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Personalized Governance and Selective Improvements in Human Capital in Uganda

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Abstract

Personalised governance is a feature of political organisation in Uganda, shaping how public resources are distributed and how social outcomes are produced. This study examines how executive centred authority drives uneven gains in human capital across education and health sectors, where improvements are evident but unevenly shared. It seeks to clarify how discretionary political influence affects the pattern, speed, and fairness of investments across regions. The research adopts a mixed methods approach combining process tracking, document review, elite interviews, and district level quantitative analysis to capture institutional processes and distribution patterns. Findings show that funding for schools, health facilities, staffing, and social programs is allocated selectively, with politically aligned areas receiving faster attention while others experience delays and service deficits. This reflects how personalised leadership reshapes development priorities, often placing political considerations above formal administrative procedures linked to loyalty and regime stability. As a result, human capital development becomes conditional rather than universal, reinforcing spatial and social inequalities between districts. The study contributes to governance debates by showing how executive control and limited institutional independence influence long term social outcomes. It explains selective progress by linking political incentives to allocation decisions

and uneven service delivery across sectors, while highlighting the need for stronger accountability and fairer distribution systems.

Keywords: *personalised governance, human capital, political power, resource allocation, inequality*

Introduction

Human capital remains central to national development because it influences labour productivity, social mobility, institutional stability, and long term economic growth. Investments in education and healthcare improve workforce efficiency, reduce poverty, and strengthen social participation (Psacharopoulos and Patrinos, 2018). Mabaso and Ontong (2025) highlight its role in sustainable development through innovation and productivity. Todaro and Smith (2015) link human capital to literacy, skills, and healthcare access that support economic transformation. Despite these gains, outcomes depend not only on policy intentions but also on governance structures that shape resource distribution. Institutional arrangements determine which regions receive priority, making human capital formation closely tied to political and administrative systems that influence allocation and development outcomes across society.

In many developing countries, governance systems characterized by executive dominance allocate public resources in ways influenced by political considerations rather than equitable development priorities. Formal commitments to universal service provision often coexist with informal practices that reinforce uneven distribution between regions (Hickey et al., 2020). Kelsall (2018) explains that political settlements shape state capacity and determine how governments prioritize development expenditure. Regions with stronger political connections often receive more consistent investment in education and healthcare, while marginal areas experience slower progress and weaker institutional support.

Across Sub Saharan Africa, governance systems frequently combine formal bureaucratic institutions with informal political networks that shape implementation processes. Although improvements in education and healthcare indicators have been recorded, disparities persist in infrastructure quality, staffing levels, and service access between regions (World Bank, 2020). Human development gains remain uneven despite reforms intended to improve welfare outcomes (UNDP, 2019). Uganda

reflects these dynamics through improvements in enrolment, literacy, and healthcare access over recent decades (UBOS, 2023). Reductions in mortality and expanded service access demonstrate progress (World Bank, 2021), yet significant disparities persist between districts.

The persistence of uneven outcomes raises governance concerns because policy frameworks emphasize equity while implementation remains unequal. Existing research in Uganda has examined governance reforms and service delivery, yet limited attention has focused on how personalized governance shapes distribution of human capital investments across districts. This gap limits understanding of institutional mechanisms influencing allocation priorities in education and healthcare. The analysis therefore examines how governance structures shape investment distribution and contribute to unequal outcomes.

Political settlement theory provides a framework for explaining these dynamics by emphasizing elite power relations in institutional behaviour. Khan (2018) argues that development outcomes reflect negotiated arrangements among political elites that determine resource allocation. Whitfield et al. (2019) similarly note that implementation reflects political bargaining rather than neutral administration. Neopatrimonial theory complements this view by showing how formal institutions operate alongside personalized networks shaping decision making. Pitcher, Moran, and Johnston (2019) explain that governance combines bureaucratic procedures with patronage relations, while De Sardan and De Herdt (2015) note that officials often adapt rules to informal expectations within networks.

The objective of the analysis is to examine how personalized governance influences human capital investment distribution in education and healthcare across regions. It focuses on institutional mechanisms shaping allocation priorities and how political arrangements generate disparities between districts. Creswell and Plano Clark (2018) emphasize that integrating qualitative and quantitative evidence strengthens institutional analysis in complex governance contexts. The study contributes to debates on governance and inequality by linking political settlement theory with human capital development patterns in Uganda today.

Review of the literature

Personalized governance is widely described in political scholarship as a system in which executive authority occupies a dominant position in

shaping public decision-making processes (Llanos et al., 2024). Within this arrangement, formal institutions such as ministries, agencies, and decentralized administrative structures continue to exist, yet their practical operation is strongly influenced by informal political relationships and executive discretion. Bratton and van de Walle (1997) explain that this governance pattern remains common across many African political systems where institutional autonomy is constrained and authority is concentrated within executive structures. Policy formulation and implementation are therefore shaped through both formal administrative procedures and political considerations linked to loyalty, regime continuity, and elite cohesion.

Scholarly analysis further shows that personalized governance operates through interaction between formal institutions and informal political structures that guide their functioning. Erdmann and Engel (2007) explain that formal bureaucratic institutions are frequently embedded within informal political systems that shape public administration in practice. Ministries and agencies may retain official mandates, yet administrative priorities often shift according to executive direction and political relationships. This reduces bureaucratic predictability because institutional performance becomes associated with proximity to political authority rather than adherence to standardized procedures. Investment decisions in education and healthcare are therefore shaped by both technical planning and relational dynamics embedded within governance systems.

Neopatrimonialism provides an additional framework for explaining coexistence between formal bureaucratic structures and informal patron client relations that influence access to public resources. Kelsall (2013) describes neopatrimonial governance as a hybrid system where formal administrative rules operate alongside personalized exchanges shaping distributional outcomes. Boone (2003) explains that public goods distribution frequently follows political alignment patterns, with regions connected to ruling coalitions receiving more sustained investment than marginal areas. Recent scholarship confirms continued relevance of this analysis because informal political practices still shape development trajectories across African societies (Kasera and Juma, 2025; Sousa and Cuadrado, 2023).

Human capital theory offers a complementary lens for understanding development outcomes in education and healthcare. Human capital is defined as the accumulation of education, skills, knowledge, and health that enhances productivity and supports long term economic growth.

Becker (1993) conceptualizes investment in human capital as generating returns in productivity, income, and social mobility. Psacharopoulos and Patrinos (2018) further show that education investment improves labour market outcomes and economic performance, reinforcing the importance of sustained investment in education and health systems.

However, assumptions of human capital theory are weakened in governance environments characterized by executive dominance and informal political networks. Allocation decisions are frequently shaped by political incentives that influence distribution across sectors and regions. Delapalme (2025) notes that improvements in infrastructure do not always match citizen perceptions of equitable development, reflecting a gap between policy objectives and lived experience. Fernandez and Faisal (2025) similarly argue that state institutions in many Sub-Saharan African contexts often operate through patronage rather than merit based administration.

Political settlement theory provides an alternative explanation by focusing on how elite power relations shape institutional behaviour and policy outcomes. Khan (2018) argues that development processes are embedded within political settlements where ruling coalitions influence allocation decisions to maintain stability. Whitfield et al. (2015) further explain that policy outcomes often emerge from negotiated elite arrangements rather than technical planning processes. Within this framework, investments in education and health reflect political bargaining among dominant actors.

Neopatrimonial theory complements this by examining interaction between formal administrative systems and informal political practices. Kelsall (2013) emphasizes that governance operates through both bureaucratic procedures and personalized networks. De Sardan (2016) explains that public officials often adapt formal rules to informal expectations. Pitcher et al. (2019) similarly show that development priorities reflect both administrative and political considerations.

Empirical studies across developing contexts demonstrate that human capital investment is uneven and politically shaped. Grossman, Phillips, and Rosenzweig (2018) show that service delivery is influenced by electoral incentives and elite bargaining, producing disparities in infrastructure and staffing. Abbasov (2025) notes that expenditure patterns often reflect strategies for political survival, shaping territorial allocation. Booth (2012) argues that politically significant regions often receive preferential investment. Agbo and Zabsonre (2023) further show

that local public goods provision emerges from interactions between central and local actors.

Uganda illustrates the interaction between formal institutions and executive influence. Tripp (2010) describes a system where democratic institutions coexist with strong executive authority shaping implementation. Kyohairwe et al. (2022) similarly identify service delivery patterns influenced by informal political relationships. However, gaps remain because education and health are often studied separately and macro governance theories are rarely linked to district level disparities. This highlights the need for integrated approaches combining governance theory, political analysis, and human capital perspectives to explain uneven development outcomes.

Methodology

This study adopts a mixed methods research design to examine the relationship between personalised governance and selective improvements in human capital development. Mixed methods research is recognised for integrating qualitative explanation with quantitative measurement in complex governance systems, as noted by Creswell and Plano Clark (2018) and Tashakkori and Teddlie (2010). A convergent design is applied where qualitative and quantitative data are collected during the same phase, analysed separately, and integrated during interpretation. Fetter, Curry, and Creswell (2013) argue that this approach strengthens public policy research because institutional processes and statistical patterns can be examined together within a single framework.

The qualitative component examines governance processes, administrative behaviour, and political influence within education and health sectors, while the quantitative component evaluates patterns in human capital investment across districts. Plano Clark and Ivankova (2016) explain that integration improves validity through cross checking findings. Uganda provides a relevant setting because decentralised structures shape service delivery. Golooba Mutebi and Hickey (2016) note uneven district outcomes, while the World Bank (2021) highlights persistent disparities in public services.

Purposive sampling is used to select participants with direct governance experience. Patton (2015) explains that purposive sampling allows selection of information rich respondents. Participants include ministry officials, district education officers, health officers, planners, and

civil society actors. Yin (2018) notes the importance of institutional actors in resource allocation studies. For quantitative analysis, all districts with available data are included. UBOS (2025) and the World Bank (2020) provide district indicators for analysis.

Data collection uses interviews, document analysis, and process tracing. Kapiszewski et al. (2015) note that interviews capture institutional experiences not reflected in records. Documents include national plans, policy statements, Auditor General reports, parliamentary records, and statistical abstracts. Hickey et al. (2020) and Andrews et al. (2017) emphasise documents in assessing accountability. Process tracing is applied to programmes such as Universal Primary Education and Universal Secondary Education. George and Bennett (2005) and Beach and Pedersen (2019) explain its value in identifying causal mechanisms.

Qualitative data are analysed through thematic coding of political influence, administrative discretion, and regional disparities. Braun and Clarke (2006) and Nowell et al. (2017) describe thematic analysis as systematic pattern identification. Quantitative data are analysed using descriptive statistics and regression analysis. Wooldridge (2016) explains regression as useful for examining relationships between governance variables and outcomes while controlling for socioeconomic factors. Findings are integrated through triangulation of statistical and thematic evidence.

Ethical procedures include informed consent, confidentiality, and secure storage of information, consistent with Israel and Hay (2006) and Patton (2015). Limitations include restricted access to political information, possible inconsistencies in secondary data noted by Diatta and Berchtold (2022), and the inability of regression analysis to establish causality. Despite these limitations, combining interviews, documents, process tracing, and statistical analysis strengthens credibility. The mixed methods design improves analytical depth by allowing governance behaviour, resource allocation, and regional disparities to be examined simultaneously within one national framework.

Results

The presentation of findings follows research objectives focusing on executive discretion in human capital decision making, sectoral distribution in education and health, community program allocation, and implications for equity in service delivery. Evidence integrates qualitative

interviews, documents, and quantitative district data presented through tables, charts, and quotations.

Executive Discretion and Personalization of Human Capital Decisions

Evidence indicates that executive authority plays a central role in shaping human capital investment decisions across education and health sectors. Key decisions on school construction, health facility upgrading, staffing, and project prioritization are often influenced by directives from the highest levels of government, even where formal planning frameworks exist within ministries and districts.

Technocratic planning processes, though institutionalized, are frequently adjusted during implementation to reflect centralized priorities. One official state, “Even when priorities are clearly outlined in planning documents, adjustments are made once directives come from higher levels.” A district administrator notes, “Local plans guide initial proposals but final decisions reflect national level considerations.”

Informal communication channels often override technical assessments and district needs. Table 1 summarizes the distribution of authority among executive directives, technical units, district authorities, and partners, showing strong central influence over allocation outcomes in education and health service delivery.

Table 1: Sources of Human Capital Decision Making

Source of Decision Making	Frequency (n=30)	Percentage (%)
Executive directives	18	60
Technical planning units	6	20
District authorities	4	13
External partners	2	7

Table 1 indicates that executive directives are the primary source of decision making in human capital investment, accounting for the largest share of influence. Technical planning units and district authorities contribute a smaller proportion, while external actors play a minimal role in the process.

The distribution of reported decision-making sources across education and health sectors shows clear concentration at the executive level. Executive directives account for 60 percent of influence, followed by technical planning units at 20 percent, district authorities at 13

percent, and external partners at 7 percent, indicating centralized governance with limited diffusion of authority.

Findings show that although formal planning institutions exist, their role in final investment decisions remains secondary. A senior planning officer noted, “Even when we prepare detailed plans, final decisions often change after instructions from central offices are received.” A district health administrator explained, “We implement what is approved, but sometimes approvals are already predetermined before our input is considered.” These statements reflect limited autonomy of lower-level actors in decision processes.

The dominance of executive directives demonstrates that technocratic planning mechanisms have limited practical influence. Decisions are largely shaped by administrative discretion and top-level priorities rather than decentralized evidence-based planning, with institutional frameworks functioning mainly as consultative structures.

The findings provide evidence that centralized executive authority plays a decisive role in education and health investments. The weak role of district authorities and technical units indicates limited decentralization in practice. This suggests that human capital development is shaped by hierarchical decision systems that may constrain participation, reduce responsiveness to local needs, and limit the effectiveness of technical expertise in service delivery outcomes.

Education: Patterns of Preferential Investment

The findings indicate that educational sector investments show structured variation across districts, reflecting differences in infrastructure development, staffing adequacy, and instructional resources. Evidence from interviews, administrative records, and sector reports shows these disparities are embedded within governance processes shaping allocation decisions. Although national policy emphasizes equitable access, implementation reveals divergence between district categories.

Respondents indicate that school rehabilitation, construction, teacher deployment, and learning material allocation are influenced by factors beyond formal planning criteria. Projects proposed on technical need are often adjusted through administrative prioritization, creating uneven support across similar districts over time.

A district education officer explains, “Some schools receive continuous attention, including renovations and staffing, while others

remain with incomplete structures for years despite repeated request.” A school administrator observes, “Teacher deployment is not always proportional to the student population; some schools are adequately staffed, while others operate with severe shortages.”

These patterns show that variation in education investment is shaped by governance decisions rather than purely technical planning. Table 2 summarizes key indicators across districts based on governance alignment.

Table 2: Education Sector Indicators by District Category

Indicator	High Alignment	Moderate Alignment	Low Alignment
School rehabilitation (%)	78	61	45
Teacher staffing (%)	82	66	49
Learning materials (%)	80	63	47

Table 2 reveals a consistent gradient across all indicators, with high alignment districts recording significantly higher education investment and service delivery outcomes than moderate and low alignment districts. This pattern shows that improvements are concentrated rather than evenly distributed. The consistency across indicators suggests structural governance conditions rather than isolated administrative variation.

Educational performance indicators differ markedly between districts classified by governance alignment. High alignment districts record stronger outcomes, including school rehabilitation at 78 percent, teacher staffing at 82 percent, and learning material availability at 80 percent, compared to lower performing districts. These differences reflect uneven implementation of education policy and demonstrate how administrative positioning influences service delivery outcomes.

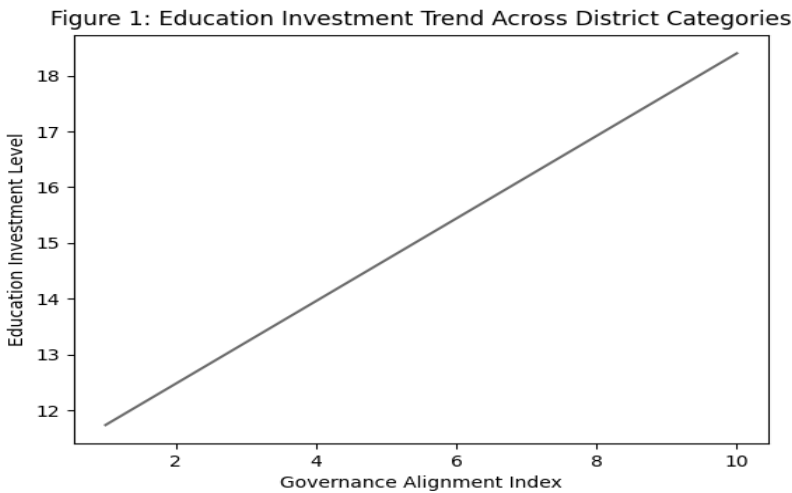
The pattern shows a clear gradient in education investment linked to governance alignment. Districts with stronger alignment consistently outperform others across all indicators, suggesting that improvements are shaped by relational positioning within administrative structures. This indicates that resource distribution is not solely driven by standardized policy frameworks but also by institutional linkages.

Qualitative evidence supports these findings. A district education officer observes, “Some schools receive renovations twice in a short period, while others wait years even for minor improvements.” A school inspector adds, “Inspection visits are more frequent in some districts

than others, affecting accountability and performance.” These statements highlight uneven administrative attention.

The findings demonstrate that education sector development is closely associated with governance alignment. Differences in outcomes show that human capital development is shaped not only by policy design but also by alignment with central decision structures. Resource allocation is influenced by administrative proximity, producing unequal development outcomes across districts.

Figure 1 further illustrates these trends, while the linear function below summarizes how governance alignment relates to education investment outcomes across districts.



$$0.74x + 11y = 0.74x + 11y = 0.74 + 11y$$

Figure 1 presents a graphical representation of this relationship and shows a clear positive association between governance alignment and education investment levels. The upward trend reflects increasing investment outcomes as alignment with central administrative structures improves. This pattern indicates that governance alignment is closely linked to how education resources are distributed, with stronger alignment producing higher levels of investment across districts. The figure highlights systematic variation rather than random distribution, reinforcing that allocation follows identifiable governance patterns.

The equation shows a positive linear relationship between governance alignment and education investment outcomes. The coefficient of 0.74

represents the rate at which investment increases with each unit of alignment, indicating steady gains in the education sector. The constant term of 11 represents baseline investment that exists independently of governance alignment, ensuring all districts receive minimum support under national policy arrangements.

Across the range of values, the equation shows that districts with low alignment record modest investment levels, while those approaching higher alignment experience progressive improvement. At lower values, investment remains limited but not zero due to the baseline effect. As alignment increases, investment rises steadily, reflecting a transition from constrained to expanded resource allocation.

At higher levels of governance alignment, districts experience improved conditions including school rehabilitation, staffing levels, and availability of learning materials. This consistent pattern demonstrates that alignment functions as a key determinant of investment variation, with each increase producing proportionate improvements in service delivery. The linear nature of the relationship suggests predictability in how governance conditions shape outcomes over time.

Qualitative evidence supports these findings. A regional planner explains, "Districts that maintain consistent engagement with central authorities tend to experience more sustained investment in education projects." A teacher adds, "Schools in some areas are visibly better staffed than others, even when student numbers are similar."

The findings demonstrate that governance alignment significantly influences education investment outcomes. Stronger alignment improves access to resources and accelerates implementation, while weaker alignment limits investment and slows development. These patterns confirm that education sector outcomes are shaped by structured governance relationships rather than need based allocation alone.

Health Sector: Geographical Inequalities in Infrastructure and Staffing

The findings indicate that the health sector reflects patterns similar to education, with disparities in facility upgrading, staffing, and medical supplies across districts. Evidence from interviews and document analysis shows differences shaped by governance and administrative decision processes.

Health facility upgrades, procurement, and staffing often do not match service delivery needs. Instead, shifting priorities from higher

decision levels influence implementation, creating uneven service distribution.

A district health officer observes, “Some facilities are upgraded quickly after approval, while others remain in the same condition for years even when serving large population.” A health worker adds, “Staffing levels vary widely.”

Table 3 summarizes these variations across districts.

Table 3: Health Sector Performance Indicators

Indicator	High Alignment	Moderate Alignment	Low Alignment
Facility upgrading (%)	75	58	41
Staffing levels (%)	79	62	46
Medicine availability (%)	77	60	43

Table 3 shows a consistent pattern across all indicators, with high alignment districts demonstrating stronger health system performance outcomes. The uniformity of this trend suggests that disparities reflect structural governance conditions within implementation frameworks.

The data presents indicators including facility upgrading, staffing levels, and medicine availability across district categories. High alignment districts consistently record better outcomes, with more frequent upgrades, improved staffing coverage, and more reliable medicine supply compared to moderate and low alignment districts.

The pattern reveals systematic variation in service delivery based on governance alignment. Stronger alignment supports consistent investment flows and implementation, while weaker alignment results in delays, understaffing, and shortages of essential medicines.

Health sector performance is therefore closely linked to governance structures that shape allocation processes. Although national policy aims at equitable access, implementation is influenced by administrative relationships and alignment with central decision making structures.

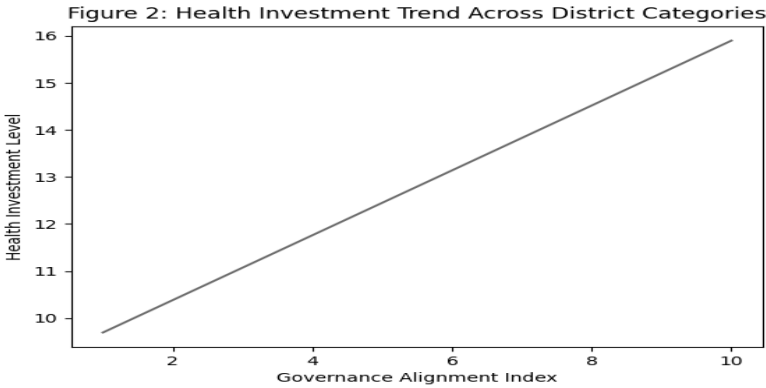
A health facility in charge reports: “Some are upgraded quickly after approval, while others remain unchanged for many years.” A district health officer adds: “Staff deployment often favours certain facilities, while others operate below required capacity.” A health facility manager further observes: “Some health centers are upgraded faster and receive staff earlier than others, even when the workload is similar.”

The convergence of quantitative and qualitative evidence indicates that governance alignment plays a decisive role in health outcomes.

Stronger alignment improves access to infrastructure, staffing, and supplies, while weaker alignment reduces system responsiveness.

These findings confirm that health sector development is shaped not only by technical planning but also by governance structures determining resource allocation. This produces uneven performance across districts where alignment influences service quality and outcomes.

Figure 2 illustrates this relationship, while the linear function below shows how administrative proximity affects health resource allocation across districts.



$$0.69x + 9y = 0.69x + 9y = 0.69x + 9y$$

Figure 2 presents a graphical representation of this relationship and shows a clear positive linear association between governance alignment and health investment levels. The upward trend reflects a consistent increase in health sector investment outcomes as alignment with central administrative structures improves. This pattern indicates that governance alignment is closely linked to how health resources are distributed across districts, with stronger alignment producing progressively higher levels of investment. The visual structure of the figure demonstrates that distribution follows a systematic pattern rather than random variation, reinforcing that allocation is shaped by governance dynamics.

The equation shows a positive linear relationship between governance alignment and health investment outcomes. The coefficient of 0.69 represents the rate of increase in investment for each unit of alignment, indicating steady gains in the health sector. The constant term of 9 represents baseline investment that exists independently of

governance alignment, ensuring minimum health support across all districts.

Across values, the equation shows that districts with low alignment record limited investment, though not zero due to the baseline constant. As alignment increases toward zero and positive values, health investment rises steadily, reflecting a shift from constrained to structured allocation patterns.

At higher levels of governance alignment, districts experience improved health outcomes, including more frequent facility upgrades, stronger staffing levels, and better availability of medical supplies. This consistent pattern shows that alignment is a key determinant of variation, with each increase producing measurable improvements. The linear structure suggests predictable and proportionate changes over time.

The implications extend to equity in service delivery. Although national health policy emphasizes uniform access, implementation is shaped by governance dynamics. Strongly aligned districts benefit from faster upgrades and stable supply chains, while weaker alignment results in delays, shortages, and service gaps. The equation and figure show that governance alignment is central to health investment patterns.

A health sector manager explains, “Health investments tend to follow areas that receive consistent administrative attention, leading to uneven development between districts.” A nurse adds, “Some facilities are upgraded while others remain in the same condition for many years despite similar workloads.”

These findings confirm that health sector development is strongly influenced by governance alignment. Stronger alignment improves investment outcomes, while weaker alignment limits development. Human capital improvements are therefore uneven and shaped by governance structures influencing allocation and implementation

Public expenditure patterns

The findings indicate that disparities in education and health outcomes are closely associated with differences in public expenditure allocation between districts. Financial resource distribution operates as a key mechanism through which governance structures influence sector performance.

Respondents indicate that budget allocations are sometimes adjusted to reflect shifting administrative priorities, creating variation between

districts with similar demographic characteristics. This suggests fiscal decisions are influenced by factors beyond technical need assessment.

A budget officer explains, “Funding allocation does not always follow the same formula between districts. Adjustments are made based on evolving priorities.”

Table 4 summarizes public expenditure patterns across districts.

Table 4: Public expenditure allocation by district category

Sector	High Alignment	Moderate Alignment	Low Alignment
Education	12.5	9.2	6.8
Health	10.8	8.1	5.9

Table 4 shows that high alignment districts receive significantly higher funding levels across education and health sectors. This pattern indicates that financial resources are not evenly distributed but follow structured governance driven patterns that reinforce disparities in service delivery outcomes.

The data presents average annual public expenditure allocations for education and health across district categories. High alignment districts consistently receive higher funding than moderate and low alignment districts in both sectors, showing a systematic and stable variation linked to governance alignment rather than need based distribution.

Findings reveal that districts with stronger administrative alignment receive approximately double the funding of low alignment districts. This suggests that allocation is shaped by governance relationships and administrative positioning within the public sector, concentrating resources in districts with stronger central linkages.

Fiscal allocation therefore plays a central role in shaping human capital development outcomes. Differences in funding influence the capacity of districts to invest in infrastructure, staffing, and service delivery improvements, contributing to persistent inequalities across education and health sectors.

A budget officer explains, “Funding releases sometimes prioritize districts with ongoing strategic programs, even when needs assessments suggest otherwise.” A local government official adds, “Two districts with similar populations may receive very different budget allocations depending on ongoing government priorities.”

The consistency of this pattern suggests that fiscal decisions are guided by governance alignment rather than purely technical criteria.

Budget processes are influenced by administrative discretion and strategic prioritization in resource distribution.

These findings confirm that fiscal allocation is a key mechanism through which governance structures shape human capital development. Budget patterns reflect administrative and political relationships embedded within governance systems, influencing both education and health outcomes across districts

Community-Oriented Programs

The findings indicate that community development programs are unevenly distributed across districts, reflecting patterns similar to education and health sectors. Evidence suggests that program expansion is shaped by governance considerations rather than uniform criteria.

A local official state, “Some districts receive multiple programs simultaneously, while others wait for long periods without new initiatives.”

Table 5 presents program coverage across districts.

Table 5: Community Program Coverage

District Category	Coverage Index (%)	Project Frequency
High alignment districts	85	High
Moderate alignment	60	Medium
Low alignment districts	42	Low

Table 5 shows higher program coverage in districts with stronger administrative alignment. Lower alignment districts experience fewer and less frequent community development interventions, indicating variation in distribution across regions.

The data presents coverage of community development programs across district categories. High alignment districts record 85 percent coverage, compared to 60 percent in moderate alignment districts and 42 percent in low alignment districts, showing a consistent gradient in program reach.

Findings indicate that program coverage is shaped by governance alignment. Districts with stronger administrative connections receive more frequent and coordinated interventions, while weaker alignment districts experience limited and irregular program presence, reflecting differences in institutional positioning.

This distribution reflects a governance environment where community programs are influenced by administrative relationships. Although designed for equitable development, implementation is shaped by strategic prioritization and institutional connectivity, producing uneven service delivery across districts.

A local council official says, “Some areas receive multiple community projects at once, while others rarely see new initiatives.” A development officer adds, “Program selection often depends on strategic importance rather than equal distribution between districts.” A local government official further observes, “Some districts receive continuous community program, while others rarely get new initiatives.”

The consistency of these patterns shows that community development interventions are structured through governance alignment rather than random allocation. Even non core sectors are shaped by broader administrative decision systems.

These findings illustrate that community development outcomes are influenced by governance arrangements, where administrative alignment determines access to programs, resulting in differentiated development experiences across districts.

Statistical Relationship Between Governance Alignment and Investment Outcomes

Regression analysis examines governance alignment and human capital investment outcomes controlling for socioeconomic factors. Table 6 presents results.

Table 6: Regression Results

Variable	Coefficient	p-value
Governance alignment index	0.66	0.002
Population size	0.11	0.230
Poverty level	-0.09	0.310
Geographic remoteness	-0.14	0.190

Table 6 shows that governance alignment is the only statistically significant predictor of human capital investment, indicating a strong and consistent relationship between administrative positioning and investment outcomes across districts.

The regression results show a positive and statistically significant relationship between governance alignment and human capital investment outcomes, with a coefficient of 0.66 and a p value of 0.002.

Other variables such as population size, poverty level, and geographic remoteness are not statistically significant. This suggests that differences in education and health investment levels are more strongly associated with governance structures than with socioeconomic or geographic conditions.

Findings indicate that governance alignment is the most influential factor in explaining variation in human capital investment. While development theory often emphasizes poverty levels, population pressure, and remoteness, the results show that these factors do not significantly predict investment outcomes in this context. Administrative alignment therefore emerges as the dominant determinant of how resources are distributed across districts.

This pattern suggests that investment decisions are structured more by administrative and political relationships than by objective need. Districts with stronger alignment with central governance structures tend to receive higher investment regardless of socioeconomic conditions, reflecting a decision environment where formal planning criteria exist but do not fully determine final outcomes.

A senior public service economist notes, "Where government attention is strong, investments follow more quickly, regardless of the technical classification of need." A policy analyst adds, "Formal criteria exist, but implementation often reflects broader administrative priorities."

A coherent pattern emerges across sectors. Education shows disparities in rehabilitation, staffing, and materials. Health shows variation in facilities and medicines. Fiscal allocation favors aligned districts, while community programs show uneven reach. These repeated patterns suggest structural rather than isolated differences.

Regression results confirm a statistically significant relationship between governance alignment and investment outcomes even after controlling for key variables. Qualitative evidence shows that formal planning is frequently adjusted through centralized directives, indicating that executive discretion shapes implementation beyond official frameworks.

The convergence of evidence shows that human capital development is selectively enhanced across regions, producing uneven trajectories of progress. Some districts experience sustained improvement, while others face slower development due to limited investment. These differences are closely linked to governance alignment and administrative connectivity.

The persistence of these patterns suggests reinforcement through continuous allocation practices. The findings confirm that governance structures characterized by executive discretion and relational influence play a decisive role in shaping human capital investment distribution and producing spatial and social inequalities across districts.

Discussion

Empirical evidence demonstrates that personalized governance exerts a decisive influence on the distribution and outcomes of human capital investment within education, health, and community development sectors. The findings reveal a persistent pattern in which executive discretion and administrative alignment shape allocation decisions, producing systematic variation between districts. Recent scholarship on governance in developing contexts shows that formal institutional structures frequently coexist with informal decision making systems that determine implementation outcomes in practice (Fleta Asin, Munoz, and Saen Royo, 2024). Hickey, Sen, and Bukenya (2016) similarly argue that reforms intended to improve bureaucratic efficiency often operate within political environments where discretionary authority remains central to resource allocation, reinforcing uneven development trajectories across regions.

Comparative evidence strengthens interpretation by showing that centralized authority structures frequently generate differentiated patterns of public investment. Research on subnational variation in public goods provision indicates that political connectivity often outweighs technical planning criteria in determining allocation outcomes (Kramon and Posner, 2016). Burgess et al. (2015) add that infrastructure investments are frequently distributed in line with political incentives rather than uniform development priorities. Asunka et al. (2019) further demonstrate that localities with stronger links to central authority benefit from preferential access to state resources, particularly in sectors such as education and health. These findings correspond with the present evidence, where districts with stronger administrative alignment consistently receive higher investment levels.

Within the education sector, disparities in infrastructure, staffing, and resource distribution reflect established empirical patterns. Bold et al. (2017) show that education system performance is shaped by political and administrative incentives affecting teacher allocation and accountability. Cilliers et al. (2019) demonstrate that improvements in

educational outcomes depend on governance quality, especially resource monitoring and distribution. These studies align with findings showing that educational investments remain uneven across districts depending on governance alignment, despite formal commitments to universal access.

The health sector exhibits similar dynamics through disparities in infrastructure development, staffing levels, and service availability. Kruk et al. (2018) emphasize that health system performance in low- and middle-income countries is strongly shaped by governance quality and resource allocation practices. Gage and Bauhoff (2021) further show that inequalities in health service delivery are linked to administrative capacity and political prioritization. These insights correspond with the study findings, where aligned districts receive more consistent investment in facilities and staffing.

Community development programs provide additional evidence of selective investment patterns shaped by political considerations. Haushofer and Shapiro (2016) show that development intervention distribution can reflect local governance dynamics. Premand and Schnitzer (2021) demonstrate that program effectiveness varies with institutional and political context. Hickey et al. (2020) argue that development programs are embedded within political settlements influencing distribution and outcomes. These perspectives align with findings showing concentrated program delivery in administratively connected districts.

Political settlement theory provides a broader interpretive framework. Khan (2018) argues that resource allocation reflects the need to maintain governing coalitions and political stability. Behuria, Buur, and Gray (2017) similarly show that elite bargaining shapes development priorities and regional distribution. The findings reinforce these arguments, as districts with stronger alignment consistently receive higher investment across sectors, indicating allocation shaped by political strategy rather than equity or efficiency alone.

Neopatrimonial governance theory adds further explanatory depth. Erdmann and Engel (2007) describe systems where formal institutions coexist with informal patronage networks shaping administrative behaviour. Bach and Gazibo (2020) argue that bureaucratic processes are influenced by informal political relationships affecting resource distribution. De Herdt and Olivier de Sardan (2015) and Hassan and Hickey (2021) further show that informal networks often override formal planning frameworks in service delivery decisions.

Comparative African governance literature reinforces these findings. Cheeseman, Lynch, and Willis (2019) show that political competition and institutional arrangements produce uneven public goods distribution. Lindberg and Morrison (2021) link subnational variation to political connectivity. Green (2018) highlights Uganda's centralized executive authority shaping administrative decisions and investment patterns. Collectively, these insights support the central argument that human capital development is embedded within politically mediated governance systems where executive discretion and administrative alignment determine education, health, and community development outcomes across regions over time

Conclusions

This study examined how personalized governance shapes patterns of human capital development, focusing on education, health, and community development outcomes. It assessed whether improvements in human capital follow need based and uniformly planned trajectories or whether they are influenced by discretionary governance embedded within administrative and executive structures. Evidence shows that resource allocation is not neutral or evenly distributed. Instead, it is shaped by authority relations, administrative alignment, and executive influence that determine how priorities are set across districts. Findings from qualitative and quantitative data demonstrate that governance dynamics consistently influence which regions receive sustained investment and which experience slower progress, indicating that development outcomes are closely linked to institutional behaviour rather than technical planning alone.

The study confirms that human capital development is uneven across districts in infrastructure, staffing, and service delivery. Districts with stronger administrative alignment to central decision-making structures receive higher financial allocations, improved staffing levels, and more frequent infrastructure development in education and health sectors. Weaker aligned districts experience delayed implementation, reduced funding access, and persistent service gaps that limit long term development. Formal planning systems are frequently adjusted through executive directives that are not fully reflected in official documentation, showing that distribution patterns reflect governance relations more than standardized planning criteria.

The analysis shows that human capital development operates through interaction between formal institutions and informal governance processes. Planning systems emphasize equity and efficiency, yet implementation reflects executive discretion and administrative influence shaping investment direction and timing. Disparities in education and health outcomes follow structured patterns linked to governance relationships rather than random variation. Community development programs also reflect similar dynamics through alignment with governance networks across regions, reinforcing uneven development outcomes.

The findings highlight the importance of political economy perspectives in explaining development outcomes where formal institutions coexist with informal governance systems. Resource distribution is better understood as part of broader governance arrangements where authority and institutional relationships shape development priorities. From a policy perspective, strengthening rule-based planning, transparency, and institutional autonomy is essential to reduce discretionary bias and improve alignment between resource allocation and actual service needs across districts.

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