

Exploring the Impact of decentralization on service delivery in rural Sierra Leone: A Case Study of Kailahun District

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Corresponding Author: Mohamed Kaifala Jimmy Institute of geography and development studies Njala university, Njala, Eastern Technical University, Kenema. Article History Received: 15 / 05 / 2026 Accepted: 30 / 06 / 2026 Published: 15 / 07 / 2026	Abstract: Service-delivery in the course of implementing decentralization around the rural districts of Sierra Leone has been neglected in for far too long; and little studies regarding this have been done in Sierra Leone. This study was undertaken to investigate and come out with detailed analysis with accounts of service delivery in rural communities around the country (Sierra Leone). The objectives of this study were to examine the delivery of the services in the decentralisation dispensation: the provision of educational, healthcare and safe drinking water supply services to rural communities. Data was collected from 400 respondents randomly selected from households in communities that were purposive selected. structured questionnaire was used to collect data from households and semi-structured questionnaire to collect data from key informants. Data was analysed using R-version. Result revealed that there are limited provisions of these services to the people in the rural communities; and which makes accessibility to the services very difficult for community people who suffer the consequences. Result further reveal that service delivery was not uniform across chiefdoms in the district. It recommended that government should improve on the provision of infrastructure in the rural communities on the one hand, instituting mechanisms for effective monitoring to enhance maintenance and sustainability towards improvement. Keywords: service delivery.
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How to Cite in APA format: Jimmy, M. K., Lahai, M. K. & Foday, E. H. (2026). Exploring the Impact of decentralization on service delivery in rural Sierra Leone: A Case Study of Kailahun District. *IRASS Journal of Arts, Humanities and Social Sciences*, 3(7), 23-34.

Introduction

The provision of social services has been overrated in the governance systems in developing countries around the world. Many communities in rural areas have been neglected in service delivery (Fanthorpe et al 2011). Human existence in modern times largely hinges on the provision of social services for economic activities that will lead to growth and development of a nation. This has led to the transitioning of many governments' policy to decentralisation. In decentralization the grassroot people will take the lead in the governance of their communities through the local governments (Christopher and Everest 2022).

According to (Allain-Dupri 2018), decentralization has taken a center stage in many policy reforms around the globe. The decentralisation of public administration to local governments was mainly to enhance improvement in the lives of the local people by bringing the governance of their communities to their door step. It was believed that this would help to bring about improvement in the provision of services for the people Kassen (2021). Today, many countries around the globe embrace and adopt decentralization as an integral part of governance; and they hold the conviction that improvements in positive and sustainable socio-economic context are bound to take place in the governance of any nation that chooses to adopt the principle (of decentralization). In

fact, many pundits particularly those in the domain of political science consider it a system of governance that strongly advocates for good governance (Christopher and Everest 2022). and it implementation in national governance will augment the social service delivery on the one hand, strengthening good governance on the other hand. Irtyshcheva et al (2021) reported that decentralization can be considered a governance system with an embodiment of the central government devolved powers, functions and responsibilities with strategic plans that can positively reflect the sensibility of the governed particularly in terms of demand yearning or expectation for improvement in life and in consonance with contemporary global socio-economic development standards. As a system of governance, it is gaining an increasing acceptance globally (World Bank Report 2014).

The unavailability or inadequacy of social amenities and services in most communities around the rural districts of Sierra Leone over the past years was manifested in communities with little provisions of amenities and most citizens having encountered a great deal of challenges in accessing the services (Wurie, Samai and Witter 2016). Most of the grassroot populace had become desiderate, owing to the uncertainty about the availability of social amenities and services, compounded with echoes from the

corridors of power resonating promises with solutions to problems; but which failure cranked an ignition of an eleven years civil conflict (McLeod and Ganson 2018). Sheer depravity manifested by the discriminate and inequitable provision of services has perversely become inherent in administrative jurisdictions and gradually pervasive across a wider system of governance in society (Wurie et al 2016).

Expected of this study nonetheless, is the examining the delivery of social services in rural communities in Kailahun district. Over the years, very little research has been done in the delivery of social services in rural communities in Sierra Leone. According to Shongwe and Meyer (2023) there were evidences of ineffectiveness in the provision of social services for the people. furthermore, studies have revealed that there is a prevalence of urban biasness in the delivery of social service against rural communities Mudalige (2019). It is believed that social service delivery is one way to narrow the disparity levels between urban and rural communities. Most communities that are placed in far remote communities continue to suffer from non- benefitting on the basic social amenities that are provided by the local government service providers Wurie et al (2016). Hence research was required to investigate and make an analysis of service delivery in decentralization around the rural communities of Sierra Leone.

This drives the need to investigating the levels of service provision in the rural communities where sustenance of livelihood and vulnerability is much more difficult and persistent respectively. In this research the guiding question has been: “How

has decentralization impacted communities through service delivery? 1) Does decentralization bring any improvement on the provision of educational services? 2) How much improvement has been done on the delivery of services in the health sector the rural communities? 3) What are the improvements done in the provision's services in safe drinking water?

Methodologies

The study was done in Kailahun District in Eastern Sierra Leone. The district shares boundaries with the republic of Guinea to the north with river with Moa forming part of it republic of Liberia to the east, Kono district to the north and Kenema district to west (figure 1). The district has a total population of 550,435 and 75,000-80,000 households (Statistics SL 2021). Farming especially tree crop (coca, coffee and oil palm) is the main livelihood activity of the people.

Research employed a mixed method design where both quantitative and qualitative data were collected. Quantitative data was collected with the use of well-structured questionnaire to collect data from households that were selected using random sampling. A semi-structured questionnaire was developed to collect data from key informants who were selected from the local government departments, the education, health and water sectors respectively. The household survey was done in five main chiefdoms of Jahn, Kpeje-West, Kpeje-Bongre, Upper-Bambara and Luawa (Figure 2) that were purposively selected as they have received more development projects from the decentralisation process since its inception.

Figure 1: A map of Sierra Leone indicating the location of Kailahun District.

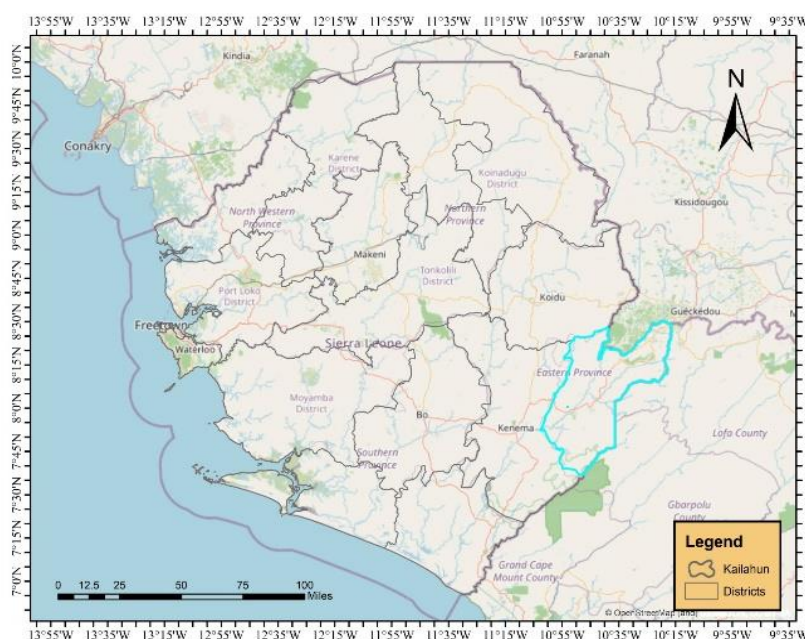
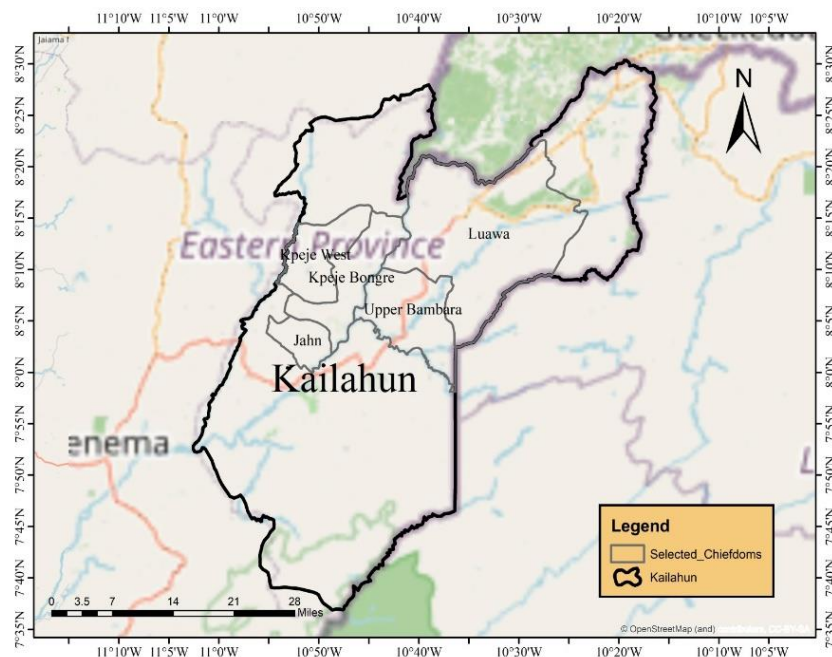


Figure 2. A Map Showing Kailahun District indication the chiefdoms where data was collected.

To seek the perception or opinion (and with experience) of households about the implementation of development programs data was collected from 400 structured questionnaires were administered in all to respondents from 5 chiefdoms in the district as indicated (in table 1) below. The questionnaires were arranged to sought the perception of household members about the implementation of developments according to their own individual experiences.

Table 1: display distribution of respondents per chiefdoms

No.	Chiefdom	No sections	No of sections selected in each C/Dom	No of communities selected	Total of households in chiefdoms	No of households selected for interview
1	Luawa	10	6	7	18,983	120
2	Upper-Bambara	4	4	4	8,650	100
3	Peje-West	5	4	4	4,698	80
4	Peje-Bongre	6	4	4	3,530	60
5	Jahn	5	4	5	1,627	40
					37,488	Total

Author's field report 2025

The Key Informant Interview (KII) was conducted among 28 respondents: Comprising 20 respondents from the local government, 3 respondents from the Ministry of Education, 3 respondents from the Ministry of Health and 2 respondents from the Ministry Water Resources.

First, purposive sampling was done to selected the five chiefdoms in Kailahun District. Next, communities were selected within each chiefdom to make sure the sample had good geographic spread, a random sampling was used to select households for a face-to-face interview. Finally, our enumerators approached households in each community for an interview with head or a representative. This gave a final sample of 400 respondents, in line with the sampling logic used in comparable community-level studies in Sierra Leone.

Ethical consideration was done before the administration of the research instrument. This was done through formal engagement with community heads for every community and due permission were sought from every individual where motive and purpose of study was explained and those who consented were selected for interview.

Survey data from households were analyzed using excel and 'R' Version. Data from excel spread sheet were exported into 'R' where analysis was done. Frequency counts and percentages were done and as well as mean and standard deviations. Two binary logistics regression analyses were carried out, to test for predictability. Crouback alpha was done to test for the reliability of services. The gender (male or female) of respondents, educational level attained and employment status (employment or self-help) were used as predictor variable.

Ordinal logistic regression was done to identify predictors of high rating. Cronbach alpha was done to test for the reliability of the 3 items quality. A chi-square test was done to test for significant differences among services.

Result and Discussion

Socio-demographics of respondents

Data was present on the socio-demographic characteristics of respondents ranging from sex, age, educational status and employment status and income situation of respondents. It begins

by displaying that, we surveyed 400 community household heads across the five chiefdoms. Just over half 53% were male and just under half 47% were female. The Key Informant (KI) Interview took place among 28 respondents with 20 males and 8 females.

Their ages ranged from 18 to 75 years, with a mean of 37.3 (SD = 10.5) and a median of 37. The age distribution leans towards younger and middle-aged adults, which is what we would expect for the working-age population of the area. This is in line with Lang-Ritter et al (2025) who said that 1 billion of the world's 2 billion youth population is found in developing countries and the youth share is rising rapidly which will lead to the challenge of understanding the approaches towards their affairs. This research was done in one of the world's developing countries in the sub-Saharan Africa. The educational picture stands out as a particular concern, 66% of respondents had no formal education at all. Only 13% had finished secondary school, and just less than 1% of respondents had tertiary qualifications. This pattern reflects the wider state of rural access to educational, where decades of underinvestment and the legacy of the civil war continue to limit schooling opportunities. Most 75% of the respondents earned their living through self-employment. It was discovered that most of the respondents earn their living mainly through subsistence farming or small-scale trading. 22% were unemployed, and only 4% respondents held formal salaried jobs. Together, these characteristics describe a rural population with limited formal schooling and limited access to formal employment the kind of context where decentralised service delivery, if it works well, has

the most to offer. As argued by Kantagora and Onyemaechi (2025), one way to enhance improvement in the income situation of a community people is through the provision of social services. The income situation of the respondents with highest 38% whose daily income falls within le 51-le100, (\$ 2.2-4.5) 35% of respondents earn daily income of within le1-le24 (\$ 1) or less while the 27 % earn between le25-le50 (\$ 1.1-2.2).

Impact of Service Delivery

Study intends to assess the level of service delivery in the rural communities. This study focus was placed on 3 very important areas of service delivery. The study paid attention to the provision of education, healthcare services and safe drinking water to investigate into service delivery in the rural communities of Kailahun.

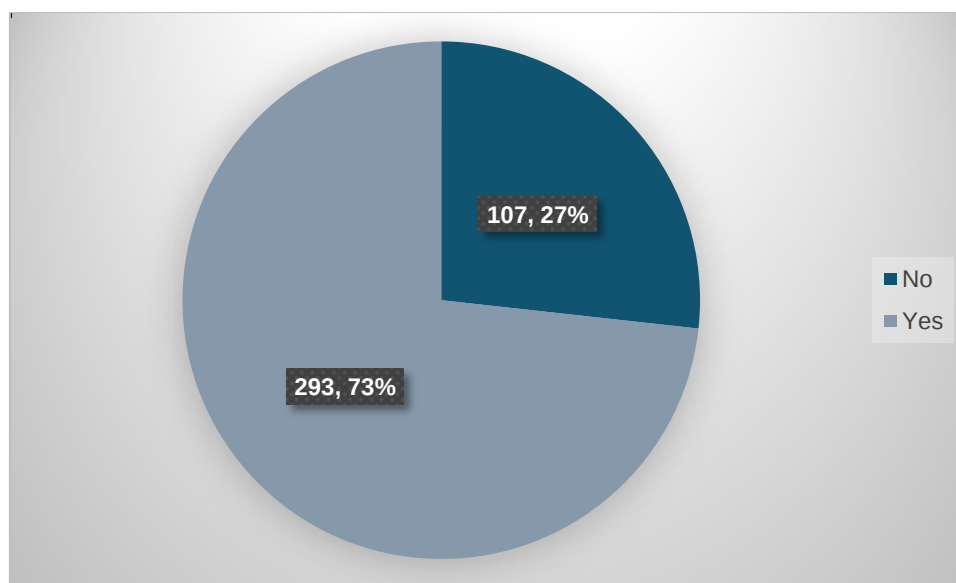
Access to school for the education of children

Study tried to investigate the accessibility of education for children in the communities. In a study to examine the level of service delivery it is expedient to have the accessibility of formal education on top of the list. It is universally accepted that all children must be given the right to acquire education.

Whether respondents have school going children

The provision of education is a universal right that everyone is expected to enjoy, hence its implementation requires research.

Figure 3 Distribution of respondents by whether they have school going children



Source: Authors Field Data 2025

Figure above indicate that a significant number 73.2% of respondents have said their children are attending school while 27% said they don't have children attending school. This result does not match with expectation. Between 2004-2016, Sierra Leone recorded an increase in school enrollment of 50% male and 100 % female. This trend was expected to continue with Free Quality Education (FQSE). According to (World Bank 2021) this record was reported to have doubled over the years.

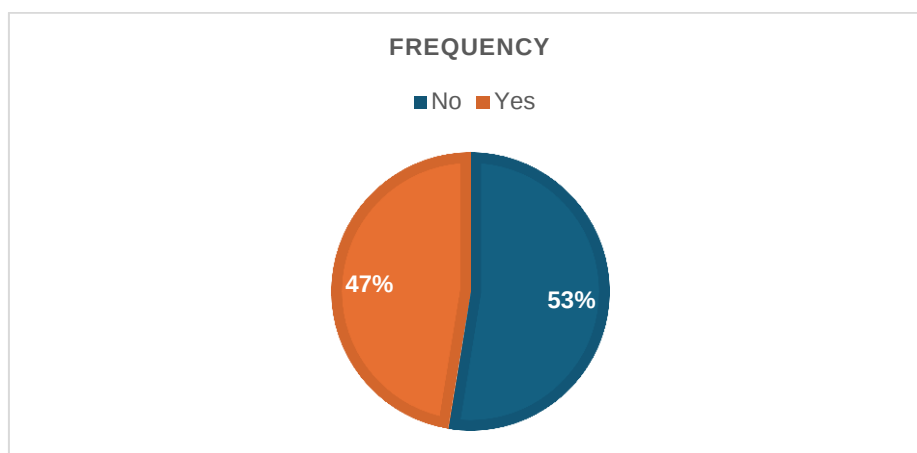
This significant surge in the rate of school enrollment might be as a result of the government of Sierra Leone's enactment of the policy of a free compulsory education. Data above indicates that this policy has not fully taken effect in the rural areas as there

are 27% of the respondents whose children are not in school at the time of this research.

Distances children cover to access school location

This data seeks to analyze distances that children cover every day to access a school location. Research was highly interested in estimating the distribution of respondents who attend schools in the communities and those who would move to other communities to have an access to a school and went further to unearth some of the causes for that. Researcher observed that, Children who would want to proceed beyond the primary level would be relocating to another community or walk the distance to and from the locations daily.

Figure 4. Respondents with children that attend school in the community or not



Source: Authors Field Data 2025

Figure above indicates that the highest 53% of the respondents do not have their children schooling in the communities while 47% said their children are going to school in the communities that they reside.

Some of the communities visited for this survey were without schools while most of the communities that had schools could only provide for the enrolment for primary school pupils. This in essence goes in line with Yuwono et al (2025) who said that in many African countries, the policy of decentralization has not improved poor distribution of social services.

Educational level that respondent' children attained

In Sierra Leone the educational system is divided into four main levels i.e., primary school, junior secondary school (JSS), senior secondary school (SSS) and tertiary levels. This data was analyzed to display the distribution of respondents' children according to the levels in which they are. This is done to justify how many of them are affected by lack of access to school within their communities. In as much as we are looking at accessibility to school, we must also not lose sight of the reality that some levels of school will not be accessible in most of these communities where this research is going on. Hence such a disadvantage will be seen as natural.

Figure 5. levels of respondent's children



Source: Authors Field Data

Figure above present a significant number 72.5% of respondents who said their children are at the primary level, 12.4% said their children are in Junior Secondary School (JSS), 11.2% said their children are in Senior Secondary School (SSS), the least 3.9% said they have children in tertiary educational institutions.

Perceived rating of the provision of education

This is to display the perception people hold about the provision of educational services in the rural communities. This is because the provision of education is one of the social services that research seeks to investigate so it is essential to evaluate how people perceive it.

Table 2 respondents rating of educational service delivery in rural communities

Rates	Frequency	Percent
High	58	14.5
Low	210	52.5
Moderate	132	33.0
Total	400	100.0

Source: Authors Field Data 2025

Table above presents that the highest number 52.5% of respondents said that the provision of educational service was low, 33% said it was moderate while 14.5% said it was high. Some scholars express that with decentralization, development is bound to reach all local communities, (Moletsane, de clerk and Bevan-dye 2014). Yet such a number of people have a very low rating for services.

KII displays a contrary view to this, it displays an improvement in the provision of education in the district asserted by one of the respondents. He went on to state that *enrollment rate in schools have improved because of feeding and payment of fees by government*. Another states that *support from ministry have increased enrollment and improved pupils' retention in schools*. What is unfortunate here is when service providers continue to consider number as the only indicator for service provision in schools. These results above were confirmed yet it was reported that expectations do not seem to match up with outcome (World Bank 2021).

T able 3 the accessibility of health facility in respondents' location

Responses	Frequency	Percentage
No	295	73.8
Yes	105	26.2
Total	400	100.0

Source: Authors Field Data

Table above indicates that a significant number of the respondents 73.8% said they have no access to health facility from within their communities; while a 26.2% said that there is a health facility in their community. This result tends to contract Cavigila (2021) who said there is an enhancement in the access to health care in Sierra Leone by the spread of hospitals in rural and hard to reach communities by National Emergency Healthcare Service (NEMS).

The provision of health-Care services in the communities.

The provision of health-care service is regarded as a vital service that is required for the existence of people and their potentials to undertake their normal economic activities. Rural communities of Sierra Leone have over the past suffered a lot from problems like maternal and child mortalities, spread of diseases and epidemics in the form of pandemics. Rural communities being the regions that are involved in the cultivation of food for the entire nation requires a system of sound health to keep them fit for cultivation. This is one of the factors that led to this investigation into the provision of health services among other services that were investigated.

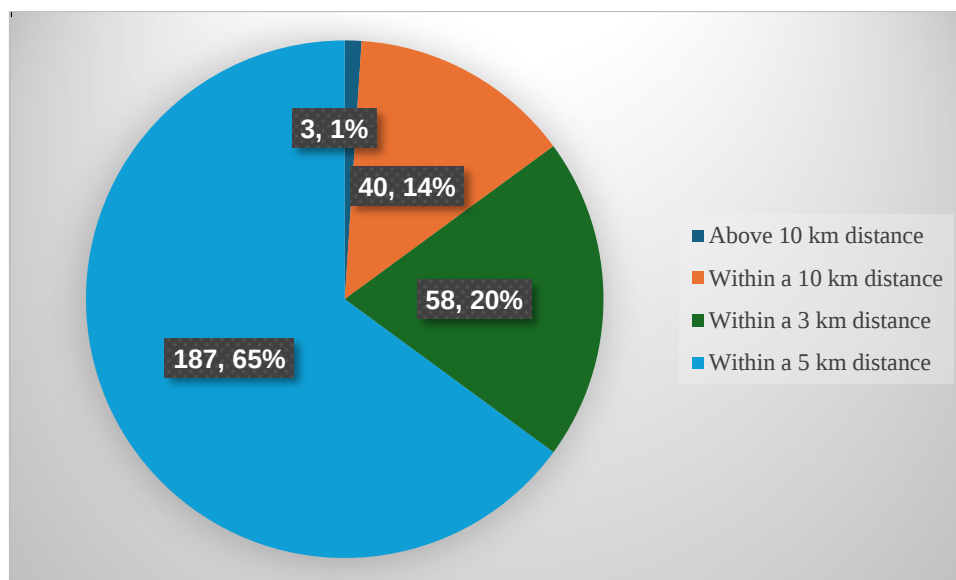
Whether households have access to health facility in their communities

The access to health facility is a very essential part of service delivery in communities.

Distances covered to access healthcare facility.

Data below display distribution of distances of communities away from health care centers in the rural communities. This is to investigate some of the factors that might be responsible for the low rate of accessibility to health-care facility.

Figure 6 A distributions of distances that people cover to access health care facility



Source: Authors Field Data

Figure above shows that the highest 65% of respondents said they cover within 5km distance to access healthcare service, 20%) said they cove within 3 km distance to access healthcare service, 14%) said they access healthcare service within 10 km distance and few 1% said they cover above 10 km distance to

access healthcare service. This is in line with Wurie et al (2016), they reported that communities found in remote rural regions will continue to suffer from non-benefitting from the provision of basic social amenities.

Households with Children under 5 years of age

Data analyzed was to display the number of respondents with children under the ages of 5 years. Sierra Leone as a nation has enacted a policy that emphasizes the provision of free healthcare service for maternal healthcare and for children under

the age of 5. This policy was enacted to help curb maternal and infant mortality. It is appropriate that every child benefit from the provision of free health care service.

Table 4 respondents with children under 5 years of age

Responses	Frequency	Percent
No	231	57.8
Yes	169	42.3
Total	400	100.0

Source: Authors Field Data 2025

Table above display that above half 57.8% of respondents said they don't have children within the age bracket of 1-5 while 42.2% of respondents said they have children within the age cohort of 1-5. This indicate that, there will be a low number of people who would benefit from the free healthcare service if ever such service was going to be made available in the rural communities.

Perceived rating of the provision of healthcare services

Data analyzed and presented display the ways in which respondents present their own perceptions on the ratings on the provision of healthcare service base on their own experiences. Survey was conducted in rural regions about the provision of healthcare facilities. During this survey, most communities visited were without healthcare centers, even where a healthcare facility was found, there were several other facilities that were not available. Hence data below present the result as follows.

Table 5 Distribution of respondents by perceived rating of the provision of healthcare services in the communities

Ratings	Frequency	Percentage
High	25	6.3
Low	230	57.5
Moderate	145	36.3
Total	400	100.0

Source: Authors Field Data

Table above shows a significant number of respondents 57.5% rating the provision of health service as low, second 36.3% of respondents said it was moderate, while a very low number 6.2% said it was high.

The (KII) data displays a mixed report, where the 1 respondent reports improvement, one of them took a differ position on the provision of healthcare service. He states that *provision of health has worsened due to irregular payment of subvention by government*. Policy implication here is that even the central government does not seem to be serious about the free health care service.

Sources of drinking water for communities

Availability of clean and safe drinking water especially during dry season is a serious challenge for the people. Despite few communities have pipe born water and there were few wells dug by NGOs but that does not seem to reflect the proportion of rural communities' need for the provision of water. Research observed that most of the communities that benefitted from such service delivery are located in the peri-urban communities. This leaves the remote rural communities to alternatively drinking water from manually dug holes, swamp, streams and rivers which are not good for drinking. Hence research seeks to find out the various sources of drinking water for rural people.

Table 6 Distribution of respondents by main sources of drinking water for your families in the communities

Sources of drinking water	Frequency	Percent
Borehole	275	68.8
Pipe born water	24	6.0
Rain water	1	.3
Stream/river	77	19.3
Swamp water	22	5.5
We boil water	1	.3
Total	400	100.0

Source: Authors Field Data 2025

Table above indicates that a significant number 68.8% of people in the rural communities get drinking water from boreholes, second to it 19.3% get drinking water from the streams, and third 6% get drinking water from pipe-born while 5.5% get drinking

water from swamp and .3% from rain water and lastly another .3% said they boil water for drinking purposes. With the interventions of the Non-Governmental Organizations, it is evidently clear that there is a lot of bow-hole in the district and most rural communities are now entitled to at least one.

Length of time drinking from the source

Tables above have displayed analysis of the various sources

of drinking water for the people, it is important to present how long they have been drinking from the indicated sources.

Table 7 distribution of length of time respondents' drink from this source?

Length of time drinking from source	Frequency	Percent
For the past 15 years	81	20.3
For the past 5 years	189	47.3
I can't remember	45	11.3
Since I was born	85	21.3
Total	400	100.0

Source: Authors Field Data 2025

Table above displays that 47.3% of respondents said they have been drinking water from their indicated source for the past five years, 21.3% said they have been drinking from the source since they were born, 20.3% said they have been drinking from the source for the past 15 years while 11.3% said they could not remember. This result indicates that the highest number of respondents have benefitted from the provision of boreholes in the last five years. This is much in line with Fayia et al (2024) who said that it will come a time Sierra Leoneans will access multiple

sources of drinking water as result environmental degradation.

Perceived rating of the provision of safe drinking water

Generally, respondents were required to give a rating of the provision of safe drinking water according to their own perceived perception. This rating was done based on quality, source and accessibility and their own perception about the availability and the source from which they get water for drinking.

Table 8 Distribution of respondents by perceived rating of the provision of safe drinking water in this community

Responses	Frequency	Percent
High	112	28.0
Low	211	52.8
Moderate	77	19.3
Total	400	100.0

Source: Authors Field Data 2025

Table above shows that 52.8% of respondents said the provision of safe drinking water is low, while 28% states it is high. however, 19.2% stated that it is moderate. Over haul rate for the provision of safe drinking water is negative. All these results above do not conform with Pascoe (2019) who stated that the proxemics relation between local councils and the communities put them in a better position to enhance the provision of social services for the people.

On the KII, the highest 11 of the respondents said there is a provision of infrastructures. Second 9 of them said there is provision of healthcare facility; while another wrote "*every health facility receives drugs and immunization services*". Third 6 of the KI said there is provision of education, fourth 2 said there was provision of safe drinking water. Data presented indicates that, research focuses which are education, health and safe drinking water are still rating among the least of services that are provided by the local council and that safe drinking is the least of services provided by the local council itself.

Quality ratings of the three main services provided by council

Service quality was measured for these main three core sectors (education, health and safe drinking water) that are supposed to be delivered by the council. Service quality was measured for these three core sectors: education, health, and safe drinking water. Each was rated on a three-point scale (Low, Moderate, or High). To analyse these three items, work was done through three steps, the reliability of the three-item scale was checked, then tested whether ratings varied by chiefdom, and finally identified the predictors of higher ratings using ordinal logistic regression.

Reliability of the 3-item (education, health and safe drinking water) quality scale

This was done to assess how much households can testify the rate at which they have benefitted from the delivery of service in the immediate past of just five years. This is a test to prove that data collected using these variables (education, health and safe drinking water) are reliable and replicable.

Table 9: Reliability of the 3-item Service Quality scale (Cronbach's $\alpha = 0.645$, $N = 394$)

Item	Mean	SD	Item-total r	Alpha if item deleted
Education	1.627	0.728	0.571	0.384
Health	1.492	0.615	0.452	0.568
Water	1.754	0.867	0.381	0.687

Source

Note. Item-total r = corrected item-total correlation. "Alpha if item deleted" = scale alpha if that item were removed. Overall Cronbach's $\alpha = 0.645$ (Questionable; $N = 394$).

Cronbach's alpha for the three items came out at 0.645 ($N = 394$). On the conventional thresholds from George and Mallery (2003), this falls into the "questionable" range. However, an alpha of around 0.65 is acceptable for very short scales, since alpha is well known to under-estimate reliability when only three items are involved (Taber, 2018). The item-total correlations ranging from 0.381 (Water) to 0.571 (School) confirmed that each item contributed meaningfully to the underlying construct. We kept the scale, but we also analysed each item separately so that any sector-specific patterns would not be hidden.

In the local government policies, it is clearly outlined in the provisions that there should be guarantee of access to the basic needs of communities at least to a minimum level of service provision to the local communities, Masiya and Mangai (2019).

Whether there are significant differences in the main services provided by council in the study area.

This section provides the chi-square statistics to see whether there are significant differences among the services (education, health and safe drinking water) provided in the study chiefdoms. The findings are presented in table 15 below.

Table 10: Service quality ratings by chiefdom — Chi-square tests of independence

Service rating	Chi-square	df	p-value	Cramer's V	Sig.
Education	74.148	8	<0.001	0.306	***
Health	157.264	8	<0.001	0.443	***
Safe drinking water	126.446	8	<0.001	0.398	***

Note. *** $p < 0.001$. All three associations were significant at $p < 0.001$. Cramér's V interpretation: 0.10 weak, 0.30 moderate, 0.50 strong (Cohen, 1988).

Table above shows that a significant difference ($p < 0.001$), with Cramér's V values pointing to moderate-to-strong associations: 0.31 for education, 0.44 for health, and 0.40 for water. The clear takeaway is that decentralisation has not produced a uniform service-delivery experience across Kailahun. There is sharp within-district inequality. There are differences in quality of services provided within the district or study area.

Ordinal logistic regression output

We ran an ordinal logistic regression for each of the three sectors. The forest plot (Figure 7) shows all three sets of odds ratios at a glance, and a different story emerges in each sector.

Table 11a: Ordinal logistic regression — predictors of higher Education service rating ($N = 390$)

Predictor	OR	95% CI Lower	95% CI Upper	p-value	Sig.
Female (vs Male)	1.187	0.793	1.778	0.4048	Ns
Secondary or Tertiary education	2.277	1.280	4.055	0.0050	**
Self-employed	0.845	0.530	1.354	0.4814	Ns
Age (years)	1.015	0.996	1.035	0.1254	Ns

Note. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$, ns = not significant. Highlighted (yellow) rows are statistically significant; OR > 1 indicates higher odds, OR < 1 indicates lower odds. McFadden Pseudo $R^2 = 0.013$.

For education ratings (Table 9a; $N = 390$), only one predictor mattered. Respondents with secondary or tertiary education were more than twice as likely to give a higher rating than respondents with less education (OR = 2.28, 95% CI: 1.28–4.06, $p = 0.005$). Sex, employment, and age made no significant difference.

Table 12b: Ordinal logistic regression — predictors of higher Health service rating (N = 395)

Predictor	OR	95% CI Lower	95% CI Upper	p-value	Sig.
Female (vs Male)	1.017	0.672	1.539	0.9347	Ns
Secondary or Tertiary education	1.080	0.587	1.957	0.8006	Ns
Self-employed	1.269	0.779	2.091	0.3436	Ns
Age (years)	0.985	0.964	1.005	0.1428	Ns

Note. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$, ns = not significant. Highlighted (yellow) rows are statistically significant; OR > 1 indicates higher odds, OR < 1 indicates lower odds. McFadden Pseudo $R^2 = 0.004$. None of the predictors reached significance.

For health ratings (Table 9b; N = 395), no predictor reached significance. This in itself is an important finding. Dissatisfaction with health services was effectively uniform across sex, education, employment, and age. Poor health-service quality is not a problem that affects only one social group; it cuts across every group included in the model.

Table 13c: Ordinal logistic regression — predictors of higher Water service rating (N = 394)

Predictor	OR	95% CI Lower	95% CI Upper	p-value	Sig.
Female (vs Male)	1.060	0.704	1.594	0.7780	Ns
Secondary or Tertiary education	1.888	1.092	3.273	0.0229	*
Self-employed	0.425	0.269	0.670	0.0002	***
Age (years)	1.001	0.982	1.019	0.9437	Ns

Note. *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$, ns = not significant. Highlighted (yellow) rows are statistically significant; OR > 1 indicates higher odds, OR < 1 indicates lower odds. McFadden Pseudo $R^2 = 0.030$.

For water ratings (Table 9c; N = 394), two predictors were significant, but they pulled in opposite directions. Higher-educated respondents were more likely to give better ratings (OR = 1.84, 95% CI: 1.09–3.27, $p = 0.023$). Self-employed respondents, however, were less than half as likely to give a higher water rating (OR = 0.42, 95% CI: 0.27–0.67, $p < 0.001$). This water paradox makes sense once we think about livelihoods. Self-employed respondents most of whom are subsistence farmers and traders depend on water for both household and economic activity, and they feel water shortages more acutely as a result.

Pulling the three regressions together brings out a striking contrast. Education ratings are shaped chiefly by personal exposure to schooling. Health ratings show no sociodemographic gradient at all, which suggests a system-wide failure rather than a group-specific one. Water ratings reflect both literacy (the educated rate higher) and dependency (those whose livelihoods depend on water rate lower).

However, survey conducted among KI indicates that 20 of the respondents expressed that there was a positive impact of decentralization on service delivery in the district. 5 of them said the impacts were very positive while 3 chose to be neutral on this. One would wonder if this impact does not reflect on people living in rural communities

To crown it all, the above data indicates that there have been numerous problems in the way central governments have allocated development across communities that display disparity, (Morudu 2017).

On the KII, the highest 11 of the respondents said there is a

provision of infrastructures. Second 9 of them said there is provision of healthcare facility; while another wrote “every health facility receives drugs and immunization services”. Third 6 of the KI said there is provision of education, fourth 2 said there was provision of safe drinking water. Data presented indicates that, research focuses which are education, health and safe drinking water are still rating among the least of services that are provided by the local council and that safe drinking is the least of services provided by the local council itself. However, it is noted that we could not get any these KIs stating that these services are now provided at every nook and cranny

This is in contention with KII where 19 of the KIs rates impact of service delivery as positive 6 of them said it is very positive and 3 chooses a neutral position. However, KII data display that there was an improvement in the provision of health care with evidence of an increase in the data of patients that attends clinic in the district.

Conclusion

Findings prove that service delivery was of major concern to community people. It was revealed that the provision of these services was quite questionable. The provision of these services was relatively very low across chiefdoms. However, there was a significant inequality in access to services under study across social statuses except for health. Decentralisation has not produced uniform service delivery experiences across district. There is a sharp within district inequality within district.

The rating of educational service provision was generally low across all chiefdoms in the district. According to this study,

some chiefdoms enjoy some amount of enhancement in the provision of education than others. For instant educational provision was proven to be higher in Upper-Bambara than every other chiefdom. In the rating of education, the educated respondents gave more higher provision indicator than other social groups under study. The educated respondents give more than twice higher the likely rating than all other variables under investigation.

The provision of health-care services (as observed) was low for all categories of the respondents participated in the conduct of the study. Dissatisfaction was expressed by almost all respondent in the study. In the rating no predictor reaches any significant level. The provision of health was uniformly weak among all sectors.

The provision of water was revealed to be low in the region despite there are interventions by Non-Governmental Organisations (NGOs). Result reveals that more effort needs to be done in that direction. Dissatisfaction was expressed in the provision of safe drinking water. In the rating of water delivery, two predictors emerged to be significant despite they both moved in opposite directions. The variables of education and the self-employed were the variables with high significance in the result. Self-employed were less than half likely to give higher rating. The paradox makes sense; self-employed who were mostly subsistent farmers and traders who depended largely on the provision of water for both household and economic activities. It is that they will feel acute shortage of water.

The KII presented a contrary view on the provision of education altogether.

According to research record, access to safe drinking water is so evidently low that most of the respondents get drinking water from swamps and stream not hygienic enough to be sources of water for drinking, yet from which they have been drinking from time immemorial. This supported by Fayia et al (2024) who said that will have to access drinking water from several sources due to the continuous environmental degradation. The majority of respondents perceived rating of the provision of safe drinking water was low.

The KII expressed improvement in the provision of services in the district based on records that reaches their offices. However, they too expressed serious desire in the provision and improvement on the construction and maintenance of the road network within the district. It is observed that this role has been devolved to the local government by policy. The question remains if it is that they are not getting funds from government to implement road maintenance in the district.

However, decades of research have got it proven that decentralization has improved and worsened outcomes on public serves like health, education and other services in different countries at different times leaving us unable to draw any broader conclusion (Faguet 2015).

Recommendation

- Research strongly recommends an improvement in the provision of services in rural Sierra Leone.
- Service providers should stop relying on record for an assessment of service delivery. They should begin to undertake on the spot checking into communities especially far to reach communities.

- The government to make an improvement in the provision of infrastructures that facilitate the movement of services to hard-to-reach communities.
- Further study is recommended for a comparative study of urban and rural reception of service provision from government funds

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