

Original Paper

Recentralisation and Urban Service Delivery in Kampala Capital

City Authority—Uganda

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Abstract

Recentralisation in of Kampala City took effect in 2010 under the Kampala Capital City Authority (KCCA) Act with responsibility to manage the city on behalf of government of Uganda with the view to improve service delivery. The dynamics provided for both decentralization and Recentralisation policies during its implementation which led to shift of powers back to the centre. The study focused on quantitative data analysis and finding revealed 60.8 percent of female under school going age are not attending school, there is 98.9 percent have access to clean piped water, 62 percent of solid waste is from residential areas, 8.2 percent use commercial toilets and 72.6 percent are 5 kilometers away from the health facility hence a significant improvement in service delivery.

Keywords

Recentralisation, urban service delivery, education, health and hygiene, Sources of solid waste, toilets, access to community services, Kampala and Uganda

1. Introduction

In 1947, Kampala was traditionally recognized as a municipality thus named as the Capital City of Uganda at independence in 1962. Originally Kampala city was acknowledged to be located on seven hills, but currently its bounds have greatly been extended to contain numerous neighbouring societies. Consequently, Kampala has grown to be the main municipal centre. It is the Uganda's economic centre, contributing to 80% of the country's commercial and industrial activities and produces over 60% of the national Gross Domestic Product (GDP) (Imaka, 2017). Kampala as a zone is fully urbanized, a substantial percentage of (60%) is semi-urbanized, and the other remaining area is to be rural settlements. During the post-independence period, Kampala was administered as region and later transferred under

the Ministry of Local Government operating as an independent unit with five division were each division acted as a unique local government of its own.

For the last decade there has been interest in the current regime to wrestle control of the city's political leadership from opposition. The draft of KCCA Act 2010 (GoU, 2010) and its implementation was meant to have a better clean city however the implementation of the KCCA Act brought a number of stiff conflicts that later resulted into altering the powers of Lord Mayor, Executive Director and Minister for Kampala (Sabiiti, 2019). This implies that Kampala was recentralized under central government owned by the Ministry for Kampala.

The aim of the education and social service directorate is to provide; support, guide coordinate, regulate and promote quality Education, Sports, Recreation and tourism activities to the community in Kampala City that are geared towards individual and national development (KCCA, 2010a). The strategic direction was to foster a learning and productive community that focuses on development of tourism information in the City. The core function of the education and social services directorate include; design Education Management System; Plan and Manage the Pre-primary, Primary, Secondary, Special Needs Schools and Institutions of the City including provision of the facilities and learning materials, conduct periodic supervision and inspections to ensure quality assurance the quality of curriculum, methods of teaching, and classroom and dormitory facilities, conduct professional development programs for the teachers and education managers including formal training, refresher, knowledge exchange and work-based programs in the primary, secondary, special needs schools and vocational institutions, provide Adult and Children Library services for the Community and Library support to the Schools in the City, conduct sensitization and awareness of the education services in the City and manage provision of alternative education programs for children without access to the formal education, monitor and supervise the private educational providers in the City to ensure conformity with the educational standards, monitor the implementation of sports and recreational programs in the City and develop, monitor and evaluate the impact of the tourism development strategies on the City.

The Public Health and Environment Directorate (PH&ED) has the mandate to facilitate and provide support to ensure health and productive citizens; and a clean, habitable and sustainable community for the city. The Directorate guides the Authority on the efficient management of public health and the environment (KCCA, 2010c, 2010d). The strategic direction of PH&ED has defined its strategic direction to institute frameworks to proactively research and stem the occurrence and spread of communicable, acute and chronic diseases; foster health equity and nurture a healthy, conducive and sustainable community and environment. The core functions include; develop, monitor and evaluate the effectiveness of the KCCA Public Health Legislation; and institute frameworks and standards to ensure the promotion of health and wellbeing of the community, conduct research, develop and monitor the implementation of strategies on epidemiology and disease control including emergency management, vaccination/immunization, testing treatment and health impact assessment surveys, set benchmarks and monitor the implementation of health and wellbeing promotion through periodic inspections and

intensive health education, monitor the provision of efficient and appropriate health screening and treatment services at all the City Maternal, Child Health and Medical Health Centres, and monitor the implementation of the Environmental and City Ambience Management through the Water, Sewerage & Sanitation, Waste, Parklands, and Cemeteries Inspection and Management. The directorate has two sections for curative and preventive. Working with several other partners, efforts have been made to provide preventive measures as well as infrastructural support and public education in health matters. Kampala City faces health challenges associated with any developing city. Priority is given to HIV/AIDS and the resultant opportunistic infections, diarrhoeal respiratory diseases, and malaria. The directorate also monitors food handling and food hygiene practices and generally enforces the Public Health Act. The Gender and Community Services and Production (GCP) Directorate has the mandate to empower and facilitate communities, particularly the vulnerable groups, to realize and harness their potential for purposeful and sustainable development. The Directorate guides the Authority on the proper management of Gender, Provision of Community Services and Production, and Marketing Management (KCCA, 2010b). The strategic direction was to deliver quality services through the institutionalization of cutting-edge and developmental programs that foster sustainable development of the Community. The core functions of GCP include; develop, monitor and evaluate the effectiveness of social rehabilitation and resettlement programs in transforming them to responsible and productive citizens, develop and monitor the implementation of the Gender Mainstreaming, Emancipation and Empowerment strategy including the gender equity opportunities and programs and empowerment of women with the adequate knowledge skills and resources, design and monitor the implementation of sustainable socio-economic programs for the Youth focusing on creating opportunities of entrepreneurship, financial management, livelihood, partnerships and culture, develop, design and evaluate the effectiveness of programs for raising awareness and empowerment of people-with-disabilities and the elderly, monitor the implementation of Poverty Eradication/Alleviation Programs including the functional adult literacy, income generating projects/gainful employment opportunities, and diversification and marketing of the agriculture and fisheries, enforce the Social and Labour Legislation to protect the working class and regulate the relations between the worker and their employers develop and monitor the provision of appropriate legal measures for the protection of human rights of all City Citizens and provide legal-aid services to the under privileged where human rights have been violated and need protection. The strategic plan for KCCA 2018/19 emphasized the Social Services development to improve public health, education and social services and this gives KCCA the mandate to ensure that services are delivered to the residents of Kampala (GoU, 2018).

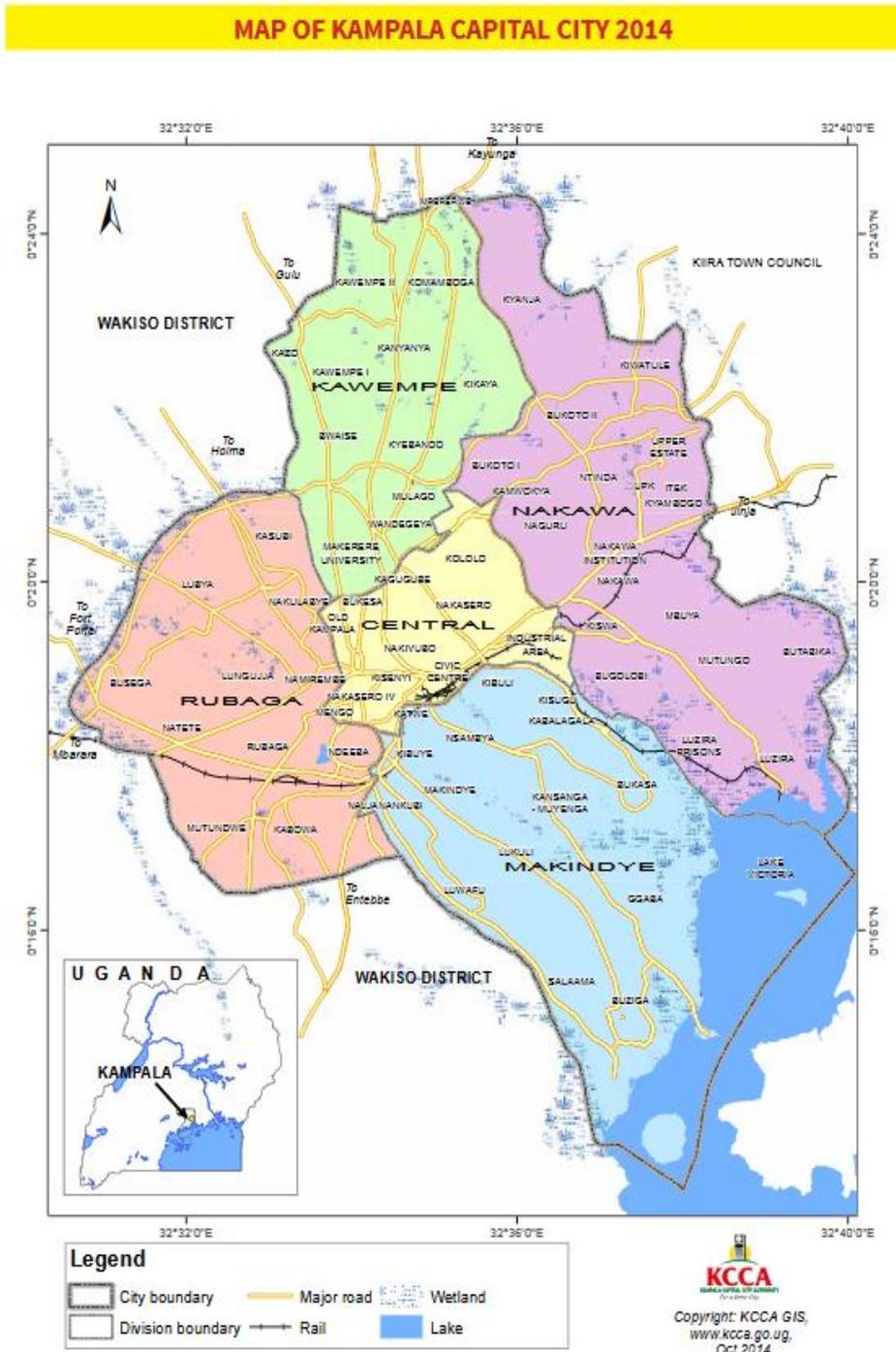


Figure 1. Map of Kampala Capital City 2014

Source: (GoU, 2018).

KCCA has ten health centers in five divisions in Kampala they include Kiruddu, Kiswa, Kawempe, Kisugu, Kawaala, City Hall, Kitebi, Kisenyi and Komamboga among others. The health centers supported Mulago hospital during renovation were deliveries including antenatal cases, family planning, immunization, HIV-Testing, counselling, dental, sputum tests for T.B, circumcision, simple infections like malaria, typhoid, cough and general medicine in 2016. The mothers who were then seven months pregnant complained of the distance, transport charges their health conditions to reach the two hospitals. Although most KCCA hospitals work on mainly out-patients due to inadequate staff and equipment this didn't stop the increase of patients from following in KCCA central health center that led the patient number to increase from 300 to 900 patients (Nakabugo, 2016).

1.1 Problem Statement

Uganda is a primary destination for refugees from South Sudan, Somalia, Democratic Republic of Congo and rural migrants from rural areas. The refugees need access to basic services among which are health services and since most refugees settle and seek for employment opportunities in Urban centres mainly in sub-standard neighborhood Kampala city, the continuous influx of vulnerable urban dwellers put pressure on already overburdened basic services on Kisenyi health center III which led to KCCA to collaborate with Norwegian Refugee Council and ACT to improve service delivery (AGORA, 2018). To improve health service delivery the ministry of health handed over seven ambulances to KCCA in support of coordination of health centers in line with emergencies. The stakeholders must avoid complacency, wastage of resources, and neglect of their duties (Joel, 2018; Katungulu, 2018). There is inadequate access to safe water in Makindye division, the challenges with knowledge gaps and sanitization, lack of citizen involvement in health matters, slums need upgrading, there is still uncollected waste were garbage heaps of uncollected garbage in areas of Namuwonge (KCCA, 2016). There continued outbreaks of diseases like cholera, typhoid, malaria etc as a result of vendors using contaminated water to produce juice and drinking water at low prices (Mulondo, 2011) and the uncollected garbage possess a health threat since KCCA fails to collect 1000 tons of solid waste in the city on a daily basis (KCCA, 2011; Mulondo, 2011; Ngwomoya, 2019a).

Therefore, this paper provides an analysis on service delivery in KCCA majorly focusing on education, health and hygiene, and access to community services. The objective of this study was to assess the extent of urban service delivery in Kampala City.

2. The Study Specific Objectives

2.1 Specific Objectives

- 1) To establish the level of accessibility to education services in Kampala.
- 2) To examine the household health and hygiene in Kampala.
- 3) To establish the level of accessibility to community services by households in Kampala.

2.2 Research Questions

- 1) What is the level of accessibility to education services in Kampala?
- 2) What is the household health and hygiene in Kampala?
- 3) What is the level of accessibility to community services by households in Kampala?

3. Methodology

The investigation used a cross-sectional descriptive survey design to assess the extent of service delivery in KCCA. The design was appropriate for this study because secondary data from Uganda Bureau of Statistics (UBOS), Global Green Growth Institute, and KCCA was utilized. The study focused only on quantitative data and the findings were presented using tables and graphs.

4. Analysis of the Findings

The study presents findings on health and hygiene of HHs, and the level of accessibility to education and community services by HHs in KCCA.

4.1 Access to Education Services in KCCA

The study investigations presented findings on the persons not attending school and those attending primary and secondary school in KCCA.

Table 1. Persons not Attending School in Kampala Distributed by Gender in Age Interval of 6-15 Years

	Number	Percentage
Males (6-15)	8,616	39.2
Females (6-15)	13,337	60.8
Total	21,953	100

Source: Author's computations from UBOS (2014).

The results from the investigation indicate that out of 21,953 persons who were not attending school and aged 6-15 years in Kampala, 13,337 (60.8%) were females and constituted the majority while 8,616 (39.2%) persons were males. This is an indication that a big number of females in Kampala are not attending school compared to males. Therefore, more initiatives are needed to encourage females to join school in Kampala.

Table 2. Persons Attending Primary School in Kampala Distributed by Gender (6-12 years)

	Number	Percentage
Males (6-12)	87,357	49.5
Females (6-12)	89,271	50.5
Total	176,628	100

Source: Author's computations from UBOS (2014).

The evidence in Table 2 above shows that more females (50.5%) attend primary school compared to males (49.5%). The findings imply that there is equality in providing primary education services in Kampala among male and female pupils.

Table 3. Persons Attending Secondary School in Kampala Distributed by Gender (13-18 years)

	Number	Percentage
Males (13-18)	47,124	44.1
Females (13-18)	59,781	55.9
Total	106,905	100

Source: Author's computations from UBOS (2014).

The findings revealed that majority of the females (55.9%) are having access to secondary school education compared to males in Kampala district. The involvement of more females in secondary school is attributed to a number of initiatives/interventions which have been implemented by KCCA and development partners.

Table 4. Comparison between the Number of Persons not Attending and Those Attending Primary and Secondary School in Kampala

	Number	Percentage
Not attending school	21,953	7.2
Attending primary and secondary school	283,533	92.8
Total	305,486	100

Source: Author's computations from UBOS (2014).

The findings from Table 4 reveal that very few persons (7.2%) are not attending school and majority are at least attending primary school in Kampala capital city. The findings indicate that there is an effective education service provision to people in KCCA. KCCA manages 79 government aided

schools in the city and have been able to set up infrastructure in some of these schools since constructed over 151 classrooms and renovated (61 new) and 6 science laboratories.

KCCA also revamped 3 Public libraries. In their effort to improve education, they distributed over 240 computers in several City schools, supplied 1,485 three-sitter desks to over 22 Schools. Also constructed 50 teachers' houses were rehabilitated. There has been improved school inspection, improved school sanitation in over 30 City Public schools, improved cooking facilities in 15 schools (KCCA, 2018).

4.2 Health and Hygiene of HHs in KCCA

The study assessed the health and hygiene services provided to the households in Kampala and the findings are presented in different sections below;

Table 5. Source of Drinking Water for HHs in Kampala

	Number	Percentage
Access to Piped water	341,841	98.9
Access to borehole	3,864	1.1
Total	345,705	100

Source: Author's computations from UBOS (2014).

The investigation findings reveal that most of the people in Kampala (98.9%) have access to piped water for drinking while the few access borehole water. The results imply that most of the HHs in Kampala use piped water for drinking. This means that majority of the HHs do not have access to safe drinking water since few have access to borehole water. The findings are correct since Agency Francaise De Development (AFD) clarified that Kampala faces the challenges of poor sanitation with sewerage coverage at only 6% and deteriorating water quality (AFD, 2010). According to Kafeero (2015) stated that majority of water sources are heavily contaminated as warned by WHO. WHO confirmed that juices and drinking water were the main sources of infection that resulted into 2000 typhoid cases. There is need to work together with NWSC to ensure that Kampala population is connected to the water grid.

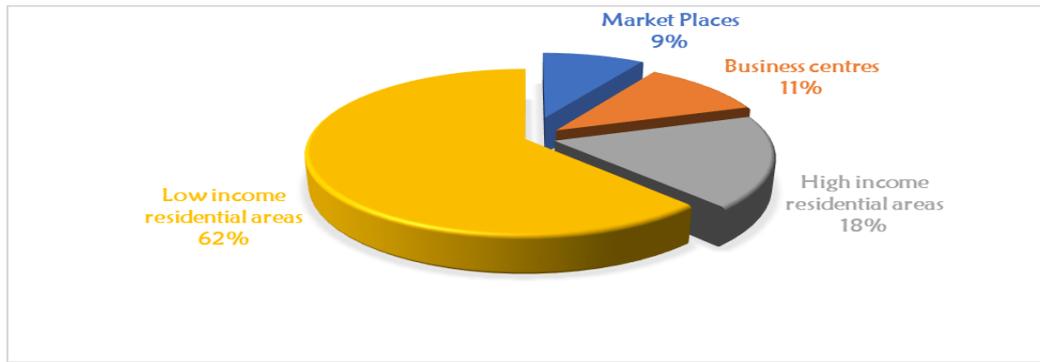


Figure 2. Sources of Waste Reaching Dumping Site in Kiteezi

Source: Authors’ computations from Global Green Growth Institute (2018).

The findings from Figure 2 above show that most of the waste that is dumped in Kiteezi dumping site are collected from low income residential areas (62%), followed by those from high income residential areas (18%), and the least is collected from market places (9%). The findings imply that most of the waste that is collected from Kampala capital city is generated from low residential areas due to their population density.

KCCA is expected to collect 1,000 tons of garbage daily but only collects 470 tones and this attributed to shortage of trucks. This uncollected garbage affects the drainage since its recklessly dumped by the dwellers and residents in Kampala hence causing floods. KCCA’s master plan revealed that they lack Shs 700 billion to roll the implementation but noted that the floods had killed over seven people in Kampala (Ngwomoya, 2019a).

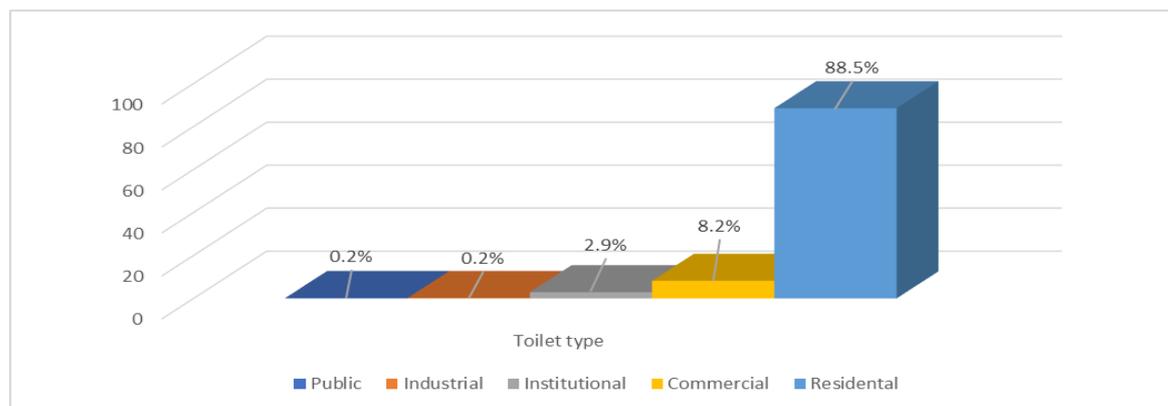


Figure 3. Type of Toilets Used by People in Kampala

Source: KCCA, 2017.

The findings in Figure 3 above indicate that the highest proportion of people (88.5%) in Kampala use residential toilets, followed by those who use commercial toilets while few use public and industrial toilets. The findings imply that residential toilets are majorly used by people in Kampala. Commercial

and public toilets face challenges of vendors littering human waste on the floor especially at night or during load shedding which allows hygiene related diseases like cholera, stomach upset and Urinary Tract Infection (UTI) to spread. The situation is worse in the market areas where they have a challenge of inadequate toilet facilities yet lavatories are always congested (Kwiringira, Atekyereza, Niwagaba, & Günther, 2014). The toilet users leave them dirty after use and dump sanitary towers hence blockage. In a market like Baalikuldembe they have 50,000 and Naksero has 800 vendors. The doors on the toilets are in bad shape hence no privacy and toilets produce a terrible smell. The toilets are shared with people of opposite sex yet they are not free each vendor is required to pay 300-500/-per usage time. There is no ready soap to allow proper hand washing and some lack ventilators. Unfortunately university toilets in Kampala are not any better than those of markets they are always filthy and shaky and regularly run out of water (John Semakula, 2019). These findings are similar to findings discovered by (Tumwebaze, Orach, Niwagaba, Luthi, & Mosler, 2013) were users are dissatisfied with toilet facilities.

4.3 Access to Community Services in KCCA

The study investigated the proximity of health and police services to the households in Kampala. This was aimed at assessing how health and police services are brought close to the HHs by the government.

Table 6. Access to a Health Facility and Police Post in Kampala

	Number	Percentage
Households that are 5 km or more to the nearest public health facility	75,085	72.6
Households that are 5 km or more to the nearest Police Post/Police Station	28,327	27.4
Total	103,412	100

Source: Author's computations from UBOS (2014).

The findings from the study show that majority of the households (72.6%) in Kampala are 5 km or more to the nearest public health facility and the least proportion (27.4%) of HHs are staying close to the nearest police post. This indicates that the health services are brought closer to the HHs compared to police services. Studies have indicated that Individuals were responsible for meeting costs of health services, which were high in most cases, KCCA should take the responsibility to avail Kampala residents free and quality health service delivery (UNESCO, 2017).

Security is key for development to take place, KCCA houses the majority of police officers in Uganda in their barracks, quarter of the fleet of police vehicles and personnel's including those on specialized units are in Kampala (Police, 2015). The mandate of Uganda National Police is to protect life and property, prevention and detection of crime, keep law and order, and maintenance of overall Security

and Public Safety in Uganda (Police, 2010) which mandate must be fulfilled in support of service delivery.

While the data for other community services was unavailable, KCCA constructed several markets like Wandegeya which accommodates 1,200 vendors. The vendor occupancy of at 60%. Usafi Market was also acquired for the market vendors. The 6 acre market provided a cheaper solution for all traders that were transacting business in non gazetted areas downtown Kampala, The three-level market in Busega was completed it provides 2,000 work-spaces to the community. This work is supported by the Arab Bank for Economic Development in Africa at the cost of USD 6 Million (ABDEA) to be completed in December 2019. The other initiative Sunday Market that was launched in May 2015. The Sunday Market Initiative along Luwum Street was launched as a way of giving an opportunity to street vendors to sell their merchandise. The market has gained momentum and to-date has between 800-1000 vendors operating at the market every Sunday (KCCA, 2019).

Over 3,000 urban farmers have been supported with inputs and new farming techniques through Kyanja Agricultural resource center which was established to promote modern urban farming. The center offers knowledge and practical skills on urban farming technologies. KCCA initiated an employment service bureau with 14,000 fresh graduates registered. Close to 4000 youths have been trained in ICT, life and social skills. Some 600 job seekers were connected to organisations to seek employment. The Bureau has a National Job Matching Database tool used to pair job applicants with companies (KCCA, 2019).

Cash handouts from the government where community groups get loans as start-ups capital for developmental projects. Over UGX 2.7 Billion has been disbursed to 281 projects benefiting over 3,000 youths. Over 14,000 youth & 65,000 community members have been equipped with business skills & start-up capital to facilitate enterprise growth. The sector boasts of a Teachers SACCO with over 1,000 members to date and with a running portfolio of 1.9 billion. This has helped improve the lives of teachers in public schools by allowing them access loans as start-ups capital for other income generating projects (KCCA, 2019).

5. Conclusion

Service delivery in Kampala has had a significant improvement since the last eight years to provide a path for sustainable city development (Note 1). There has been a significant improvement in waste management, education, health, and roads among others (Note 2).

5.1 Level of Accessibility to Education Services in KCCA

The study found that the persons attending both primary and secondary school in KCCA exceed those who do not attend school. More importantly, it was evident that females are more enrolled in school compared to males. In early 90s, Uganda used to have a gender inequality in school where few females would be attending school compared to males. Therefore, the government together with its partners should continue with their interventions geared towards encouraging children and adults to join school.

5.2 Household Health and Hygiene in KCCA

The study found that health and hygiene of people in Kampala have improved since most homes have access to toilets and manage well their solid wastes which is later dumped in Kiteezi by KCCA garbage collectors. However, it was revealed that most of the HHs have access to piped water for drinking. Therefore, there should be awareness campaigns to ensure that HHs cook drinking water obtained from piped water since it would reduce their risks to diseases (Ngwomoya, 2019b). KCCA has undertaken a number of sanitation projects aimed at improving hygiene although there is general lack of interest by dwellers to participate in a planning and monitoring activities of their respective areas (KCCA, 2016). KCCA should construct close to 300 public toilets to address the shortage. This will reduce on the outbreak of cholera in Kampala Suburbs. KCCA should work with donors to support the efforts of reducing the number of Ugandan dying of curable diseases like Bill and Melinda Foundation.

5.3 Access to Community Services in KCCA

The study found that most HHs in Kampala have close access to health services compared to police services. Thus, the government should also ensure that police posts are brought closer to communities in Kampala especially in informal settlement where crimes are rampant.

6. Recommendations

There is need for economic empowerment of community members in Kampala through poverty eradication programmes. This would help them to take their children to school since the study found a significant number of persons not attending school.

The study recommends that the government should construct more boreholes for HHs to have access to safe drinking water. In addition, it is suggested that HHs who access piped water should cook it before drinking in order to make it safe. KCCA should work closely with Ministry for Local Government, National Water and Sewerage Corporation, Donor agencies to support projects related to provision of water services.

People living in low residential areas of Kampala should be trained on how to use recycling, reducing, and reusing methods to reduce on the amount of solid waste dumped in Kiteezi.

Lastly, the government should provide police posts nearer to the communities in Kampala since this would help in curbing crimes. This is due to the fact that few HHs in Kampala have close access to the police posts or services. Government should be ready to ring-fence the health budget since the authority continues to decry continued underfunding which affects service delivery and will not support improved quality of life and environment for sustainable urban development.

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