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**Political Decentralization On Social Development Outcomes: A Case Of Local Governments In Wakiso**

**District, Uganda**

**Ssebitosi Robert**

**Metropolitan International University**

**Abstract**

Political decentralization is theorized to enhance social development by improving governance responsiveness, yet empirical evidence at the sub-county level in Uganda remains mixed. This study investigated the disaggregated impact of three political decentralization constructs citizen participation, local accountability, and decision-making transparency on three core social development outcomes: access to education, healthcare, and clean water. A cross-sectional survey design was employed, collecting primary data from a stratified random sample of 212 local government officials and political leaders in Wakiso District between May and July 2025. Data were analysed using descriptive statistics, Pearson correlation, and simple linear regression in SPSS. Results revealed significant positive relationships for all hypothesized paths: citizen participation predicted access to education ( $\beta = .65$ ,  $p < .001$ ,  $R^2 = .423$ ); local accountability predicted access to healthcare ( $\beta = .61$ ,  $p < .001$ ,  $R^2 = .372$ ); and transparency predicted access to water and sanitation ( $\beta = .68$ ,  $p < .001$ ,  $R^2 = .462$ ). The study concludes that the specific mechanisms of political decentralization are distinct and powerful drivers of discrete social development outcomes. It recommends tailored governance reforms that strengthen participatory forums, accountability channels, and transparent decision-making processes to improve local service delivery.

**Keywords: Political decentralization, social development, citizen participation, accountability, transparency, Uganda.**

**1. Introduction**

Decentralization has been a cornerstone of Uganda's governance reform since the 1990s, institutionalized to bring government closer to the people and improve local service delivery (Ministry of Local Government [MoLG], 2020). The ideal situation posits that devolving political power to locally elected councils enhances citizen participation, accountability, and transparency, which in turn leads to more responsive and equitable social development outcomes in education, health, and water provision (Faguet, 2014). However, the reality in many Ugandan districts, including Wakiso, contrasts sharply with this vision. Despite established decentralized structures, access to quality social services remains inconsistent, with reports of political interference, weak accountability, and opaque decision-making undermining development gains (Mbowe & Kaaya, 2021; Kafeero & Musoke, 2022).

This gap between decentralized governance structures and tangible social development outcomes represents a critical policy dilemma. The consequences are profound: poor service delivery perpetuates poverty, exacerbates inequality, and erodes public trust in local institutions (World Bank, 2021). While political decentralization is often treated as a monolithic concept, recent scholarship argues for a disaggregated approach, suggesting its constituent constructs participation, accountability, transparency may influence development outcomes through distinct

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mechanisms (Ahmad et al., 2023). This study addressed this gap by extracting and examining the specific relationships between three political decentralization constructs and three social development outcomes within the context of Wakiso District. Guided by Public Choice Theory (Buchanan & Tullock, 1962), the purpose was to generate empirical evidence to inform more targeted and effective local governance reforms. The study was guided by the following specific objectives:

- i. To examine the effect of citizen participation on access to education services.
- ii. To assess the impact of local accountability on access to healthcare services.
- iii. To determine the relationship between decision-making transparency and access to clean water and sanitation.

## **2. Statement of the Problem**

Despite comprehensive decentralization reforms aimed at improving local governance, social development outcomes in Wakiso District remain suboptimal. Enrollment and quality in education, accessibility and reliability of healthcare, and coverage of clean water and sanitation services continue to lag behind policy targets, particularly in peri-urban and rural sub-counties (Wakiso District Local Government, 2022; UBOS, 2023). This persistent service delivery deficit occurs amidst significant devolution of political authority to elected local councils, indicating a disconnect between the form of decentralization and its functional outcomes.

The core of the problem lies in the homogenous application and assessment of “political decentralization.” Policies and evaluations often treat it as a unified reform, without disentangling how its specific operational constructs such as the depth of citizen participation, the robustness of accountability mechanisms, or the degree of decision-making transparency uniquely affect discrete social services. Consequently, local leaders and policymakers lack evidence-based guidance on whether to prioritize participatory planning, strengthen oversight institutions, or enhance informational openness to achieve specific improvements in education, health, or water sectors. This undifferentiated approach leads to inefficient resource allocation, diluted reform impacts, and the continued deprivation of communities (Francis & James, 2003).

If this problem remains unaddressed, Wakiso District risks entrenching governance ineffectiveness and widening development disparities. The potential of decentralization to catalyze localized, responsive development will remain unrealized, undermining broader national goals of poverty eradication and equitable growth (World Bank, 2021). There is, therefore, an urgent need for a disaggregated empirical investigation that isolates and measures the individual impact of distinct political decentralization constructs on specific social development outcomes. This study sought to fill that gap by rigorously examining the relationships between (a) citizen participation and education access, (b) local accountability and healthcare access, and (c) decision-making transparency and water/sanitation access.

### **3. Literature Review**

This study is grounded in Public Choice Theory (Buchanan & Tullock, 1962), which applies economic reasoning to political behaviour. The theory posits that decentralizing political power creates incentives for local officials to be more responsive to citizen preferences to secure political support, thereby improving the efficiency and targeting of public goods like social services. This framework allows for the disaggregation of political decentralization into measurable constructs that shape official incentives: participation influences demand articulation, accountability alters the cost of poor performance, and transparency reduces information asymmetry.

Globally, empirical studies affirm a positive link between decentralized governance and social development, though mechanisms vary. Faguet (2014) argues that political decentralization improves service delivery by aligning government actions with local needs. However, recent literature calls for greater specificity. For instance, citizen participation through local councils has been strongly linked to better-targeted educational infrastructure (Bardhan, 2021), while robust accountability mechanisms have been shown to reduce absenteeism and improve resource allocation in health clinics (Mwangi & Muuka, 2022). Transparency in budgeting and procurement is frequently identified as critical for efficient water and sanitation project execution (World Bank, 2021).

In the Ugandan context, studies highlight both the potential and pitfalls of decentralization. While the system has increased local political engagement, its impact on service delivery is often mediated by political patronage and limited fiscal autonomy (Green, 2015; Mbowa & Kaaya, 2021). Few studies, however, have empirically isolated the effects of specific political decentralization constructs. This study bridges this gap by hypothesizing distinct pathways from participation to education, accountability to health, and transparency to water, offering a nuanced test of Public Choice Theory in a typical Ugandan district.

### **4. Methodology**

#### **4.1 Research Design**

This study employed a descriptive and correlational cross-sectional survey design. This design was appropriate for collecting data at a single point in time to describe the relationships between the independent and dependent constructs without manipulating the environment (Creswell, 2021).

#### **4.2 Population and Samplin**

The target population comprised all elected political leaders (LC Chairpersons and Councilors) and senior local government administrative staff in the five selected sub-counties of Wakiso District. District local government records placed this population at  $N = 450$ . The sample size was calculated using Slovin's formula at a 5% margin of error ( $e = 0.05$ ):

$$n = \frac{N}{1 + N(e)^2} = \frac{450}{1 + 450(0.05)^2} = \frac{450}{2.125} \approx 212$$

A stratified random sampling technique was used. The population was stratified by role (Political Leaders vs. Administrative Staff) and by sub-county. Respondents were then randomly selected from within each stratum.

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### 4.3 Data Collection and Instruments

Primary data were collected between July and January 2026 using a structured, self-administered questionnaire. The instrument was developed based on the study's conceptual framework and piloted. Key sections measured: Independent Constructs (IVs): Citizen Participation (4 items), Local Accountability (4 items), Decision-Making Transparency (4 items). Dependent Constructs (DVs): Access to Education (3 items), Access to Healthcare (3 items), Access to Clean Water & Sanitation (3 items). All items were measured on a 5-point Likert scale (1 = Strongly Disagree to 5 = Strongly Agree). The instruments were validated by experts (Content Validity Index, CVI = 0.92) and demonstrated good internal consistency in a pilot test (Cronbach's  $\alpha$  for all scales > 0.80).

### 4.4 Data Analysis

Data were analysed using SPSS version 25. Analysis proceeded in two stages: Descriptive Statistics: Frequencies, percentages, means, and standard deviations were used to summarise respondent demographics and key variables. Inferential Statistics: Pearson's correlation ( $r$ ) assessed bivariate relationships. Simple Linear Regression analysis was conducted separately for each of the three hypothesized paths to test the predictive power of each independent construct on its respective dependent variable. The significance threshold was  $p < .05$ .

### 4.5 Ethical Considerations

Ethical clearance was obtained from the Metropolitan International University Research Ethics Committee and the Wakiso District Local Government. Participation was voluntary, informed consent was obtained from all respondents, and confidentiality was maintained. Data were used solely for academic purposes.

## 5. Results

### 5.1 Demographic Profile of Respondents

The final sample comprised 212 respondents. The majority (58.0%) were elected political leaders, while 42.0% were administrative staff. Respondents were predominantly male (63.2%), reflecting prevailing local leadership demographics. The mean years of service in local government was 8.4 (SD = 3.1).

### 5.2 Descriptive Statistics

Table 1 presents the means and standard deviations for the key study constructs. All constructs were measured on a 5-point Likert scale. Decision-Making Transparency received the highest mean score (M = 4.18, SD = 0.76), while Local Accountability had the lowest (M = 3.79, SD = 0.88).

**Table 1: Descriptive Statistics for Key Study Constructs (N = 212)**

Construct	Mean (M)	Standard Deviation (SD)
<b>Independent Variables</b>		
Citizen Participation	3.95	0.82
Local Accountability	3.79	0.88
Decision-Making Transparency	4.18	0.76
<b>Dependent Variables</b>		

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Access to Education	4.02	0.81
Access to Healthcare	3.85	0.85
Access to Clean Water & Sanitation	3.91	0.90

Note. All constructs measured on 5-point Likert scales (1 = Strongly Disagree, 5 = Strongly Agree).

### 5.3 Correlation Analysis

A Pearson product-moment correlation was computed to assess the relationships among the study constructs (Table 2). All correlations were positive and statistically significant at  $p < .01$ . The strongest bivariate correlations supported the primary hypothesized relationships: Citizen Participation with Access to Education ( $r = .65$ ), Local Accountability with Access to Healthcare ( $r = .61$ ), and Decision-Making Transparency with Access to Clean Water & Sanitation ( $r = .68$ ).

**Table 2: Intercorrelation Matrix for Study Constructs (N = 212)**

Construct	1	2	3	4	5	6
1. Citizen Participation	—					
2. Local Accountability	.58**	—				
3. Decision-Making Transparency	.62**	.67**	—			
4. Access to Education	.65	.59**	.60**	—		
5. Access to Healthcare	.56**	.61	.58**	.71**	—	
6. Access to Clean Water & Sanitation	.60**	.63**	.68	.66**	.69**	—

Note. \*\* $p < .01$  (two-tailed).

### 5.4 Regression Analysis

**Hypothesis 1 (H<sub>1</sub>): Citizen Participation Predicting Access to Education** A simple linear regression was conducted to test H<sub>1</sub>. The model was statistically significant,  $F(1, 210) = 154.12$ ,  $p < .001$ , and explained 42.3% of the variance in Access to Education ( $R^2 = .423$ ). Citizen Participation was a significant positive predictor ( $B = 0.64$ ,  $\beta = .65$ ,  $p < .001$ ). The 95% CI for B [0.53, 0.75] did not include zero. **Therefore, H<sub>1</sub> is supported.**

**Table 3: Simple Linear Regression Analysis for Citizen Participation Predicting Access to Education**

Predictor	B	SE B	$\beta$	t	p	95% CI for B
Constant	1.41	0.22		6.41	<.001	[0.98, 1.84]
Citizen Participation	0.64	0.05	.65	12.41	<.001	[0.53, 0.75]

Note.  $R^2 = .423$ . Dependent Variable: Access to Education.

**Hypothesis 2 (H<sub>2</sub>): Local Accountability Predicting Access to Healthcare** A simple linear regression was conducted to test H<sub>2</sub>. The model was statistically significant,  $F(1, 210) = 124.85$ ,  $p < .001$ , and explained 37.2% of the variance in Access to Healthcare ( $R^2 = .372$ ). Local Accountability was a significant positive predictor ( $B = 0.59$ ,  $\beta = .61$ ,  $p < .001$ ). The 95% CI for B [0.48, 0.70] did not include zero. **Therefore, H<sub>2</sub> is supported.**

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**Table 4: Simple Linear Regression Analysis for Local Accountability Predicting Access to Healthcare**

Predictor	B	SE B	$\beta$	t	p	95% CI for B
Constant	1.58	0.24		6.58	<.001	[1.11, 2.05]
Local Accountability	0.59	0.05	.61	11.17	<.001	[0.48, 0.70]

Note.  $R^2 = .372$ . Dependent Variable: Access to Healthcare.

**Hypothesis 3 (H<sub>3</sub>): Decision-Making Transparency Predicting Access to Clean Water & Sanitation** A simple linear regression was conducted to test H<sub>3</sub>. The model was statistically significant,  $F(1, 210) = 180.25, p < .001$ , and explained 46.2% of the variance in Access to Clean Water & Sanitation ( $R^2 = .462$ ). Decision-Making Transparency was a significant positive predictor ( $B = 0.81, \beta = .68, p < .001$ ). The 95% CI for B [0.69, 0.93] did not include zero. **Therefore, H<sub>3</sub> is supported.**

**Table 5: Simple Linear Regression Analysis for Decision-Making Transparency Predicting Access to Clean Water & Sanitation**

Predictor	B	SE B	$\beta$	t	p	95% CI for B
Constant	0.72	0.26		2.77	.006	[0.21, 1.23]
Decision-Making Transparency	0.81	0.06	.68	13.43	<.001	[0.69, 0.93]

Note.  $R^2 = .462$ . Dependent Variable: Access to Clean Water & Sanitation.

**6. Discussion**

The findings provide robust empirical evidence that political decentralization is not a monolithic determinant of social development but operates through distinct constructs with specific effects. This validates a nuanced application of Public Choice Theory, where different political-institutional mechanisms (participation, accountability, transparency) create specific incentives that foster improvements in different social services.

The strong relationship between citizen participation and access to education ( $\beta = .65, R^2 = .423$ ) aligns with the theory’s premise that officials responsive to citizen demand will prioritize visible, high-value services like schools. This confirms that participatory forums are crucial for aligning educational investments with community needs (Faguet, 2014).

The significant impact of local accountability on healthcare access ( $\beta = .61, R^2 = .372$ ) underscores the role of oversight. Healthcare quality often suffers from “quiet” failures like absenteeism or stock-outs, which are best corrected through robust accountability mechanisms that increase the cost of shirking for officials and providers (Mwangi & Muuka, 2022).

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The powerful prediction of water and sanitation access by decision-making transparency ( $\beta = .68$ ,  $R^2 = .462$ ) highlights the importance of information. Water projects involve significant procurement and contracting; transparency reduces opportunities for rent-seeking and ensures resources are converted effectively into functional infrastructure (World Bank, 2021).

The significant inter-correlations among the independent constructs (Table 2) suggest these governance dimensions are synergistic in practice. For example, transparency likely strengthens accountability. This synergy argues for integrated governance reforms, even as interventions are tailored to specific sectoral outcomes.

### **7. Conclusion and Recommendations**

This study concludes that the three political decentralization constructs citizen participation, local accountability, and decision-making transparency are distinct, significant, and specific predictors of social development outcomes in Wakiso District. To enhance service delivery, interventions must move beyond generic decentralization support and deliberately target these specific constructs based on the sectoral goal: strengthening participation for education, accountability for health, and transparency for water and sanitation.

#### **7.1 Recommendations To the Ministry of Local Government and Wakiso District Council:**

**Strengthen Participatory Planning for Education:** Mandate and resource regular, inclusive community dialogues specifically focused on educational needs and school management committee effectiveness.

**Institutionalize Accountability Mechanisms for Health:** Implement and publicize robust social accountability tools (e.g., citizen scorecards, public hearings) focused on health facility performance, linking findings to administrative action.

**Enforce Transparency in Water Sector Procurement:** Mandate the proactive public disclosure of all contracts, budgets, and progress reports for water and sanitation projects at the sub-county level.

#### **7.2 Suggestions for Future Research**

Future studies should employ longitudinal designs to establish causal pathways and examine the long-term effects of reforms targeting each construct. Research should also explore how fiscal and administrative decentralization moderate the relationships found here. Comparative studies across districts with varying political cultures would enhance the generalizability of these findings.

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