and community needs.

Decision-making involves the process of selecting the best alternative to achieve objectives. When community members are involved in decision-making processes, decisions tend to be better informed, addressing community concerns more effectively. Community participation in decision-making has several benefits, including meeting regulations, enhancing democratic principles, leading to substantive decisions, fostering better relationships between leaders and the public, and

improving future problem-solving capacity. Community participation in planning and decision-making processes also enhances political credibility and public support.

Collective efficiency refers to the execution or practice of a plan, method, or policy. In current decentralized structures, community participation during the service delivery collective efficiency phase is often minimal. Active community participation in contributes to service delivery success and long-term sustainability. This participation may take various forms, including physical work by volunteers and intellectual contributions in planning and running events.

Monitoring provides ongoing indications of progress, while evaluation is a systematic assessment of a completed task. Engaging stakeholders ensures sustainability. Participatory Resource contribution tools offer benefits such as direct user feedback, active community participation, increased awareness of rights, and improved service quality. Community participation in monitoring government and community programs is crucial for accountability and reducing corruption risks.

2.3 Levels of Service Delivery in local governments

Governments should provide tax-free services such as education, healthcare, water, sanitation, and basic infrastructure to communities, as these are essential for human development and economic growth (Tanzi, 2017; Musgrave, 1959). Decentralized forms of service delivery must prioritize measuring and monitoring outcomes to ensure real gains for the poor (Ostrom, 1990). In education, challenges include funding, governance, and sex disparities, which undermine equity and access (Unterhalter, 2017). Healthcare services are plagued by issues such as corruption, inadequate trained personnel, and poor infrastructure, which lead to inefficiencies and inequitable access (Lewis, 2006). Continuous sensitization is crucial for community clarity and accuracy to prevent diseases and promote hygiene (Montgomery and Elimelech, 2007), while infrastructure improvements are vital for sustaining economic development (Aschauer, 1989).

A positive correlation exists between community participation and service delivery, particularly in primary healthcare services, as supported by the work of Arnstein (1969) and Rifkin (1986). Factors like access to information, effective use of information, and awareness of community rights positively influence community participation in local government services offered (Gaventa, 2021). However, the lack of political participation hinders effective service delivery and transparency (Putnam, 1993). Effective community participation enhances public trust, and the failure of services often results from a lack of accountability to marginalized populations (Mansuri and Rao, 2013). Emphasizing community participation requires a nuanced understanding of

context, social and political factors, and the importance of supporting robust public institutions (Cornwall, 2008). Lessons from experience guide policymakers and civic organizations toward promoting context-specific participatory processes that strengthen the enabling environment (Hickey and Mohan, 2005).

Local governments play a critical role in delivering essential services to their communities, with service quality being a primary focus. Service quality is not only about providing access to schools but also ensuring that educational facilities are adequately equipped with qualified teachers, relevant learning materials, and conducive learning environments. According to Makanyeza et al. (2013), the effectiveness of local governments in delivering educational services significantly impacts community development and empowerment. Local governments, therefore, have a responsibility to collaborate with stakeholders to implement policies that enhance the quality of education at the grassroots level, ensuring that all children have access to effective learning opportunities.

Accessibility of services are another crucial aspect of local government service delivery. Health services at the local level involve providing primary healthcare, disease prevention, and health promotion activities. A study by Maseko (2022) indicates that when local governments invest in health infrastructure, such as clinics and hospitals, and ensure the availability of essential medical supplies, they contribute significantly to the overall well-being of the population. The decentralization of health services allows for better responsiveness to community needs and more efficient resource allocation, leading to improved health outcomes and increased public satisfaction with local governance.

Access to clean water and improved sanitation, along with the development of infrastructure, are fundamental services that local governments must prioritize. These services are essential for public health and the general quality of life in communities. As noted by Kurian and McCarney (2010), local governments are at the forefront of ensuring that communities have access to clean water and effective sanitation systems, which are critical in preventing waterborne diseases. Moreover, the development and maintenance of infrastructure, such as roads, bridges, and public transport systems, are vital for economic growth and social development. Proper investment in these areas leads to better service delivery and a higher standard of living for residents.

Local governments also play a pivotal role in ensuring that educational services are inclusive and cater to all segments of the population, particularly marginalized and vulnerable groups. This includes children with disabilities, those from low-income families, and girls in rural areas who

may face barriers to accessing education. As highlighted by UNESCO (2017), local governments need to implement targeted interventions and allocate resources effectively to bridge educational gaps and promote equity. By doing so, they contribute to the Sustainable Development Goal of ensuring inclusive and equitable service quality for all.

In the realm of healthcare, local governments are increasingly adopting innovative approaches to enhance service delivery. The integration of digital health technologies, such as telemedicine and electronic health records, is transforming the way healthcare is provided at the local level. Research by Scott and Mars (2015) shows that these technologies enable better management of patient information, reduce healthcare delivery costs, and improve access to specialized care, particularly in remote and underserved areas. Additionally, local governments are working to strengthen community health programs that focus on preventive care and health education, which are essential for reducing the burden of communicable and non-communicable diseases.

Infrastructure development, including the construction and maintenance of roads, public buildings, and transportation systems, is a cornerstone of local government service delivery. Efficient infrastructure not only facilitates economic activities but also enhances social interactions and access to essential services. According to Shah and Shah (2006), local governments are best positioned to assess and address the specific infrastructure needs of their communities due to their proximity and understanding of local contexts. Investment in sustainable infrastructure, such as eco-friendly public transport and resilient buildings, is increasingly recognized as critical for long-term development and environmental protection. Moreover, local governments are also responsible for ensuring that infrastructure development is inclusive and benefits all community members, including those in rural or disadvantaged areas.

2.3 The relationship between community participation and service delivery in local government

Community participation in local government refers to the active involvement of citizens in planning, decision-making, implementation, and evaluation of public services and development projects (Rondinelli, 2006). This engagement is seen as a fundamental pillar of democratic governance and is believed to lead to more responsive and sustainable service delivery. Scholars argue that when citizens are directly involved, local governments are more likely to prioritize services that align with actual community needs (Gaventa, 2004). Despite this conceptual appreciation, there is limited empirical evidence linking specific forms of community participation

with improved service outcomes in rural African contexts. This study fills the gap by empirically examining the types and extent of community participation and how they affect service delivery in Ugandan local governments.

Community participation has been recognized as a mechanism for promoting accountability and transparency in local service delivery. According to Fung and Wright (2003), participatory governance models increase public scrutiny of local officials, thereby reducing corruption and misallocation of resources. Similarly, Olowu (2003) suggests that participatory mechanisms such as community meetings and citizen report cards improve transparency. However, much of the literature focuses on urban settings or relies on theoretical frameworks without robust data. This study addresses the gap by investigating how participatory practices influence accountability and service outcomes in the rural context of Ugandan local governments.

Empirical studies suggest a strong link between citizen engagement and the quality of services such as education, health, and water supply. Mansuri and Rao (2013) argue that communities that are involved in planning and monitoring projects experience better outcomes due to local ownership and oversight. Similarly, Narayan (2002) highlights that participation ensures services are demand-driven, enhancing their relevance and quality. Yet, there is insufficient focus on how different demographic groups—such as women, youth, and the elderly—experience participation and its outcomes differently. This study bridges this gap by analyzing the inclusivity of community participation and its implications for equitable service delivery in local government.

Effective community participation often relies on institutional frameworks such as participatory budgeting, village councils, and local committees. These structures facilitate dialogue between citizens and authorities (Blair, 2000). However, studies by Devas and Grant (2003) reveal that institutional mechanisms are often weak or manipulated by elites, limiting genuine participation. Despite these concerns, there is limited empirical inquiry into how institutional design affects the functionality of participation. This study addresses this gap by assessing the strength and operation of participation structures in Ugandan local governments and their impact on service delivery.

Numerous challenges undermine effective community involvement, including limited capacity, political interference, and lack of awareness (Nabatchi & Leighninger, 2015). In many contexts, citizens lack the skills, knowledge, or resources to engage meaningfully in local governance. Additionally, power dynamics often exclude marginalized groups from participating. Although

these barriers are well documented, few studies have explored practical strategies that have succeeded in overcoming them in similar local government settings. This study contributes by exploring contextual enablers of effective community participation that can be replicated or scaled within Ugandan districts.

Participation is often assumed to enhance not only service quality but also efficiency by reducing wastage and improving resource targeting (World Bank, 2004). Participatory processes allow for better alignment between community needs and government interventions, thus enhancing allocative efficiency. Nonetheless, empirical results are mixed, and in some cases, participation has been found to slow down decision-making or cause implementation delays (Cooke & Kothari, 2001). The literature lacks clarity on the conditions under which participation improves efficiency. This study addresses the gap by examining whether and how community participation contributes to efficient service delivery in Ugandan local governments.

Political leadership plays a critical role in facilitating or hindering community participation. Studies by Cornwall and Coelho (2007) emphasize that supportive political environments promote inclusive and meaningful participation, whereas politically hostile contexts lead to tokenism. However, few studies systematically analyze the interplay between political will and citizen engagement at the local level. This research addresses the gap by exploring how local political dynamics affect the implementation and outcomes of participatory processes in service delivery.

Uganda's decentralization policy was intended to bring governance closer to the people and enhance participation (Francis & James, 2003). While several studies acknowledge improvements in access to services, concerns remain about the effectiveness and inclusiveness of participation. Additionally, most existing literature is outdated or overly descriptive, lacking critical analysis of current participatory practices. This study addresses this gap by providing a current and evidence-based assessment of the relationship between community participation and service delivery within Uganda's decentralized local government system.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the components of the research, including the research design, study population, sample size and selection, data collection methods, instruments for data collection, quality control measures (Validity and Reliability), data collection procedures, data analysis, and variable measurement.

3.1 Research Design

For this study, a case study research design was employed, as described by Yin (1984). The case study design is recognized as a research strategy that focuses on comprehending the dynamics within a singular setting. Yin (1984) suggests that case studies often utilize a combination of data collection methods such as interviews, questionnaires, and observations. The evidence derived from these methods may take the form of qualitative, quantitative, or a blend of both.

This study adopted both quantitative and qualitative approaches. The quantitative approach was applied to quantify and analyze the data obtained from the study sample, while the qualitative approach was employed to gather in-depth information through interviews and focus group discussions.

3.2 Study Population

The study population included Municipality Mayor, Division chairpersons, Commercial officers, Community development officers, Municipal councilors and ward councilors, Town agents, Chairpersons LC I. Household heads on community participation and service delivery in local governments included respondents from various categories to gather diverse perspectives and insights. Municipality Mayor was included because they is the chief executive personnel responsible for overall governance and service provision in their respective areas. Division chairpersons were selected as they oversee administrative divisions within the municipality and play a crucial role in implementing policies and programs. Commercial officers were included due to their involvement in managing economic activities and revenue generation within the municipality. Community development officers were chosen for their expertise in grassroots development and engagement with local communities. Municipal councilors and ward councilors were included because they represent the interests of their constituents and contribute to decision-making processes at the local level. Town agents were involved as they handle administrative functions and liaise between the municipality and the community. Chairpersons LC I were selected

because they lead the lowest administrative units and have direct contact with households. Finally, household heads were included to provide insights into the perspectives and experiences of ordinary community who directly benefit from or are affected by local government services and initiatives.

3.3 Sampling Size Determination

The sample size was determined using Yaro Yamane's Statistical formula which gives a better representative sample size out of a big population size as compared to other methods (Yamane, 1969). Out of the 2960 households in Rukungiri municipality, 352 households was selected. (Rukungiri Municipality Statistical Abstract 2021).

$$n = N / (1 + N(e^2))$$

Where;

n = required sample size,

N = population size,

e = Margin of error

$$n = 2960 / (1 + 2960 \times 0.05^2)$$

= 352 respondents.

Table 3.1 Sample size

Category	Sample size	Sampling technique
Mayor	1	Purposive
Division chairpersons	3	Purposive
Commercial officers	3	Purposive
Community development officers	2	Purposive
Municipal councilors	24	Simple random
Ward councilors	12	Simple random
Town agents	24	Simple random
Chairperson LC I	29	Simple random
Household heads (Community members)	254	Simple random
Total	352	

3.4 Sampling Techniques

The study employed two sampling methods namely purposive sampling and simple random sampling.

3.4.1 Purposive sampling

Purposive sampling technique was used to obtain the Mayor, Division chairpersons, Commercial officers and Community development officers since it allows and ensures representation and capturing diverse perspectives.

3.4.2 Simple random sampling

Simple random sampling was used to obtain the Municipal councilors, Ward councilors, Town agents, Chairperson LC I and Household heads since it allows for capturing a broad spectrum of community perspectives and needs.

3.5 Data Collection Method

Primary data was collected through both interviews and questionnaires.

3.5.1 Questionnaire Method

The questionnaire method involves presenting a series of questions to individuals to gather statistically significant information on a specific topic. This method utilizes a set of questions designed to elicit responses from respondents through surveys or statistical studies. The researcher included close-ended questions in the questionnaire for Municipal Councilors, Ward Councilors, Town Agents and Household Heads. Questionnaires offer advantages such as the ability to reach a large sample size and ease of administration. They also minimize personal bias and intrusion, as respondents can complete them at their convenience. (Salganik & Levy, 2021; Wiersma, 1986).

3.5.2 Interviewing Method

The interviewing method involves asking questions to collect data from participants. It typically involves two or more individuals, with one person acting as the interviewer who poses the questions. In this study, face-to-face interviews was conducted with the Municipality Mayor, Division Chairpersons, Commercial Officers, and Community Development Officers and Chairperson LC I during the data collection process (Savin-Baden & Major, 2013).

3.6 Research Instruments

3.6.1 Self-Administered Questionnaire

A predetermined set of questions was designed for Municipal Councilors, Ward Councilors, Town Agents and Household Heads to fill out themselves. This method ensured minimal errors and high confidentiality, utilizing a five-point Likert scale for flexibility.

3.6.2 Interview Guide

An interview guide containing well-planned questions was used for interviews with the Municipality Mayor, Division Chairpersons, Commercial Officers, and Community Development Officers and Chairperson LC I. This approach aimed to uncover detailed information beyond what questionnaires could capture.

3.7 Data Source

3.7.1 Primary Data

Primary data from household heads in Rukungiri municipality communities was collected using questionnaires.

3.7.2 Secondary Data

Secondary data was gathered through literature review from textbooks, internet sources, reports, magazines, and journals.

3.8 Procedure of Data Collection

After obtaining an introductory letter from the university, the researcher introduced herself to the Rukungiri district mayor who provided an acceptance letter introducing the researcher to other respondents. The purpose of the research was explained, ensuring respondents that their identity and views would remain confidential. Data collection occurred during morning and evening hours, before and after respondents' work hours.

3.9 Data Quality Control

3.9.1 Reliability of the Instruments

To assess reliability, the researcher used the Statistical Package for Social Scientists (SPSS, version 20) program. Cronbach's Alpha Coefficient was employed, with a threshold of 0.7. The test-retest reliability method was employed to assess the consistency of scores generated by the instrument. Nineteen volunteers, specifically household heads in Rukungiri Municipality, were administered the questionnaires for this purpose. Subsequently, the outcomes from the pre-test were

utilized to refine the items within the instruments, as suggested by Amin (2021). To ensure reliability, the instruments were subjected to discussion with supervisors and academic experts well-versed in the relevant field.

3.9.2 Validity

Concerning the validity of the instruments, the researcher initiated contact with three experts to evaluate the inclusion of items in the questionnaire based on the relevant scales, the determination of questionnaire validity was facilitated through the expert judgment method. To establish the Content Validity Index, the researcher employed the following formula:

(C.V.):

$$C.V. I = n/N$$

Where: C.V.I = content validity of index, n = number of items indicated relevant and N = total number of items in the questionnaire.

3.10 Data Collection Procedure

After securing approval from the Research and Ethics Committee of Bishop Stuart University, the researcher, used the REC clearance letter to obtain an introductory letter from the Chairperson of the Graduate School, was used to facilitate an acceptance letter from the Mayor of Rukungiri Municipality. With this authorization, the researcher was introduced to the respondents and coordinated with the sampled participants to agree on convenient time schedules. Individual consultations were then conducted at the participants' respective locations, during which permission was formally sought and suitable meeting times confirmed.

3.11 Data Analysis

The analysis of the data collected for this study involved both qualitative and quantitative approaches, tailored to the nature of the data obtained from interviews and questionnaires respectively.

23.11.1 Qualitative Data Analysis

Qualitative data gathered through interviews were first subjected to a thorough editing process. This involved carefully reviewing the transcripts to identify and correct any errors or inconsistencies introduced during the responses, ensuring accuracy and clarity. After editing, the data were systematically coded. Coding entailed categorizing the raw responses by assigning labels or codes to recurring themes, concepts, or ideas. This process allowed for the organization and reduction of large volumes of qualitative data into meaningful and manageable categories. These

categories facilitated the identification of patterns, relationships, and key insights relevant to the research objectives. The coding process helped to transform raw narrative data into a structured format, making it easier to interpret and draw conclusions aligned with the study's aims.

3.11.2 Quantitative Data Analysis

Quantitative data obtained from the questionnaires were first cleaned and sorted to ensure completeness and consistency. The cleaned data were then entered into IBM SPSS Statistics software, version 28, for statistical analysis. Descriptive statistics were computed to summarize the basic features of the data, including frequencies, means, and standard deviations.

To examine the relationships between the study variables, inferential statistics were applied. Specifically, the Pearson product-moment correlation coefficient was used to measure the strength and direction of linear relationships between pairs of continuous variables. Furthermore, simple linear regression analysis was conducted to determine the predictive influence of one variable on another. Hypothesis testing was also performed within SPSS 28 to assess the statistical significance of the observed relationships. This involved comparing p-values against predetermined significance levels to accept or reject the research hypotheses.

The use of these visual tools helped to highlight key findings and trends identified in the data, supporting the overall analysis and discussion of the study (Mugenda, 2022).

3.12 Ethical Considerations

This study conformed to the standards of conducting research as required by the Research Ethics Committee (REC) of Bishop Stuart University.

The participation of respondents was voluntary. All respondents were required to sign an informed consent form to show that their participation is voluntary and have not been forced into participating in this study.

The respondents accepted to participate in this study, and the researcher did not harm the participants. This study ensured that respondents were not asked to reveal information that would embarrass them or endanger their home life, friendships or jobs.

This study also ensured that the identity of respondents that took part in the study remained confidential and anonymous in order to protect them from being easily identified.

3.13 COVID-19 Risk Management Plan

The researcher established and disseminate clear health and safety protocols for all research activities, covering physical distancing, mask usage, hand hygiene, and equipment and space sanitization.

The researcher ensured compliance with local and national COVID-19 regulations and guidelines by staying informed and aligning research activities accordingly.

Transparent communication with research participants and the community was maintained regarding COVID-19 safety measures and any modifications to the research plan necessitated by the pandemic.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents findings from the study about community participation and service delivery: The specific objectives of the study were; to examine ways of community participation in Rukungiri municipality, to assess the level of service delivery in local government of Rukungiri Municipality in Rukungiri municipality and to establish the relationship between community participation and service delivery in Rukungiri municipality.

4.1 Response rate

A self-administered questionnaire was administered to 323 household heads and Interviews were conducted among 29 local leaders. The results from the self-administered questionnaire were analyzed and presented in form of tables and were triangulated with findings from interviews as shown below.

4.2 Demographic Characteristics of Respondents

The study put into account sex, the highest level of education, age and occupation which were considered relevant to this study.

Table 4.1: Demographic Characteristics of Respondents

Sex Distribution of the Respondents

Sex	Frequency	Percent
Male	243	69
Female	109	31
Total	352	100

Distribution of the Highest Level of education of the respondents.

Level of education	Frequency	Percent
Primary	81	23.0
Secondary	127	36.0
Diploma	59	17.0
Degree	74	21.0
Post Graduate	11	3.0
Total	352	100

Distribution of the main type of employment of the respondents.

Type of employment	Frequency	Percent
Formal employment	144	41.0
Informal employment	53	15.0
Business	49	14.0
Farmers	106	30.0
Total	352	100

Distribution of Age of the Respondents

Age	Frequency	Percent
19-29 years	30	8.5
30-39 years	122	34.7
40-49 years	111	31.5
50 years and above	89	25.3
Total	352	100

Source: Primary data. 2024

Findings from Table 4.1 revealed that the males were (69.0%) and females were 31.0%). This implies that the majority of the household heads in Rukungiri Municipality were males. This could be because Uganda is patrilineal and most of the household heads are males (Lastorria- Combiel, 1997).

Findings distribution of the highest level of education of the respondents in Rukungiri Municipality in Table 4.1 indicated that 23.0% completed primary education. 36.0% had completed secondary education, 21.0% had completed a degree and 3.0% were in post-graduate studies. This implies that the majority 36% had completed only secondary education. This could be because of the Introduction of free secondary education in Uganda which has improved literacy levels (Chapman, Burton, & Wemer, 2010).

Findings from Table 4.1 revealed that 41.0% of the respondents were in formal employment. 15.0% were informal employment, and 14.0% were in business while 30.0% were in farming. This indicates that the majority 56.0% were employed both formally and informally. This could be because employment levels in Uganda have improved especially in urban areas (Smith, et al, 2001).

Findings from Table 4.1 revealed that the majority (34.7%) of the household heads in Rukungiri Municipality were between 30 and 39 years of age and 91.5% were above 30 years of age and only 8.5% were below 30 years. This could be because most people in Uganda rarely marry below the age of 30 years because of poverty and unemployment among the youth (Atim, 2022).

4.3 To examine ways of community participation in Rukungiri municipality.

The first objective was to examine ways of community participation in Rukungiri municipality as stated in chapter one of this report. The researcher provided fourteen (14) statements concerning the level of community participation for which the respondents were supposed to indicate their level of agreement. The following symbols were used; Strongly Disagree (SD)-1), Disagree (D-2), Neutral (N-3), Agree (A4), Strongly Agree (SA-5), Frequency and % Percentage. The findings were presented in tables as follows:

Table 4.2: Responses on ways of community participation in Leadership and decision making

Leadership and decision making		SD	D	N	A	SA	Mean
We sometimes see government implemented without programmes being out awareness	F	15	118	15	132	43	3.20
	%	4.3	36.4	4.5	40.9	13.6	
We have representatives on most government committees who represent our views	F	29	44	88	118	43	3.19
	%	9.1	13.6	27.3	36.4	13.6	
Policy makers always consider our decisions and suggestions ahead of theirs	F	73	44	59	73	73	2.41
	%	22.7	13.6	18.2	22.7	22.7	
We are always aware of programmes that are conducted in our village	F	59	102	58	73	29	2.31
	%	18.3	21.8	18.1	22.7	9.1	
Most of the services given to as are based on our needs	F	118	29	73	73	29	2.29
	%	36.4	9.1	22.7	22.7	9.1	

Source: Primary data, 2024

Findings from the study as shown in Table 4.2 revealed that the majority (54.5%) of the household heads in Rukungiri Municipality agreed that government programmes are sometimes implemented without their awareness while 40.9% disagreed and the mean was 3.20. This implies that community in Rukungiri Municipality are not always made aware of the collective efficiency of most government programmes. This finding is consistent with three local leaders who said "We

only get to know when they are calling us to receive the services” and with five others who said that *“information is always known by top government officials and for us we know when they are going to compensate some people.”* This finding is consistent with Hwang and Yoon who assert that if community groups and organizations involve community members, decisions are better informed as solutions more strongly address community concerns (Hwang & Yoon, 2012).

The study also sought to establish whether community of Rukungiri Municipality have representative government committees to represent their views, and it was revealed that the majority (50.0%) was red while 22.7% disagreed with the mean being 3.19. This means that community in Rukungiri Municipality have representatives on most government committees to represent our views. This finding is in agreement with 18 of the local leaders who said we have community representatives on most committees although 8 of them said that *“though we have community representatives, of them are corrupt and present their views.* This finding is in agreement with Lynn & Busenberg who contends that if community are involved on planning committees, political credibility increases and hence increases public support (Eym & Busenberg, 1995).

Household heads in Rukungiri Municipality were also asked whether policymakers always consider community' decisions and suggestions ahead of theirs and 45.4% agreed while 363% disagreed and the mean was 24182. Eight local leaders said in an interview revealed the *“w”* of the policymakers are corrupt and make most of the policies for their selfish interest” This means that policy makers in Rukungiri Municipality do not consider community' decisions and suggestions ahead of their own. If policymakers become self-centered in decision-making, the economic growth of their communities is hampered and community lose trust in them (Stone, 1997).

Study landings also revealed that community in Rukungiri Municipality are not always consulted before any programme is conducted in their village since the majority (50, 36) disagreed and only 31.8% agreed and the mean was 2.3182. This finding is in line with the statement made by 10 of the local leaders that *“most of our leaders rarely come back to us for our problems, especially after elections”* A well-designed community participation and consultation strategy can help to: Incorporate local data into the planning process (The Con-Planning-Suite, 2022).

Concerning whether most of the services given to community of Rukungiri Municipality are based on their needs, 31 8% agreed while 45.59%, disagreed and the mean was 2.2909. This means that

most of the services given to people in Rukungiri municipality are not based on their needs. However, three of the local leaders said that "the services would be based on one need only that they are offered to a few corrupt officials and some of the agricultural products are brought out of the season." This finding is in agreement with the past findings of Shackleton and others, who found that a plan made on community needs assessment is very likely to be successful compared to that which is politically motivated (Shackleton et al. 2016).

Table 4.3: Responses on Community Participation in Collective efficiency

Collective efficiency		SD	D	N	A	SA	Mean
Most of the government activities such as road construction are done by foreigners.	F	62	15	57	16	26	3.28
	%	19.3	4.5	17.6	50.5	8.0	
We sometimes do voluntary community work, especially in hospitals roads and schools	F	44	88	29	118	44	2.71
	%	13.6	27.3	9.1	36.4	13.6	
We have laws in place that require a community member to be part of every government programme to be implemented in this village	F	44	49	59	162	0	2.69
	%	13.6	15.2	18.2	50.0	0.0	
We always participate in the execution of the government programmes.	F	59	59	73	103	29	2.51
	%	18.2	18.2	22.7	31.8	9.12	

Source: Primary data. 2024

Findings from the study as shown in Table 4.3 revealed that most of the government activities in Rukungiri municipality such as road construction are done by foreigners since the majority (58.5%) agreed while only 23.8% disagreed and the mean was 1.28. This finding is consistent with the statement made by ten of the local leaders who said that "we normally see Chinese, whites and Ugandans from other regions in road construction while it should be our own people who are given only flags to signal" while others said "WEALTH CREATION was using our children but in the token by Ugandan soldiers." However, Salafsky and Margolis assert that service delivery becomes more successful if both community and foreigners are involved in its collective efficiency (Salefsity & Margolis, 2018).

Study participants were asked whether they sometimes do voluntary community work, especially in hospitals, roads and schools and the majority (50.0%) agreed while 40.9% disagreed with a mean of 2.7182. This implies that community of Rukungiri municipality sometimes participate in voluntary community work. This is in line with thirteen of the local leaders who said that "we

normally engage our village-mates in community activities like rehabilitating local feeder and access roads and water shallow wells” Potvin and others contend that if community volunteer, they are not paid for their work, but help out to improve the places where they live (Potvin et al., 2003).

The study also sought to establish whether there are laws in place that require a community member to be part of every government programme to be implemented in that village the majority (50.0%) agreed while 28.8% disagreed and the mean was 2.69. This means that there are laws in Rukungiri Municipality which require a community member to be part of every government programmes to be implemented in every village although the 14 LC1 chairmen said *“I am not sure whether there are such laws in place.”* Community who are actively involved in service delivery have a sense of "ownership" and are more likely to provide future support and take care of the result of service delivery (Potvin et al., 2003).

Household heads in Rukungiri Municipality were asked whether they always participate in the execution of the government programmes 40.9% agreed while 36.4% disagreed and the mean was 2.5182. Since those who agreed were more than those who disagreed though they were less than 50%, then it implies that community in Rukungiri Municipality sometimes participate in government programmes though not always Direct involvement suggests that community are the owners of the government and should be involved in the decisions of the State (Yang & Callalian, 2005).

Table 4.4: Responses on quality of Resource contribution

Resource contribution		SD	D	N	A	SA	Mean
We have means and platforms for reporting	F	44	38	65	131	46	3.17
ineffective and corrupt officials.	%	13.6	11.7	20.1	40.5	14.1	
We always ensure that the tasks given to us by the	F	73	54	34	147	15	3.02
government are properly maintained.	%	22.7	16.6	10.6	45.5	4.5	
We always ensure the sustainability of tasks given to	F	80	44	39	118	42	2.45
us in our village.	%	24.7	13.6	12.2	36.4	13.1	
We are always engaged in ensuring the successful	F	59	47	70	118	29	2.36
collective efficiency of government programmes.	%	18.2	14.5	21.8	36.4	9.1	
We have the right to monitor and evaluate the	F	88	34	83	67	50	2.25
quality of public services and hold the government	%	27.3	10.5	25.8	20.7	15.6	
and service providers accountable.							

Source: Primary data, 2024

Findings from Table 4.4 revealed that community of Rukungiri Municipality have means and platforms for reporting ineffective and corrupt officials since the majority (54.6%) agreed while only 24.3% disagreed and the mean was 3.1716. This is in agreement with the statement made by four of the local leaders who said that "we inform the RDC or IGG officials" while the other six said "we write letters to the media much as radios to expose them This finding is in agreement with Ochieng who asserts that the accountability component of community participation in monitoring government and community programmes is very paramount and if it lacks, then corruption risks increase (Ochieng, 2013).

It was also revealed that community of Rukungiri Municipality always ensure that the tasks given to them by the government are properly delivered. This is evidenced by the majority (51.0%) of the respondents who agreed while only 39.3% with the mean being 3.0234. In an interview with local leaders, it was revealed by most of the local leaders that there is an increased sense of responsibility by community towards community-owned facilities. This finding is in agreement with Cuthill's contends that community participation and community involvement increase service delivery (Cuthill, 2016).

Concerning whether community of Rukungiri Municipality ensure the services provided to them in their villages, 49.5% agreed while 38.1% disagreed and the mean was 2,4545. This implies that community of Rukungiri Municipality ensure services given to them in their village since those who agreed were more than those who disagreed. This finding is in agreement with the statement made by seven of the local leaders that we like programmes that last longer and we also try what we can to make them last longer Roseland asserts that proper service delivery minimizes government or community frequent expenditure (Roseland, 2012).

The study also revealed that community of Rukungiri Municipality are not always engaged in ensuring the successful collective efficiency of government programmes since only 45.5% agreed and eight local leaders in an interview said "Most of the people who offer government services are foreigners" This finding is consistent with the US-Commercial-Service-Report which revealed that more than 60% of the multi-million construction companies in Uganda are owned by foreign countries especially in construction (US-Commercial Service-Report, 2016).

Household heads in Rukungiri Municipality were also assisted by their leaders on whether they have rights to monitor and evaluate the quality of public services and hold the government and

service providers accountable, 36.3% agreed while 378% disagreed and the mean was 2.2544. Since those who disagreed are more than those who agreed, it implies that community in Rukungiri Municipality have no right of monitoring and evaluate the quality of public services and hold the government and service providers accountable. This Ending is in line with Ranson who found out that the responsibility of monitoring government programmes in sub-Saharan African countries are mainly with appointed government officials or contractors and not community (Ranson, 2003).

Table 4.5: Component/factor analysis of the level of Community Participation

The responses ranged from strongly disagree (Minimum-100) up to strongly agree (maximum-5.00).

Factor analysis	N	Minimum	Maximum	Mean	Std. Deviation
Leadership and decision making	323	1.00	5.00	2.6855	1.35634
Collective efficiency	323	1.00	5.00	2.8023	1.36655
Resource contribution	323	1.00	5.00	2.6530	1.39262
Level of community participation	323	1.00	5.00	2.7136	1.51169
Valid N (list wise)	323				

Source: Primary data, 2024

Study findings from Table 4.5 revealed that planning and decision-making had a mean score of 2.6855 and the deviation from the mean was 1.35634, Since the mean was greater than 2.5000 and the standard deviation was less than 2.5000, then it implies that the level of community participation in Leadership and decision making by people in Rukungiri Municipality is slightly above average and is described as medium.

Results from the study in Table 4.5 also revealed that community participation in service delivery in Rukungiri Municipality had a mean score of 2.8023 and the deviation from the mean was 1.36655. Since the mean was greater than 25000 and the standard deviation was less than 2:5000, then it implies that community participation in service delivery had collective efficiency, in Rukungiri Municipality, is also slightly above average.

It was also revealed from the study that community participation in resource contribution had a mean score of 2.6530 and the deviation from the mean was 1.39262. Since the mean was greater than 2.5000 and the standard deviation was less than 2.5000, then it implies that community participation in resource contribution in Rukungiri Municipality is also slightly above average.

It was also revealed that the overall level of community participation in Rukungiri Municipality was average since the mean was 2.7136 which is just slightly greater than 2.5000 and the deviation from the mean was 1.51169 and also less than 2.5000.

4.4 Assessing the level of service delivery in local government of Rukungiri Municipality in Rukungiri Municipality

The second objective was to assess the level of service delivery in local government of Rukungiri Municipality in Rukungiri Municipality as stated in chapter one of this report. The researcher provided sixteen (16) statements concerning Quality of Service delivery for which the respondents were supposed to indicate their level of agreement with. The following symbols were used strongly Disagree (SD =1), Disagree (D=2), Neutral (N=3), Agree (A=4), Strongly Agree (SA=5), - Frequency and Percentage. The findings were presented in form of tables as follows:

Table 4.6: Responses on service quality

Service quality		SD	D	N	A	SA	Mean
We have enough schools and institutions in our village.	F	12	91	46	21	153	3.18
	%	3.8	28.2	14.1	6.4	47.4	
Our institutions and schools have enough and well qualified staff.	F	32	104	25	29	132	3.04
	%	10.3	32.1	7.7	9.0	41.0	
Most of the public services in our village are affordable or free.	F	21	112	46	46	99	2.69
	%	6.4	34.6	14.1	14.1	30.8	
The institutions and schools in our village have adequate physical infrastructure and other scholastic materials such as classroom blocks.	F	37	120	33	37	95	2.61
	%	11.5	37.2	10.3	11.5	29.5	
Our children who study from schools in this village normally pass in good grades.	F	34	81	60	60	15	2.40
	%	10.6	25.2	18.7	41.0	4.5	

Source: Primary data, 2022

Findings from table 4.6 revealed community in Rukungiri Municipality have enough schools and institutions since the majority (53.8%) of the house hold heads agreed and only 32.0% disagreed and the mean was 3.1897. This finding is in agreement with the statement made by 17 of the local leaders that “*lack of enough schools and institutions in Rukungiri Municipality is not our big problems*”. This finding is consistent with the report of the ministry of education report, there is at least a school in every parish of Uganda (Ministry of education, 2016).

Study participants were also asked whether their institutions and schools have enough and well qualified staff and the majority (50.0%) agreed while 42.4% disagreed and the mean was 3.0462. This implies that institutions and schools in Rukungiri Municipality have enough and well qualified staff. This is in line with the statement made by six local leaders that “*qualified teachers are there in our schools though poorly paid.*” This finding is in agreement with Rukungiri District Statistical abstract which revealed that the teacher pupil ratio is 1:45, the recommended ratio (Rukungiri-District-Statistical-abstract, 2021/16).

“*Most of the service quality in our village are affordable or free*” was another question asked to respondents and 44.9% agreed while 41.0% disagreed and the mean was 2.6925. This means that people in Rukungiri Municipality can afford education though not easily since those who agreed were more than those who disagreed. Nine local leaders said

most people around can afford to educate their children in primary and secondary schools with difficulty but university education is a big problem.

This is attributed to the introduction of Universal primary and secondary education in Uganda (Nishimura, Yamano, & Sasaoka, 2008).

Finding from the study also revealed that the institutions and schools in Rukungiri Municipality do not have adequate physical infrastructure and other scholastic materials such as classroom blocks since 41.0% agreed while 48.7% disagreed and the mean was 2.6154. In an interview with local leaders, they were quoted saying “some schools have enough pit latrines, water classroom blocks. This finding is in line with the past studies of Aguti who asserts revealed that most schools in Uganda lack adequate physical infrastructure and other scholastic materials, classroom blocks, water and sanitation, power supply and enough sports facilities such as play grounds, balls and sports ware (Aguti, 2016).

Table 4.7: Responses on Accessibility of services

Accessibility of services		SD	D	N	A	SA	Mean
Most of the drugs which are supposed to be free are stolen or sold to us.	F	25	99	21	51	124	3.23
	%	7.7	30.6	6.4	15.8	38.5	
We have enough health centers and hospitals in our village.	F	41	83	33	41	137	3.13
	%	12.7	25.8	10.3	12.8	42.3	
Our hospitals and health centers have enough staff who are always present.	F	25	112	21	29	124	2.93
	%	7.7	34.6	6.4	9.0	38.5	
Most of the health services in our village are affordable or free.	F	66	58	50	37	118	2.53
	%	20.5	17.9	15.4	11.5	34.6	
We always get good quality drugs and medication in our health centers and hospitals	F	22	102	58	66	15	2.35
	%	6.8	31.6	17.9	20.3	23.3	

Source: Primary data, 2024

According to findings from table 4.7, the majority (54.3%) of the people in Rukungiri Municipality agreed that most of the drugs which are supposed to be free are stolen or sold to them while only 38.2% disagreed. This finding is in line with thirteen of the local leaders who said “*one clinics sell drugs written on not for sale especially anti-malaria drugs*”. This finding is in agreement with Kiguli and others who sighted shortage of essential drugs and corruption of health workers among the factors that were mentioned as affecting the quality of services (Kiguli et al., 2009).

Study participants were asked whether they have enough health centers and hospitals in their village and the majority (55.1%) agreed while 38.5% disagreed and the mean was 3.13. This implies that people in Rukungiri municipality have enough health centers and hospitals in their village. Most of the local leaders said “*health centers are enough but without even essential drugs*”. This finding is in disagreement with Rukungiri District Statistical abstract which revealed that the district for both rural and urban population is provided by two private hospitals, Tamely Nyakibale and Kisizi (Rukungiri District-Statistical-abstract, 2021/16).

Concerning whether hospitals and health centers in Rukungiri Municipality have enough staff that are always present, 47.3% agreed while 41.09% disagreed and the mean was 2.93. This leaves it unclear as to whether hospitals and health centers in Rukungiri Municipality have enough staff that is always present although 12 of the local feeders said “*most health centers are headed by*

nursing officers who even at times absent". This finding is in agreement with Rukungiri District Statistical abstract which revealed the doctor to population ratio is about 26372 hence posing a big problem to health care delivery (Rukungiri-District-Statistical abstract, 2021/16).

As to whether most of the health services in Rukungiri Municipality are affordable or free, the 43.6% agreed while 23.2% disagreed and the mean was 2.53. Since those who agreed are more than those who disagreed, it indicates that health services in Rukungiri Municipality are affordable and some are free but not very affordable since those who agreed were less than 50% and a similar statement was made by five local leaders that *"it is private clinics which are very expensive but government health centers offer free services although we are always requested to buy medicine for ourselves"* This result is consistent with who asserts that medical services in Uganda are free only in public hospitals and medical research organizations especially about (Nakigori et al., 2011).

Findings from the study revealed that 43.6% of the community in Rukungiri Municipality agreed that they always get good quality drugs and medication in their health centers and hospitals while 38.4% disagreed mean was 2.35. Eight of the local leaders said *"The most common drugs in our government health centers are Panadol and co-artem for malaria and private hospitals give better medical care"*. This finding is in agreement with those of Lewis why that contends in Africa, bribes are given to gain approval for drug registration or to pass drug-quality inspections are resulting in fake drugs *"legitimately entering markets"* (Lewis, 2006).

Table 4.8: Responses on Quality of Community clarity and accuracy

Community clarity and accuracy		SD	D	N	A	SA	Mean
We access adequate clean and safe water sources in our village.	F	21	87	62	46	108	2.66
	%	6.4	26.9	19.2	14.1	33.3	
We are always sensitized on proper hygiene practices and how to keep our households clean.	F	87	83	54	70	29	2.39
	%	26.9	25.6	16.7	21.8	9.0	
We sometimes receive health inspectors in our village who enforce proper sanitation practices.	F	57	50	62	78	75	2.22
	%	17.7	15.6	19.2	24.1	23.3	

Source: Primary data, 2024

Findings from table 4.8 revealed that 47.4% agreed that community of Rukungiri Municipality access adequate clean and safe water sources and 33.3% disagreed with the mean being 2.66. In an interview with LC1 chairmen, ten of them said *"most people around access piped water in their*

homes although it frequently goes off and we lock clean water sources during the dry season". This implies that community of Rukungiri Municipality access safe water seasonally and don't have many alternatives. This finding is not consistent with Ministry of Water and Environment which revealed that access to safe drinking water in the urban water currently stands at 71% (Ministry-of-Water and-Environment, 2016).

The study also found out whether community of Rukungiri Municipality are always sensitized on proper hygiene practices and how to keep their households clean and 18.7% agreed while only 34.6% disagreed and the mean being 2.39. In an interview with local leaders, they said that *"health workers no longer move in villages to sensitize people about good hygiene practices hit rather people learn about hygiene in schools and radio talk shows"*. This means people in Rukungiri Municipality are always sensitized on proper hygiene practices and how to keep their households clean though not directly. This finding is in agreement with Ministry of Water and Environment which suggested that communities need however to be sensitized on hygienic practices in order to maintain a safe water chain from the source up to storage at the household level (Ministry-of Water-and-Environment, 2016).

Concerning whether community in Rukungiri Municipality sometimes receive health inspectors in their village who enforce proper sanitation practices, findings revealed that majority (52.5%) disagreed while 30.8% disagreed and the mean was 2.22. This indicates that community in Rukungiri Municipality rarely receive health inspectors in their village who enforce proper sanitation practices. This finding agrees with the statement made by fourteen of the local leader that *"health inspectors no longer move to villager for community health sensitization but lovely they use radio programmes"*. Community health inspection increases hygiene and sanitation through compulsory sanctions against those who may not fulfill the required standards of health (Gostin, Wiley, & Frieden, 2021).

Table 4.9 Responses on Quality of Customer satisfaction and people's needs.

Customer satisfaction and people's needs		SD	D	N	A	SA	Mean
We have good quality road networks in our village which are constantly rehabilitated.	F	47	100	15	63	98	2.70
	%	14.5	30.9	4.5	19.6	30.4	
Power and other energy sources in our village are accessible and unaffordable.	F	77	88	55	62	41	2.29
	%	23.8	27.3	17.1	19.1	12.7	
There are many different types of industries in our community that provide us with employment.	F	66	85	62	54	57	2.21
	%	24.3	26.4	15.1	16.6	17.6	

Source: Primary data. 2024

Findings from table 4.9 revealed that the majority (50.0%) agreed that community of Rukungiri Municipality have good quality road networks in their villages which are constantly rehabilitated and 44.5% disagreed with the mean being 2.70. However in an interview with LCI chairmen, seven of them said *“the roads in Rukungiri municipality especially those of council are few and most of them are not in good condition”*. This implies that though roads in Rukungiri Municipality are rehabilitated, most of them are still in had condition. This finding is consistent with Adero and Aligula who contend that Uganda road networks have significantly improve but the major challenge is still with air and railways (Adero & Aligula, 2022).

The study also found out whether power and other energy sources in Rukungiri Municipality are accessible and affordable and the majority 51.1% agreed while only 31.8% disagreed and the mean being 2.29. This means power and other energy sources in Rukungiri Municipality are accessible and affordable although most local leaders said that *“to access power in our homes, it needs filling forms, buying electricity poles and paying expensive monthly bill”* and *“others sold solar power is easily accessible but god solar systems are expensive to buy at once”*. This is means people in Rukungiri Municipality can access power sources but their costs are high. This finding is in agreement with African Development Bank which revealed that access rate to electricity in urban Uganda is at 43% as opposed to 7% of rural Uganda which is hampering economic development, entrenching inequality and impeding the improvement of livelihoods. However the major challenge in urban Uganda is largely high electricity prices and frequent load shading (Africa-Development-Bank, 2021).

Concerning whether there are many different types of industries in Rukungiri Municipality that provide its community with employment, findings revealed that majority (50.7%) disagreed while 34.3% agreed and the mean was 2.21. This indicates that there are few different types of industries in Rukungiri Municipality that provide its community with employment. This finding agrees with the statement made by fourteen of the local leader that “*we don't have one serious industries in Rukungiri Municipality apart from our own local small industries which employ only their owners*”. This finding is consistent with the past studies of Mutambi who found out that Rukungiri District was among the least industrialized districts in Uganda (Mumb), 2011).

Table 4.10: Component/Factor Analysis of Quality of Service Delivery

The responses ranged from strongly disagree (Minimum 1.00) up to strongly agree (maximum 5.00)

Factor analysis	N	Minimum	Maximum	Mean	Std. Deviation
Service quality	323	1.00	5.00	2.7905	1.32881
Accessibility of services	323	1.00	5.00	2.8372	1.38957
Community clarity and accuracy	323	1.00	5.00	2.4308	1.47682
Customer satisfaction and people's needs	323	1.00	5.00	2.4060	1.23521
Quality of Service delivery	323	1.00	5.00	2.6161	1.37777
Valid N (listwise)					

Source: Primary data, 2024

Study findings from table 4.10 revealed that service quality had a mean score of 2.7905 and the deviation from the mean was 1.32881. Since the mean was greater than 2.5000 and the standard deviation was less than 2.5000, then it implies that the service quality delivered to people of Rukungiri Municipality is slightly above average and thus described as fair.

Study findings also revealed that Accessibility of services had a mean score of 2.8372 and the deviation from the mean was 1.38957. Since the mean was greater than 2.5000 and the standard deviation was less than 2.50000, then it implies that the Accessibility of services delivered to people of Rukungiri Municipality is slightly above average and thus also described as fair.

Study findings also revealed that community clarity and accuracy had a mean score of 2.4308 and the deviation from the mean was 1.47682. Since the mean was less than 2.5000 and the standard

deviation was less than 2.5000, then it implies that the quality of community clarity and accuracy delivered to people of Rukungiri Municipality is slightly below average and thus described as poor.

The study findings revealed that customer satisfaction and people's needs had a mean score of 2.4060 and the deviation from the mean was 1.23521. Since the mean was less than 2.5000 and the standard deviation was less than 2.5000, then it implies that the quality of customer satisfaction and people's needs delivered to people of Rukungiri Municipality is slightly below average and thus also described as poor.

It was also revealed that the overall quality of service delivery in Rukungiri Municipality was slightly above average and can be described as fair since the mean was 2.6161 which is just slightly greater than 2.5000 and the deviation from the mean was 1.37777 and also less than 2.5000.

4.5 The relationship between community participation and service delivery in Rukungiri municipality

The third objective was to establish the relationship between community participation and service delivery in Rukungiri municipality as stated in chapter one of this report.

Table 4.11: Correlation between Community Participation and Service Delivery.

		CP	SD
CP	Pearson Correlation	1	.641**
	sig. (2-tailed)		.000
	N	323	323
SD	Pearson Correlation	.644**	1
	sig. (2-tailed)	.000	
	N	323	323

**Correlation is significant at the 0.01 level (2-tailed)

Source: Primary data, 2024.

Findings from table 4.11 revealed that the Pearson correlation was 0.644" and it is statistically significant at the 0.01 level (2-tailed) for 323 respondents. This shows that there is a substantial positive correlation between community participation (CP) and service delivery (SD) in Rukungiri Municipality which is statistically significant. Since the p-value (0.000) is less than 0.01, then the hypothesis "there is a relationship between community participation and service delivery in Rukungiri Municipality" was thus accepted. This implies that if the level community participation

improves in form of leadership and decision making, resource contribution, then quality of service delivery could also improve. The above findings are consistent with the past findings of Rosenheck who found out a strong positive correlation between community participation and service delivery most especially in primary Accessibility of services (Rosenheck et al., 2011) and lack of political participation hinders effective service delivery and may as well create an avenue for lack of transparency and accountability that is necessary for efficient use of available funds for the benefits of the people in the society (Abe & Monisola, 2022).

Table 4.3: Regression model summary of community participation against service delivery.

Model Summary									
Model	R	R Square	Adjusted R Square	std. Error of the Estimate	change statics				
					R square change	F Change	df1	df2	Sig. F Change
1	.644 ^a	.414	.407	3.90266	.414	5.774	1	32	.000
								1	
a Predictors: (Constant), CP									

Source: Primary data, 2022

Findings from table 4.12 which shows the regression model summary of community participation against service delivery indicate that the It value (co-efficient of determination) is 0.414 and the p value is 0.000 which is less than 0.01. This means 41.4% of the variability in quality of service delivery in Rukungiri Municipality is explained for determined by level of community participation. A co-efficient of determination of 0.414 also means that the co-efficient of non-determination ($1-R^2$) is 0.586 which implies that other factors (Intervening Variables) such as government policy and physical environment account for 58.6% of the service delivery in Rukungiri Municipality.

CHAPTER FIVE

SUMMARY CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the main findings of the study in relation to the past studies in the literature review and makes conclusions and recommendations basing on the findings in chapter font. The chapter then provides suggestions for further studies basing on the gaps and limitations in the study. The chapter is also organized in chronological order of the research questions and hypothesis which include; what is the level of community participation in Rukungiri municipality? What is the assessing the level of service delivery in local government of Rungiri Municipality in Rukungiri municipality? And there is relationship between level of community participation and quality service delivery in Rukungiri municipality.

5.1 Summary of Main Study Findings

5.1.1 Ways of Community participation in Rukungiri municipality

The study results revealed that level community participation in leadership and decision making by people in Rukungiri Municipality is slightly above average is therefore described as medium (mean=2.6855, Standard deviation=1.35634), collective efficiency (mean=2.8023, Standard deviation=1.36655) was also medium, participation in resource contribution (mean=2.6530, standard deviation=1.39262) was also medium and the overall level of community participation in Rukungiri Municipality was also medium (mean=2.7136, standard deviation=1.51169).

5.1.2 Level of Service delivery in Rukungiri municipality

The study results revealed that service quality delivered to people in Rukungiri Municipality is slightly above average is therefore described as their (mean=2.7905, Standard deviation=1.32881), Accessibility of services (mean=2.8372, standard deviation=1.38957) was also fair, quality of community clarity and accuracy (mean=2.4308, standard deviation=1.47682) was poor, quality of customer satisfaction and people's needs (mean=2.4060, standard deviation=1.23521) was also poor and the overall quality of service delivery in Rukungiri Municipality was fair (means=2.6161, standard deviation=1.377771).

5.1.3 There is relationship between community participation and service delivery in Rukungiri municipality.

Findings revealed that there is a substantial positive correlation ($r=0.644^{**}$) between community participation and service delivery in Rukungiri Municipality which is statistically significant

meaning that if the level community participation improves, then quality of service delivery would also improve. The R^2 value was 0.414 meaning 41.1% of the quality of service delivery in Rukungiri Municipality is explained for determined by level of community participation. Also the co-efficient of non-determination ($1-R^2$) was 0.386 which implies that other factors (Intervening Variables) such as inflation and government policy and physical environment account for 58.6% of the level of community participation in Rukungiri Municipality.

5.2 Conclusions to the Study

5.2.1 Ways of Community participation in Rukungiri Municipality

The study concludes that level community participation in leadership and decision making by people in Rukungiri Municipality was medium, level of participation in service delivery was also medium, level of participation in resource contribution was also medium and the overall level of community participation in Rukungiri Municipality was medium.

5.2.2 Level of Service delivery in Rukungiri municipality

The study concludes that service quality delivered to people in Rukungiri Municipality Based on the mean scores from the study findings, the overall quality of service delivery in Rukungiri Municipality was mixed and both rated slightly above average, indicating a fair level of performance in these areas. However, community clarity and accuracy and customer satisfaction and people's needs were rated slightly below average, suggesting poor performance in effectively communicating with the public and meeting their expectations. These results imply that while some aspects of service delivery are being handled fairly, significant improvements are still needed in areas related to public engagement and responsiveness to citizen needs.

5.2.3 Relationship between community participation and service delivery in Rukungiri municipality.

The study also concludes that there is a substantial positive relationship between community participation and service delivery in Rukungiri Municipality and that 41.4% of the quality of service delivery in Rukungiri Municipality is explained for determined by level of community participation. Other factors (Intervening Variables) such as inflation and government policy and physical environment account for 58.6% of the level of community participation in Rukungiri Municipality.

5.3 Recommendations to the Study

5.3.1 Ways of Community Participation in Rukungiri Municipality

The researcher recommends that Rukungiri Municipal Council and other district local governments should enhance community participation by actively involving citizens in leadership and decision-making processes. Community members should be engaged in identifying priorities, planning development initiatives, and implementing public programmes.

Additionally, the researcher suggests that Rukungiri Municipality should intensify sensitization efforts to educate the public on the benefits of participating in government programmes. Awareness campaigns can help address misconceptions, build trust, and encourage citizens to take part in local governance and development.

Furthermore, the researcher proposes that a legal framework be established to mandate the inclusion of at least one community representative on every planning and collective efficiency committee within villages. This legal requirement would institutionalize community participation and ensure that local voices are consistently reflected in service delivery programs and implementation.

5.3.2 Level of Service Delivery in Rukungiri Municipality

To improve service delivery, the researcher recommends that Rukungiri Municipal Council and other district local governments should strengthen mechanisms that promote community involvement in all stages of district programmes. This inclusive approach will enable authorities to identify local needs accurately, allocate resources effectively, and monitor service provision more efficiently.

Moreover, the researcher calls for the establishment of strong control systems aimed at minimizing corruption within service delivery channels. Transparent procedures, routine audits, and citizen feedback platforms should be adopted to ensure accountability and integrity in the distribution of public services. Equitable allocation of resources must also be prioritized to address disparities and promote fairness across all communities.

5.3.3 Relationship between Community Participation and Service Delivery in Rukungiri Municipality

The researcher finds a significant positive relationship between community participation and service delivery, with participation accounting for 41.4% of the variability in the quality of services provided. Based on this finding, it is recommended that Rukungiri Municipality increase efforts to involve community members in planning, implementation, and monitoring of services. Greater community engagement will likely enhance transparency, responsiveness, and efficiency in service delivery, thereby improving the overall quality and sustainability of development efforts in the municipality.

5.4 Suggestions for Further Studies

Based on the findings and limitations of this study, the following suggestions are made to guide future research efforts.

1. Exploration of Government Policy and Physical Environment on service delivery within Rukungiri Municipality.
2. A Comparative Study on the Relationship between Bureaucratic Tendencies and Service Delivery in Urban and Rural Local Governments.

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APPENDICES

Appendix 1: Questionnaire for Municipal Councilors, Ward Councilors, Town Agents and Household Heads.

I am Mbabazi Juliet, a master's student pursuing masters of Public Administration and Management of Bishop Stuart University. This thesis is entitled "community participation and service delivery: A case of communities in Rukungiri municipality". I greatly appreciate you objectively complete this questionnaire to be used for research purposes only. This study aims at contributing to scientific knowledge on community participation and service delivery. Confidentiality is guaranteed and stating your name is optional

Section A: Demographic Back Ground Data

Write the code of your choice in the box provided. e.g. 1,2,3,4 or 5.

Sex

1. Male
2. Female

☐

Highest level of education

1. Primary
2. Secondary
3. Diploma
4. Degree
5. Post Graduate

☐

Age

6. 0-18 years
7. 19-35 years
8. 36-50 years
9. 30 years and above

☐

Occupation

1. Farmer
2. Formal employment
3. Business
4. Informal employment

☐

Section B. Ways of Community Involvement in Leadership and decision making

Please rate using the code that corresponds to your level of agreement or disagreement with the statements in this questionnaire.

Rating: 1-Strongly disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

Leadership and decision making

5 4 3 2 1

We are always consulted before any programme is conducted in our village.

Policy makers always consider our decisions and suggestions ahead of theirs.

We sometimes see government programmes being implemented without our awareness.

We have representatives on most government committees who represent our views.

Most of the services given to us are based on our needs.

Collective efficiency

5 4 3 2 1

We always participate in execution of the government programmes

Most of the government activities such as road construction are done by foreigners.

We sometimes do voluntary community work especially in hospitals roads and schools.

We have laws in place that require a community member to be part of every government programme to be implemented in this village.

Resource contribution

5 4 3 2 1

We are always engaged in ensuring successful collective efficiency of government programmes.

We always ensure that the services provided to us by government are properly maintained and nobody spoils them.

We always ensure sustainability of services provided to us in our village. We have rights to monitoring and evaluating the quality of public services and hold the government and service providers accountable.

We have means and platforms for reporting ineffective and corrupt officials.

Section C. level of Service Delivery

Please rate using the code that corresponds to your level of agreement or disagreement with the statements in this questionnaire.

Rating: 1-Strongly disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

Service quality

5 4 3 2 1

1. We have enough schools and institutions in our village.
2. Most of the service quality in our village are affordable or free.
3. Our children who study from schools in this village normally pass in good grades.
4. Our institutions and schools have enough and well qualified staff.
5. The institutions and schools in our village have adequate physical infrastructure and other schools in our community are accessible with good feeder roads
6. All learners are allowed to report for a new term after paying 50% of the school fees.
7. Students that study from these schools come from other districts.
8. Most of the learning centers in this community provide food and shelter to all learners scholastic materials such as classroom blocks.

Accessibility of services

5 4 3 2 1

1. We have enough health centers and hospitals in our village.
2. Most of the health services in our village are affordable or free.
3. We always get good quality drugs and medication in our health centers and hospitals.
4. Our hospitals and health centers have enough staff who are always present
5. Most of the drugs which are supposed to be free are stolen or sold to us.
6. All health workers can speak our language, therefore communication is easy.
7. Ambulance services are affordable or free to everyone in need.
8. All medical facilities around provide free guidance and counseling services.

9. Our hospitals and health centers are accessible with good roads which enables patients reach in safely and on time.

Community clarity and accuracy

5 4 3 2 1

1. We access adequate clean and safe water sources in our village.
2. We are always sensitized on proper hygiene practices and how to keep our households clean.
3. We sometimes receive health inspectors in our village who enforce proper sanitation practices.
4. Water sources are near to the households in our village.
5. We have many types of water sources like springs, boreholes, tap water.
6. Most people in our village fetch water from ponds, swamps and rivers.
7. We usually listen sensitization programs by government officials through radios.

Customer satisfaction and people's needs

5 4 3 2 1

1. We have good quality road networks in our village which are constantly rehabilitated.
2. There are many different types of industries in our community that provide us with employment.
3. Power and other energy sources in our village are accessible and affordable.
4. Most people in this village have permanent houses.
5. We have electricity but goes off whenever it rains.
6. Our roads are affected by weather especially during rainy season

Appendix 2: Interview Guide for the Municipality Mayor, Division Chairpersons, Commercial Officers, and Community Development Officers and Chairperson LC I

Section A: Demographic Back ground Data

1. What is your sex?
2. What is your highest level of education.....
3. How old are you?
4. What is your occupation?

Levels of Community Involvement in Leadership and decision making

A. Leadership and decision making, Collective efficiency and community participation

1a) In which ways do you get involved in the community?

.....

.....

.....

.....

b) Do you involve community in decision making?

i) If yes how?

.....

.....

.....

(ii) If no why?

.....

.....

.....

c) Do you involve community in collective efficiency processes?

(i) If yes how?

.....

.....

(ii) If no why?

.....

.....

.....

.....

d) Do you involve community in leadership and decision making processes?

(i) If yes how?

.....

.....

(ii) If no why?

.....

.....

Quality of Service Delivery

A. Customer satisfaction and people's needs, Community clarity and accuracy, Accessibility of services and Service quality

1. What are the causes of poor service delivery in Rukungiri Municipality?

.....

.....

.....

2 a). What is the quality of service delivery in Rukungiri Municipality?

.....

b) What is generally the quality of schools and other education institutions in Rukungiri Municipality?

.....

c) What is generally the Accessibility of services in Rukungiri Municipality?

.....

d) What is generally the quality of community clarity and accuracy in Rukungiri Municipality?

.....

e) What is the quality of customer satisfaction and people's needs in Rukungiri Municipality?

.....

Map of Uganda showing Rukungiri District

