

Corruption Practices on Service Delivery in the Public Sector in Uganda, A Case Of Pdu, Mpigi Local Government

1 Dr Ariyo Gracious, 2Lukwago Ismail, 3 Asimwe Isaac Kazaara

1, 2, 3Metropolitan International University

Abstract: *The study evaluated how corruption affected the provision of healthcare services by the local authorities of Mpigi. Centers. The study's goals included determining how administrative corruption affects the provision of services by the municipal authorities of Mpigi. Centers to investigate how Mpigi local president's service delivery is impacted by local corruption in government. Centers and to learn how intimidation and bribery impact the Mpigi local person's decision to provide services. Centers. Descriptive statistics, Spearman correlation, and regression analysis methods were used to assess the quantitative results. Verbatim sentences were used to condense and present descriptive method. According to the research, administrative bribery had a 23.9% impact on healthcare, local government bribery had a 38.9% impact, and bribery and extortion had an 18.9% impact on health care delivery. According to the study, the city authority of Mpigi should develop strategies to inspire its employees, particularly those in the health department, simplify the hiring process to reduce the likelihood of corruption in local government, and thoroughly review and underscore its professional behaviour and code of conduct.*

Keywords: corruption practices and service delivery

Background to the Study

Corruption has been a problem in Uganda since before the arrival of the colonizers, thus it is not a recent development. Leaders may arbitrarily deprive citizens of their possessions, wives and labor. Moreover, chiefs may be bought off by subjects to rule in their favor in court. In exchange for their ties with the colonial administration, sympathizers in Uganda received administrative jobs, just like Semei Kakungulu did in Buganda.

In Uganda, a control, accountable, and managerial system collapse in the 1960s and 1970s led to the establishment of an anti-corruption law framework. This saw the following implementation of the pieces of legislation like the Act to prevent corruption, the Criminal code Act and the Leadership Code Act. The presence of fraud in the public sector, which include purchasing and disposal, is clearly demonstrated by the institution of organizations like the Auditor General's office, Environment agency of Government, Public Accounts Committees of parliament and districts, and Division of the department of Public Service and administration. The press has recently been inundated with several reports of wrongdoing in the Kampala City Council Authority (Mwanje, 2011). centers for purchasing and dumping, which has led to the supply of subpar purchasing and disposing services. Many HIV/AIDS patients have overlooked out on ARVs, which are supposed to be freely given, but because of corruption, some purchasing and disposing staff choose not to provide them. Expectant women have lost their lives because they were unable to pay the fees needed by the service suppliers prior to facilitating their delivery. While the government has made efforts to establish facilities around the nation to enhance the delivery of general public procurement services, a 2015/2010 assessment, Uganda Local Government Councils Score Card by ACODE, reveals that improvements are limited to infrastructure. Understaffing, a lack of pharmaceuticals and technology, absenteeism rates in the purchasing and disposing departments, and lax reporting practices are still the key issues (The Observer, 2017). The procurement and disposal section has been severely impacted by such actions to the point that it is almost defunct.

Problem Statement

All nations worry about purchasing and disposing of unit bribery, but developing and transitioning economies—where taxpayer money are already limited—experience it as a particularly serious issue. Mpigi District was one of the government entities that received complaints from the (Inspector General of Government Office, 2011) for widespread corruption. Processes used by the Mpigi District acquisition and disposal section are rife with fraud, theft, and corruption. Poor management, fraud, and an absence of financial responsibility by both personnel and government officials are manifestations of corruption in the Mpigi District (Mpigi District Office of the LCV Chairperson, 2019). Absence of an accountability structure resulted in exaggerated claims, forged documentation, and open fraud, including compensation for services that were never rendered.

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

The case study and pass analysis methods were used in this study. An exhaustive search into delivering services and corruption at Mpigi District disposal and procurement units was made possible by the case study design. The research includes cross-sectional survey to enable data gathering to be carried out only once during a short amount of time. To further triangulate the results, the study used both qualitative and quantitative methodologies for gathering and analyzing information.

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
District management committees (of the procurement and disposal unit)	44	40	Simple random
Top administrative officers	4	4	Purposive
Political officers at the district	32	32	Simple random
Clients and members of the public	86	70	Simple random
Lower level staff	23	19	Simple random

Total	189	161	
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Source: Mpigi District Procurement and disposal Department (2018) and Krejce and Morgan (1970) sample size table. Random and non-random sampling techniques were 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

The researcher conducted interviews with key informant while following the interview guide to gather primary data. Non-directive and depth interviews were conducted using the interview schedule. The broad subjects or regions that will be addressed in the interview were included in it. Throughout the interview, the interview guide was used as a suggestion or prompter. It helped to concentrate on significant aspects of the research. The four procurement activities and the head of the municipality were the primary sources of the key informant conversations that were used to gather primary data.

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 were identified. The recurrent themes, which emerged in relation to each guiding question from the interviews, were presented in the results, with selected direct quotations from participants presented as illustrations.

Quantitative data analysis

A computer application called the Special Package for Social Scientists (SPSS version 13) was used to enter and analyze coded (quantitative) data. The proportion of responders to the questions pertaining to each of the categories and to personally identifiable information was determined using descriptive statistics. The assumption was put to the test using inferential statistics. Given that now the scale in the question was ordinal, Spearman rank order association and determination coefficient was utilized to test the hypothesis (Sekaran, 2003). The intensity of the relationship between the autonomous and dependent variables was assessed using Spearman rank order correlation. The impact of the uncontrolled variable on the dependent variable was evaluated using the coefficient of determination. By contrasting p , the significance of the coefficient (p) was utilized to gauge the reliability of the hypothesis.

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
Hospital management committee	40	35	88	Simple random
Medical officers	4	4	100	Purposive
Nurses and midwives	28	25	89	Simple random
Patients	70	50	71	Simple random
Attendants	19	12	63	Simple random
Total	161	126	78	

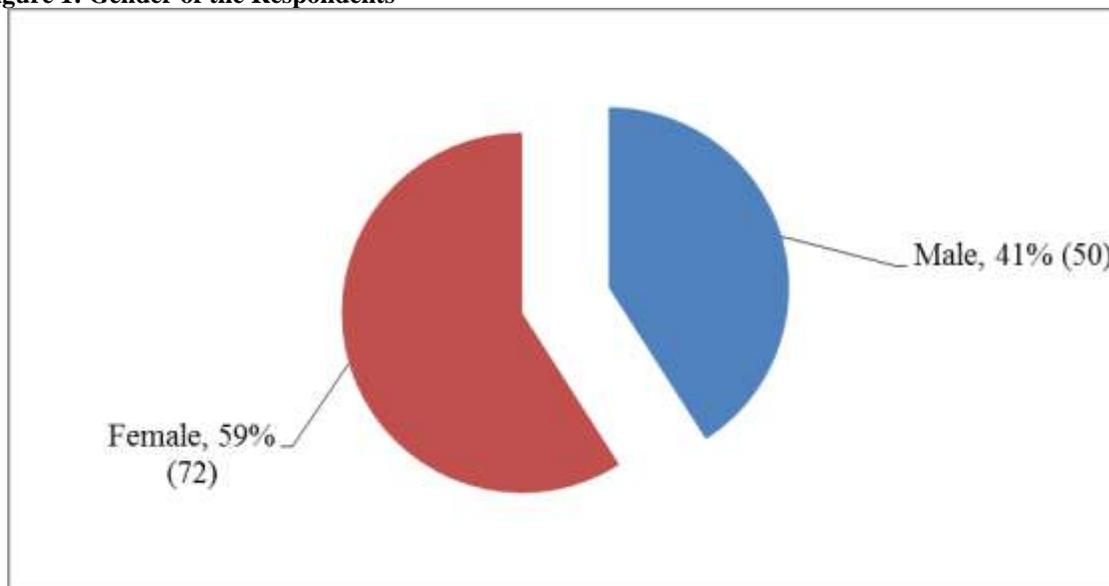
Source: Primary data, 2022

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

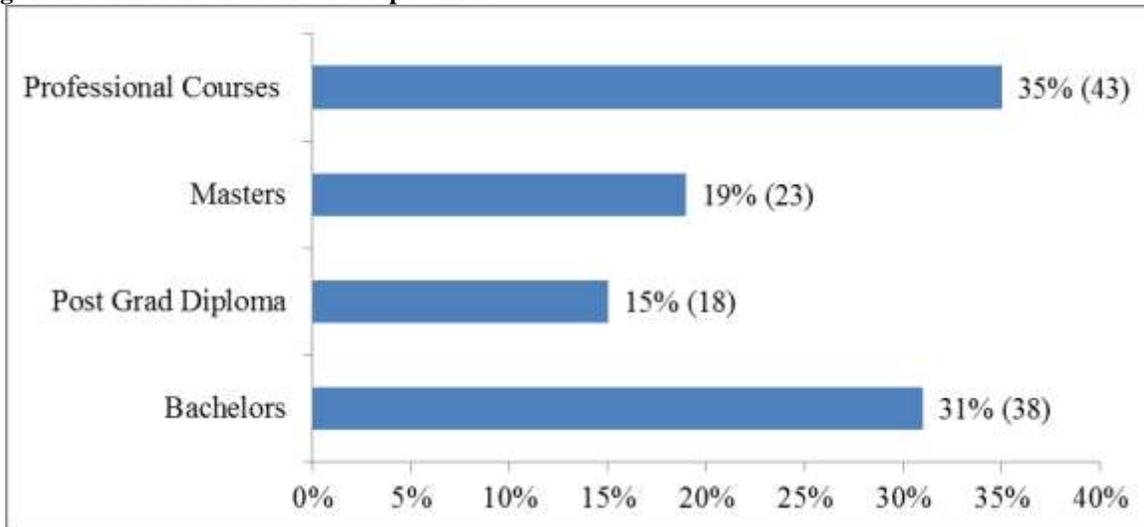


Source: Primary data, 2022

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

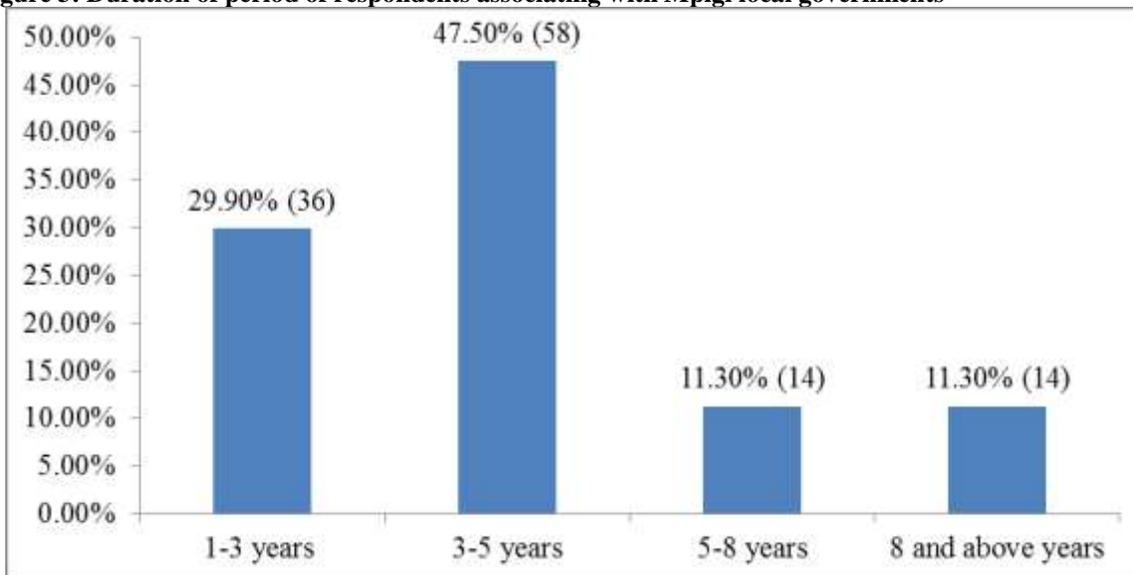


Source: Primary data

The study findings in the table above showed that most of respondents had completed Professional Courses at (43) 35% followed by Bachelors 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
Patients take long to obtain drugs	16% (19)	9% (11)	7% (9)	57% (70)	11% (13)
Patients take long to be examined treatment	14% (16)	8% (10)	3% (4)	53% (65)	22% (27)
Health workers are not competent	15% (18)	3% (4)	10% (12)	50% (61)	22% (27)
Health workers are few	18% (23)	4% (5)	11% (13)	47% (57)	20% (24)
Health workers are often away from health units	12% (15)	6% (8)	11% (13)	52% (63)	19% (23)
Staff efficiency	SD	D	NS	A	SA
Health workers are so many but do-little work	21% (26)	7% (9)	6% (7)	43% (52)	23% (28)
It takes long for staff to see a patient	21% (26)	10% (11)	4% (5)	49% (60)	16% (20)
Medical records are not often kept	21% (26)	10% (11)	4% (5)	39% (48)	26% (32)
Medical records often take long to trace	20% (24)	8% (10)	14% (17)	31% (38)	27% (33)
Service quality	SD	D	NS	A	SA
Service quality is low	12% (15)	9% (10)	7% (9)	57% (70)	15% (18)
Customer care is lacking	9% (11)	8% (9)	3% (4)	53% (65)	27% (33)
Treatment is often in adequate	13% (16)	3% (4)	10% (12)	51% (62)	23% (28)
Prescribed drugs are often not available	16% (20)	4% (5)	11% (13)	46% (56)	23% (28)
Customers are delayed	11% (13)	4% (5)	11% (13)	49% (60)	25% (31)

Source: Primary data, 2022

Findings indicate that more patients and healthcare professionals agreed with all 14 of the service delivery-related topics. For instance, more patients and healthcare professionals (68%) agreed that patients take a long time to acquire drugs, compared to 25% who disagreed and 7% who were unsure. Compared to 22% who disagreed and 3% who were unsure, more patients and healthcare professionals (75%) agreed that it took a lengthy time for patients to receive examinations and treatment. More

patients and healthcare professionals (72%) agreed that healthcare professionals lacked competence, compared to 18% who disagreed and 10% who were unsure. Compared to 22% who disagreed and 11% who were unsure, more patients and healthcare professionals (67%) agreed that there weren't enough of them. More healthcare professionals . In terms of service quality, it was found that more patients and healthcare professionals (72%) agreed that it was poor compared to 21% who disagreed and 7% who were unsure. More patients and health personnel (80%) believed that customer care was insufficient compared to 17% who opposed while 3% were not sure. The majority of patients and healthcare professionals (74%) agreed that therapy was frequently insufficient, compared to 16% who disagreed and 10% who were unsure. In comparison to 20% who disagreed and 11% who were unsure, more patients and healthcare professionals (69%) agreed that it was common for prescription medications to not be available. Patients and healthcare professionals were more likely (74%), contrasted to 15% who disagreed and 11% who were unsure, to agree that consumers were delayed.

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

Conflict of interest and service delivery	SD	D	NS	A	SA
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.

4.5 Bribery and Extortion and Service Delivery at Mpigi local government

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

Bribery and extortion and service delivery	SD	D	NS	A	SA
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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 investigation came to the conclusion that Mpigi local governments' delays in providing health services are making patients' problems worse. When asked whether employees misappropriate public funds intended for health care, the majority of respondents said yes. The study came to the conclusion that there was corruption in the bureaucracy. This might be brought on by staff disengagement and low morale. When respondents were asked if workers lack motivation and desire in providing patient care, the majority of them expressed agreement. According to the study's findings, Mpigi local authorities' delivery of health services is greatly impacted by abuse of office. This was because the majority of responders concurred with this statement.

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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