
**CORRUPTION PRACTICES ON SERVICE DELIVERY IN THE
PUBLIC SECTOR IN UGANDA, A CASE OF PDU,
MPIGI LOCAL GOVERNMENT**

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ABSTRACT

The study assessed the effect of corruption on health service delivery at Mpigi local government. Centers. The objectives of the study included; to find out how bureaucratic corruption affects service delivery at Mpigi local government. Centers, to examine how causes of corruption in local government affects service delivery at Mpigi local government. Centers and to find out how bribery and extortion affects the delivery of services at Mpigi local government. Centers. The quantitative data was analyzed using descriptive statistics, Spearman correlation and regression analysis techniques. Qualitative data was summarized and presented using verbatim statements. The findings showed that, bureaucratic corruption affected service delivery by 23.9%, causes of corruption in local government had 38.9% effect on health service delivery while bribery and extortion affected health service delivery by 18.9%. The study recommended that Mpigi local government. Should come up with strategies to motivate its workers, especially in the health department; streamline the recruitment system to minimize causes of corruption in local government and seriously revise and emphasize the work ethics and code of conduct.

Key words: *corruption practices and service delivery*

Background to the Study

In Uganda, corruption has existed since the pre-colonial era, and thus, it is not a new phenomenon. Chiefs could arbitrarily deprive subjects of their property, wives and labor. Subjects could also bribe chiefs to have their cases adjudicated in their favor. Collaborators

of the colonial government in Uganda were rewarded with administrative positions for their alliances with the colonial administration like Semei Kakungulu attained in Buganda.

Due to a breakdown of the system of control, accountability and management in Uganda in the 1960s and 1970s the anti-corruption legal framework was instituted. This saw the subsequent enactment of the legislations like the Prevention of Corruption Act, the Penal code Act and the Leadership Code Act. The establishment of corruption institutions like Auditor General's office, Inspectorate of Government, Public Accounts Committees of parliament and districts and Directorate of Public Prosecutions are clear manifestation of the existence of corruption in the public sector including procurement and disposal. In the recent past, the media has been awash with various reports of corruption in Kampala City Council Authority (Mwanje, 2011). procurement and disposal centers, which had culminated into poor procurement and disposal service delivery. Pregnant mothers have lost their lives due to failure to raise the fees as required by the service providers, prior to facilitating their delivery, while many HIV/AIDS clients have missed out on ARVs, which are meant to be freely given, but due to corruption, some procurement and disposal staff choose to sell them off.

While the government has tried to set up facilities countrywide to improve the general procurement and disposal service delivery, a 2015/2010 report, Uganda Local Government Councils Score Card by ACODE, shows that improvements are only in infrastructure. However, the major problems such as understaffing, unavailability of drugs and equipment, absenteeism of procurement and disposal workers, and weak accountability mechanisms remain (The Observer, 2017). Such practices have enormously affected the procurement and disposal unit to a point of rendering it nearly dysfunctional.

Problem Statement

Corruption in the procurement and disposal unit is a concern in all countries, but it is an especially critical problem in developing and transitional economies where public resources are already scarce. According to the (Inspector General of Government Office, 2011),

Mpigi District was among the government institutions complained against rampant corruption. The Mpigi District procurement and disposal unit processes are riddled with corruption, embezzlement and fraudulent activity. Corruption at Mpigi District is manifested in mismanagement, fraud and lack of financial accountability by both staff and political leaders (Mpigi District Office of the LCV Chairperson, 2019). Lack of a system of accountability manifested in inflated claims, forgery of documents and outright fraud including payments for undelivered services

Objectives of the study

The study was guided by the following objectives:

- 1. To examine the effect of bureaucratic corruption on service delivery in the Procurement and Disposal Unit, Mpigi local government.*
- 2. To analyze the effect of conflict of interest in procurement and disposal centers on service delivery in the Procurement and Disposal Unit, Mpigi local government.*
- 3. To assess the effect of bribery and extortion in procurement and disposal unit on the delivery of services in the Procurement and Disposal Unit, Mpigi local government.*

Research Questions

- 1. To what extent does bureaucratic corruption in procurement and disposal centers affect service delivery in Mpigi local government?*
- 2. How conflict of interest in procurement and disposal unit does affects service delivery in Mpigi local government?*
- 3. To what extent does bribery and extortion in procurement and disposal unit affect service delivery in Mpigi local government?*

Methodology

Research Design

This study adopted the case study and cross-sectional research designs. The case study design facilitated an in-depth investigation into corruption and service delivery at Mpigi District procurement and disposal units. The research involved cross-sectional survey to enable data collection to be carried out only once within a short period of time. Further, the study adopted both qualitative and quantitative approaches for data collection and analysis, in order to triangulate the findings.

Study Population

The study population included staff of the procurement and disposal units and clients that attended biddings and procurements between January 2015 and December 2020. It comprised of a total of 189 respondents, out of which a sample was drawn for the study.

Sample Size and Selection

The sample size was determined based on the Table. Using the Table, the sample size in the study was 161 respondents as indicated in Table 1.

Table 1: Sample size and selection

Category	Accessible Population	Sample size	Sampling technique
<i>District management committees (of the procurement and disposal unit)</i>	44	40	Simple random
<i>Top administrative officers</i>	4	4	Purposive
<i>Political officers at the district</i>	32	32	Simple random
<i>Clients and members of the public</i>	86	70	Simple random

Lower-level staff	23	19	Simple random
Total	189	161	

Source: Mpigi District Procurement and disposal Department (2018) and Krejcie and Morgan (1970) sample sizetable

Random and non-random sampling techniques was adopted in this study. To determine respondent procurement and disposal workers in the survey, a list of procurement and disposal unit staff was obtained from the Personnel Officer at each procurement and disposal unit. The list will form the sampling frame.

Data Collection Instruments

Interview guide

Primary data was collected using the interview guide to guide the researcher in conducting key informant interviews. The interview guide was used for non-directive and depth interviews. It contained the broad topics or areas to be covered in the interview. Interview guide served as a suggestive reference or prompter during interview. It aided in focusing attention on salient points relating to the study. Primary data was collected using key informant guide to direct the researcher in conducting key informant interviews with the four procurement officers and head of the municipalities.

Questionnaire

A questionnaire is a set of systematically structured questions used by researchers to obtain needed information from respondents. As an important research instrument for data collection, a questionnaire has its main function as measurement. It is the main data collection method in surveys and yield to quantitative data. In addition, due to provision for open-endedness, the questionnaire may be used to generate qualitative and exploratory data. The researcher developed a questionnaire for data collection for the respondents.

Data Analysis

Qualitative data analysis

This involved content analysis, which was used to edit qualitative data and reorganize it into meaningful shorter sentences. A thematic approach was used to analyze qualitative data where themes, categories and patterns was identified. The recurrent themes, which emerged in relation to each guiding question from the interviews, was presented in the results, with selected direct quotations from participants presented as illustrations.

Quantitative data analysis

Coded (quantitative) data was entered in a computer program known as a Special Package for Social Scientists (SPSS version 13) for analysis. Descriptive statistics was used to determine the distribution of respondents on personal information and on the questions under each of the variables. Inferential statistics was used to test the hypothesis. Spearman rank order correlation and coefficient of determination was used to test the hypothesis given that the scale used in the questionnaire was ordinal (Sekaran, 2003). Spearman rank order correlation determined the strength of the relationship between the independent and dependent variables. The coefficient of determination was used to determine the effect of independent variable on dependent variable. The significance of the coefficient (p) was used to test the hypothesis by comparing p to the critical significance level at (0.05). The data was organized and presented by charts and tables.

RESULTS

Response Rate

This section presents the response rate per category of respondents that were included in this study.

Table 2: Response Rate

Category	Population	Sample size	% of Return	Data Collection Instruments
<i>Hospital management committee</i>	40	35	88	<i>Simple random</i>
<i>Medical officers</i>	4	4	100	<i>Purposive</i>
<i>Nurses and midwives</i>	28	25	89	<i>Simple random</i>
<i>Patients</i>	70	50	71	<i>Simple random</i>
<i>Attendants</i>	19	12	63	<i>Simple random</i>
Total	161	126	78	

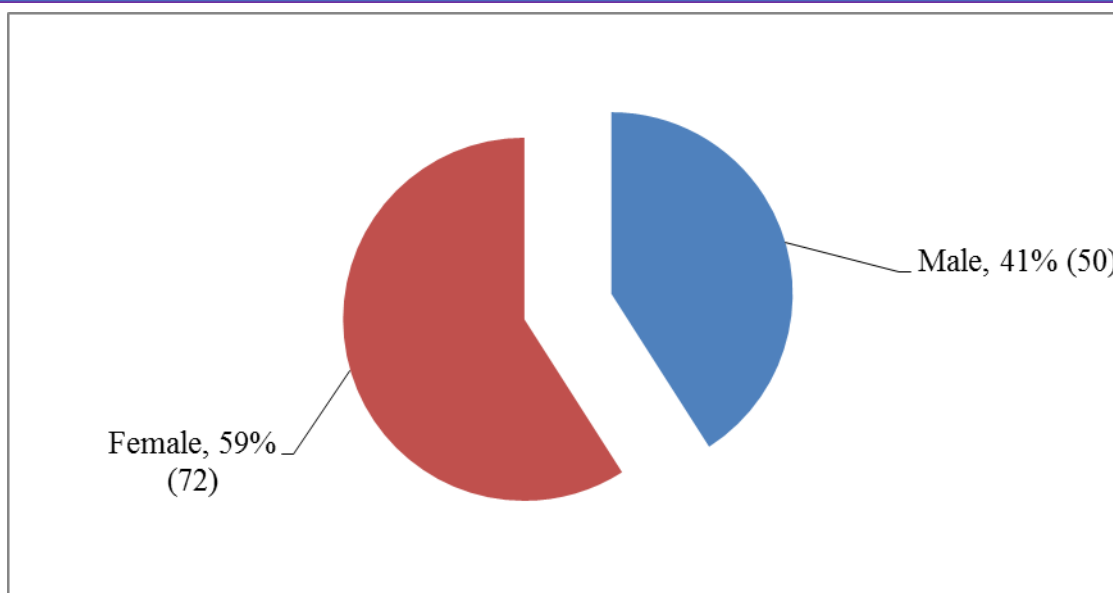
Source: Primary data, 2022

The study targeted a sample of 161 respondents. Of these sampled respondents, a total of 126 participated in the study. This was 78% response rate. A low response rate can give rise to sampling bias if the non-response is unequal among the participants regarding exposure and/or outcome. According to f, a 67% response is acceptable. According to findings, a study of a general Population which aims to describe knowledge or behaviors, a 60% response rate might be acceptable, although 70% would be preferable

Gender of the respondents

Gender of the respondents was categorized as male and female. A question about gender of respondent was administered to find out the influence of health service delivery at Mpigi local government and the results were analyzed using descriptive statistics.

Figure 1: Gender of the Respondents

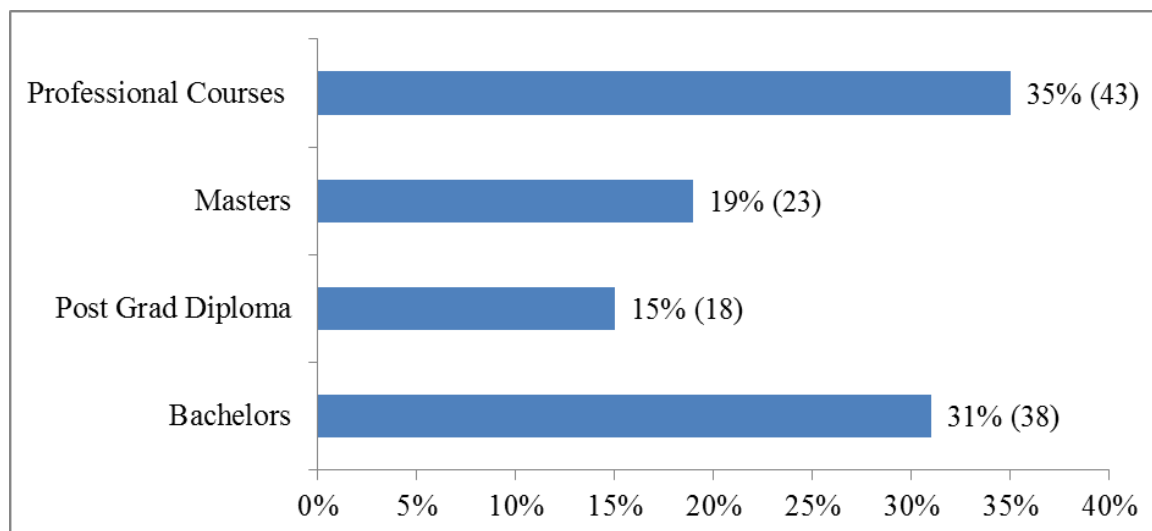


Source: Primary data, 2022

The study findings show that (72) 59% of respondents were females and (50) 41% were males. This is attributed to the fact that female patients and health staff are dominant at Mpigi local government and as result, it is expected that when a study is conducted out at Mpigi local government, one is likely to have more female participants compared to male participants

Highest level of education

Figure 2: Education Level of the Respondents

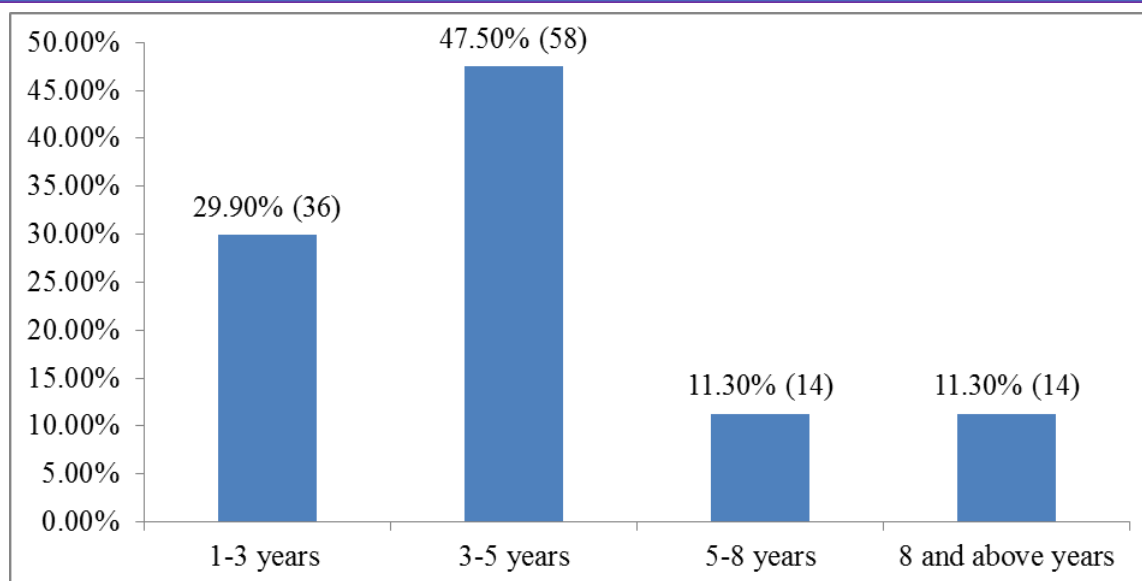


Source: Primary data

The study findings in the table above showed that most of respondents had completed Professional Courses at (43) 35% followed by Bachelor's holders at 31% (38), Masters holders had (23) 19% and (18) 15% had completed Post Grad Diploma. Thus, the implication of these findings is that the education background of the respondents Suggested that they should ably respond to the questions. In other words, most respondents who participated in the study were literate and understood issues that were asked. Thus, information obtained was reliable.

Duration of period of respondents associating with Mpigi local government

Figure 3: Duration of period of respondents associating with Mpigi local governments



Source: Primary data, 2022

The study findings show that a good number of respondents (58) 47.5% had associated with Mpigi local government for 3-5 years followed by (36) 29.9% who had associated with Mpigi local government for 1-3 years and (14) 11.3% had associated with Mpigi local government for 8 and above years.

Empirical Findings on Corruption and Service Delivery at Mpigi local government

This study looked at the effect of corruption on health service delivery at Mpigi local government. While analyzing the data, a five-point likert scale was used by assigning levels; “Strongly Agree = 5”, “Agree = 4”, “Not Sure = 3”, “Disagree = 2” and “Strongly disagree = 1”. However, it is recommended that before testing hypotheses, descriptive statistics should be first computed for each of the variables (Plonsky, 2007). Thus, descriptive statistics approach was adopted using frequencies and percentages.

Bureaucratic corruption and service delivery Service delivery

Table 2: Service delivery

Timeliness	SD	D	NS	A	SA
<i>Patients take long to obtain drugs</i>	16% (19)	9% (11)	7% (9)	57% (70)	11% (13)
<i>Patients take long to be examined treatment</i>	14% (16)	8% (10)	3% (4)	53% (65)	22% (27)
<i>Health workers are not competent</i>	15% (18)	3% (4)	10% (12)	50% (61)	22% (27)
<i>Health workers are few</i>	18% (23)	4% (5)	11% (13)	47% (57)	20% (24)
<i>Health workers are often away from health units</i>	12% (15)	6% (8)	11% (13)	52% (63)	19% (23)
Staff efficiency	SD	D	NS	A	SA
<i>Health workers are so many but do-little work</i>	21% (26)	7% (9)	6% (7)	43% (52)	23% (28)
<i>It takes long for staff to see a patient</i>	21% (26)	10% (11)	4% (5)	49% (60)	16% (20)
<i>Medical records are not often kept</i>	21% (26)	10% (11)	4% (5)	39% (48)	26% (32)
<i>Medical records often take long to trace</i>	20% (24)	8% (10)	14% (17)	31% (38)	27% (33)
Service quality	SD	D	NS	A	SA
<i>Service quality is low</i>	12% (15)	9% (10)	7% (9)	57% (70)	15% (18)
<i>Customer care is lacking</i>	9% (11)	8% (9)	3% (4)	53% (65)	27% (33)
<i>Treatment is often in adequate</i>	13% (16)	3% (4)	10% (12)	51% (62)	23% (28)
<i>Prescribed drugs are often not available</i>	16% (20)	4% (5)	11% (13)	46% (56)	23% (28)

<i>Customers are delayed</i>	11%	4%	11%	49%	25%
	(13)	(5)	(13)	(60)	(31)

Source: Primary data, 2022

Finding show that more patients and health workers were concurred to all the 14 items about service delivery. For example, relating to timeliness, more patients and health workers (68%) concurred that patients take long to obtain drugs compared to 25% who opposed while 7% were not sure. More patients and health workers (75%) concurred that patients took long to be examined treatment compared to 22% who opposed while 3% were not sure. More patients and health workers (72%) concurred that health workers were not competent compared to 18% who opposed while 10% were not sure. More patients and health workers (67%) concurred that health workers were few compared to 22% who opposed while 11% were not sure. More patients and health workers (71%) concurred that health workers were often away from health units compared to 18% who opposed while 11% were not sure.

In relation with service quality, it is shown that more patients and health workers (72%) concurred that service quality was low compared to 21% who opposed while 7% were not sure. More patients and health workers (80%) concurred that customer care was lacking compared to 17% who opposed while 3% were not sure. More patients and healthworkers (74%) concurred that treatment was often in adequate compared to 16% who opposed while 10% were not sure. More patients and health workers (69%) concurred that prescribed drugs were often not available compared to 20% who opposed while 11% were not sure. More patients and health workers (74%) concurred that customers were delayed compared to 15% who opposed while 11% were not sure.

Conflict of Interest and Service Delivery at Mpigi local government

Table: 3 Shows the effect conflict of interest on service delivery at Mpigi local government

Table 8: Conflict of interest and Health service delivery in Mpigi local governments

<i>Conflict of interest and service delivery</i>	<i>SD</i>	<i>D</i>	<i>NS</i>	<i>A</i>	<i>SA</i>
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1. Health workers pay more attention to relatives and acquaintances	2.5% (3)	4.1% (3)	11.5% (14)	57.4% (70)	24.6% (30)
2. Health administrative staff hire relatives and friends	0.8% (1)	1.6% (2)	4.9% (6)	47.5% (58)	45.1% (55)
3. Health workers segregate patients in service delivery	2.5% (3)	10.7% (13)	13.1% (16)	41.0% (50)	32.8% (40)
4. Health administrative staff influence procurement process for personal gain	4.1% (5)	9.0% (11)	10.7% (13)	54.9% (67)	21.3% (26)
5. Health administrative staff award contracts relatives and friends	6.6% (8)	7.4% (9)	17.2% (21)	48.4% (59)	20.5% (25)
6. Quality of procurement is low because of conflict of interest	6.6% (8)	18.0% (22)	26.2% (32)	39.3% (48)	9.8% (12)

Source: Primary data, 2022

A comparison on these items shows that the percentages of patients and health workers that opposed ranged from 2.4% to 24.6% while the percentages of patients and health workers that were not sure ranged from 4.9% to 26.2% and the percentages of patients and health workers that concurred ranged from 68.9% to 92.6%. From these comparisons, it can be seen that the percentages that opposed the items and the percentages were not sure were lower compared to the percentages that concurred.

Table 4: Correlation between conflict of interest and service delivery

	Conflict of interest
Service delivery	$\rho = -.628$ $p = .000$ $n = 122$

Source: Data from field

Ho: There is no relationship between service delivery and conflict of interest

Ha: There is a relationship between service delivery and conflict of interest

There is a moderate negative correlation coefficient (-0.628) between service delivery and conflict of interest which shows a negative relationship between the two variables. Since the P-value (0.00) is less than 0.05, we reject the null hypothesis and conclude that there is a negative relationship between service delivery and conflict of interest which indicates that there is a statistically significant relationship between the two variables.

Bribery and Extortion and Service Delivery at Mpigi local government

Table4: Shows the relationship between bribery and extortion and health servicedeliver Mpigi local government.

<i>Bribery and extortion and service delivery</i>	<i>SD</i>	<i>D</i>	<i>NS</i>	<i>A</i>	<i>SA</i>
1. Health workers:	1.6% (2)	8.2% (10)	32.0% (39)	45.1% (55)	13.1% (16)
2. Ask for bribes for services provided	5.7% (7)	3.3% (4)	9.0% (11)	48.4% (59)	33.6% (41)
3. Delay treating patients to attract inducements	0.8% (1)	2.5% (3)	5.7% (7)	45.1% (55)	45.9% (56)
4. Sell drugs to patients	3.3% (4)	10.7% (13)	15.6% (19)	54.1% (66)	16.4% (20)
5. Charge patients for use of ambulances	9.0% (11)	10.7% (13)	11.5% (14)	46.7% (57)	22.1% (27)

Source: Primary data, 2022

Finding show that more patients and health workers were concurred to all the five items about bribery and extortion compared to those who opposed the items and those who were not sure about the items. A comparison on these items shows that the percentages of patients and health workers that opposed ranged from 2.5% to 10.7% while the percentages of patients and health workers that were not sure ranged from 5.7% to 32.0% and the percentages of patients and health workers that concurred ranged from 58.2% to 91.0%.

Conclusions

The study concluded that patients' conditions get worse due to delay in providing health service delivery at Mpigi local governments. This was reflected when most of respondents agreed that workers misappropriate public funds meant for health services. The study also concluded that there was bureaucratic corruption. This could be due to low morale and lack of commitment from staff. This was further echoed when respondents were asked if workers lack motivation and interest in patient care were most of respondents agreed. This study concludes that abuse of office significantly influences health service delivery at Mpigi local governments. This was due to the fact most of respondents agreed with this fact.

Recommendations

The researcher recommends that Mpigi Local Governments should motivate its workers this was due to the fact that most respondents agreed that workers lack motivation and interest in patient care; this can be done through providing incentives to workers. The researcher also recommends that administrators of Mpigi Local Governments should establish better accountability system since most of respondents noted that public funds meant for health services are misappropriated.

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