

Decentralization and development in Ghana's Fourth Republic

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Abstract

This article demonstrates how decentralization can lead to development at the local level, albeit in moderate form. Analyzing data collected from 660 respondents based on face-to-face interviews, focus group discussions, and personal observations, we found that the transfer of power and resources to the district assemblies (DAs) has led to the provision of critical social amenities such as roads, education, health-care facilities, and management of environmental sanitation at the sub-national level. Respondents are satisfied with the provision of these social amenities because they have led to relative improvements in their basic social needs. Yet, delays and the accumulation of arrears associated with the transfers of the District Assemblies Common Fund (DACF) have deprived the DAs of the needed revenue to deliver far-reaching social services to the people. The grant of more financial autonomy to the DAs and measures to curtail the overbearing influence of the central government over the administration of the DACF will enhance their capacity to deliver substantial development projects to accentuate the transformation of the rural districts.

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KEYWORDS

decentralization, development, district assemblies, District Assemblies Common Fund, Ghana, intergovernmental transfers, local governance, social service



Since the democratic renaissance in the early 1990s, decentralization has emerged as a valued political and socio-economic goal in most developing countries (Agrawal et al., 2006; Wunsch, 2001). A World Bank Report (2008), plus accounts by some scholars, show that a growing number of Sub-Saharan African countries that transitioned from authoritarian rule to democracy have adopted decentralization as a viable policy instrument of governance (Kauzya, 2007; Ndegwa & Levy, 2004; Wunsch & Olowu, 1996). Whether in South Africa, Rwanda, Nigeria, Tanzania, or Kenya, the evidence shows a transfer of political power to local units of government (Good, 1996; Green, 2015; Kauzya, 2007; Ndegwa, 2002; Pycroft, 1994). This renewed interest in decentralization in developing countries was the result of pushes by donors and aid agencies for policy interventions to facilitate the consolidation of good governance, local democracy, and rural development (Crook, 2003; Hadiz, 2004; World Bank, 2008) even though the move from centralized to decentralized forms of governance had begun in many Sub-Saharan African countries as far back as the 1980s (Ayee, 1994; Smoke, 2003; Wunsch, 2001). Nevertheless, it was making decentralization a condition for aid/financial assistance to developing countries by the international financial institutions/donors that led to the “mass” rush for its adoption by the African governments (Dickovick, 2014; Prud'homme, 1995; Smoke & Winters, 2011). In Ghana, as elsewhere, decentralization, which had begun in the mid-1980s under the erstwhile Provisional National Defence Council (PNDC) regime was legitimized under the 1992 Constitution and other bodies of laws (Republic of Ghana, 1992, 1993a, 2016).

Since decentralization assumed prominence in the governance space of developing countries, a caustic debate has arisen about how it has evolved, was designed, has been applied, and its level of success regarding its intended objective as an instrument of promoting grassroots participatory democracy (Ayee, 1994, 1995; Kauzya, 2007; Wunsch & Olowu, 1996). Early scholarly works that audited decentralization policy in Sub-Saharan Africa acknowledged the failure of personalized and centralized administration to support the delivery of development programs that were undertaken by the post-colonial governments (Good, 1996; Smoke, 2003; Wunsch & Olowu, 1990). Since then, a growing number of studies on decentralization in Africa have focused more on its good governance perspective than the developmental benefits obtainable from its practice (Cheema & Rondinelli, 2007; Couttolenc, 2012; Dreher, 2006). In many anecdotal studies on decentralization in Africa, good governance and decentralization have entailed a diffusion of decision-making powers to different state actors at the sub-national level (Dickovick & Riedl, 2014; Smoke, 2015; Wunsch, 2014). Other aspects of the assessments have pointed to its abysmal performance. Conyers (2003, p. 121) captures this more succinctly: “the main impression gained from the limited data on the actual impact of decentralization (in Africa) is that it has done little to improve the quantity, quality or equity of public services in the region.”

Accounts of the lack of progress with decentralization are virtually the same in all Sub-Saharan African countries that have implemented decentralized governance. Whether in Nigeria (Olowu & Wunsch, 2004), Tanzania (Mollel & Tollenaar, 2013), Kenya (Muriu, 2013; Mwenda, 2010), or Uganda (Green, 2008; Muriisa, 2008; Okidi & Guloba, 2006), the anticipated benefits such as improved efficiency, accountability, equity, development, and poverty reduction have not materialized. Varied reasons have been adduced to explain this situation. Crook and Sverrisson (2001), Wunsch (2001), Olowu and Wunsch (2004), and Robinson (2007) have noted a wide chasm between decentralization and its outcomes. In other words, these scholars found the theoretical assumptions that underpin decentralization and its expected outcomes to be ambivalent. In countries such as Nigeria, Togo, Mali, Kenya, Tanzania, Uganda, and Malawi, the transfer of power to districts has not translated into effective service delivery for the local citizens (Conyers, 2007; Green, 2008; Mollel & Tollenaar, 2013; Muriu, 2013; Smoke, 2003; Wunsch, 2001). The demand for social services has far exceeded the supply. In addition, decentralization's failure in these countries is about the issue of the structural weakness inherent in its practice. The studies indicated that countries—such as Malawi, Kenya, Uganda, Nigeria, and Tanzania—that invested heavily in decentralization have faced constraints relating to human resources due largely to increased illiteracy among local government officials. In Ethiopia, as elsewhere, many “*woredas*” have failed to attract high-caliber personnel, thereby leaving local

governments incapacitated (Mollel & Tollenaar, 2013; Scott, 2009; Wunsch, 2001). Others too have concluded that the implementation of decentralization policy in these Sub-Saharan African countries has tumbled due to bureaucratic inertia, recentralization, and corruption arising from patronage politics, thereby undermining efficient service delivery at the local level (Cammack et al., 2007; Crook & Manor, 2000; Green, 2008; Mollel & Tollenaar, 2013; Muriisa, 2008; Scott, 2009; Wunsch, 2001; Wunsch & Olowu, 1996).

Like Nigeria, Togo, Kenya, Tanzania, and Uganda, the implementation of decentralization in Ghana began with great optimism over its intended outcome. The euphoria revolved around the claim about its potential to stimulate rural development in terms of the provision of social amenities to the local population alongside the popular participation mantra (Ahwoi, 2010; Antwi-Boasiako, 2010; Ayee, 1995; Debrah, 2014). However, after more than two-and-a-half decades of decentralization experience in Ghana, the prevailing scholarly assessments indicate a disappointing result. Even the attempt to create district administrative capitals to serve as stimuli for local development (Owusu, 2004) has manifested incessant intra- and inter-elite conflicts aimed at capturing power for the control of the district assemblies (DAs) and featuring corruption, disunity, and the breakdown of consensus decision making at the local level (Ayee, 1999, 2008; Hoffman & Metzroth, 2010). The DAs that form the pillar of Ghana's decentralization have been less accountable and participatory in their operations (Adjei et al., 2017; Ahwoi, 2010; Ayee, 1994, 1995; Debrah, 2009; Taabazuing, 2010) and are not context-sensitive to the plight of the ordinary citizens (Fridy & Myers, 2019).

Thus far, the burgeoning literature on decentralization performance in Ghana has tended to focus on its weaknesses and neglected the gains made from its implementation. While acknowledging that the relationship between decentralization objectives and their outcome is somewhat tenuous, the over-concentration of scholarly analysis on its often-problematic performance leaves doubt about whether it has made any positive impact. Yet, since decentralization became operational in Ghana, there have been some benefits that existing analyses have relegated to the background. The impression that decentralization in Ghana has failed to achieve its expected outcomes does not, therefore, provide an objective assessment of the actual situation of its performance. Notably, much of the analysis about the unimpressive results of decentralization in Ghana has emerged from limited data and remains largely anecdotal. Thus, given the lack of empirical evidence to support the claim that Ghana's decentralization policy has accrued no benefit, this article argues that the DAs have delivered social services to the grassroots even if they are inadequate.

In arguing this, we hope to fill the lacuna in the literature by drawing attention to decentralization's key objective—the provision of social services—as the developmental outcome that prevailing scholarly analyses have neglected. As such, the article alerts us to the fact that unless decentralization translates into enduring improvements in the material well-being of the people by way of social services, the claim made for the pro-poor potential of democratic decentralization remains a sham (Crook & Sverrisson, 2001). Also, along with Boone's (2003, p. 355) observation that “institutions linking state and countryside in Africa, have formal mandates to promote development,” this article shows how the DAs have endeavored to fulfill a key objective of Ghana's decentralization policy by delivering infrastructural projects to localities to improve the living conditions of the people, albeit that it remains quite inadequate.

Against this backdrop, the article examines whether the devolution of power and resources to the DAs have led to the provision of important social services to the people at the local level or not. Consequently, the article addresses the following empirical questions: What are the nature, dynamics, and expected outcomes of the decentralization policy? In what ways have the DAs exercised power and utilized financial resources to provide tangible social services for the people? What are the constraints to attaining the developmental objective of decentralization policy by the DAs? What can be done to make decentralization effective in the provision of social services to the local people? The article is organized into five sections. The empirical and theoretical reviews as well as the methodological consideration occupy the first section. This is followed by an analysis of the architecture of the current decentralization policy. We next examine the context of decentralization practice with



a focus on the implementation of beneficial development programs by the DAs for the people before addressing prevailing obstacles to the effective delivery of social amenities to the localities. The final section concludes with a discussion of the lessons obtained from the study.

DECENTRALIZATION: THE THEORETICAL IMPERATIVE

Despite becoming a dominant developmental policy choice to promote development and participatory governance in nascent democracies, particularly in the aftermath of the Third Wave of democratization (Huntington, 1993), defining the frontiers of decentralization has often been contentious. In the public administration literature, decentralization is defined as the transfer of authority to plan, make decisions, and manage public functions from a higher level of government to any individual, organization, or agency at a lower level (Cheema & Rondinelli, 2007; Smith, 1985; Smoke, 2015; Turner & Hulme, 1997; Wunsch, 2014). In the realm of politics, it is the transfer of decision-making functions of government from central to sub-national governments (Conyers, 2003; Smith, 1985; Wunsch, 2014). Hence, in political science discourse, decentralization is explained as a process whereby the central government formally cedes power to actors and institutions at lower levels (Manor, 2011; Mawhood, 1993; Turner & Hulme, 1997).

The decentralization literature proposes a set of typologies to highlight its multidimensional character. At least three forms of decentralization may be delineated: administrative, fiscal decentralization, and devolution. In the discourse of central-local government relations, administrative decentralization refers to the redistribution of authority, responsibility, and financial resources in the provision of public services among different levels of government (Cheema & Rondinelli, 2007; Ribot, 2004; Turner & Hulme, 1997). This materializes into two types: first, de-concentration involves the transfer of state responsibilities and resources from central ministries and agencies in the nation's capital to their peripheral institutions in the districts within the same administrative system (Smith, 1985; Wunsch, 2014). Second, delegation involves the shifting of responsibilities from superior authorities to subordinates with some degree of autonomy but subject to accountability (Mawhood, 1993; Smith, 1985; Turner & Hulme, 1997). While de-concentration is often considered to be the weakest form of decentralization because it does not involve any transfer of real power to local governments, delegation allows semi-autonomous bodies to administer responsibilities and enjoy discretionary use of power. On the other hand, fiscal decentralization is the transfer of financial resource powers from the central government to local government units. It usually involves the power of local governments to tax citizens and businesses, raise money through borrowing either domestically or overseas, and decide how to spend the generated money through the preparation and implementation of local budgets, among others (De Mello & Barenstein, 2001; Malesky & Schuler, 2013; Wibbels, 2005).

Decentralization is further assumed to take the form of devolution in which specified powers and resources are transferred from the central government to local governments or communities that are represented by their own laypeople or elected officials (Conyers, 2017; Mawhood, 1993; Smith, 1985; Wunsch, 2014). It is often understood to be the transfer of power and authority for making socio-politico-economic decisions from central governments to local government bodies (Smith, 1985; Smoke, 2003; Turner & Hulme, 1997). Others have conceived of it as the process of transferring decision making and implementation powers, functions, responsibilities, and resources to legally constituted local governments (Mawhood, 1993; Smoke, 2003; Wunsch, 2014). Devolving powers to lower levels involves the creation of a realm of decision making in which a variety of lower-level actors exercise some autonomy. In this case, statutory powers are transferred only to actors/institutions that are accountable to the electorates in their jurisdictions. Despite its multiplicity of forms, Smith (1985) admonishes the rejection of a romantic view of decentralization because the relationship between the various forms is not mutually exclusive but a matrix of relationships. Manor (1999) believes that achieving the objectives of decentralization would always entail a mixture of all types.

A familiar justification for adopting decentralization has its roots in public choice theory, which stresses the provision of diverse goods and services by local authorities to meet the preferences of citizens (Smith, 1985). From an economic perspective, therefore, decentralization offers the means for increasing the personal welfare of local citizens (Rondinelli et al., 1989; Smith, 1985). This view has been reinforced by neo-Marxists who maintain that decentralization allows citizen preferences to be identified in relation to consumption patterns because the exercise of autonomy by local governments enhances their ability to generate capital/wealth at the local level (Fernando, 2002). The energy to produce public goods at lower costs to the people by the local governments relieves some of the burdens of financing services from the central government (Conyers, 2017; Robinson, 2007; Smith, 1985).

Another rationale for pursuing decentralization policy revolves around liberal democratic theorists' claims concerning greater democracy at the local level. It has been argued that national democracy entails local democracy because when people at the local level are allowed to choose their leaders, whom they trust, the result is a better society and stable democracy (Sharpe, 1981; Smith, 1985). Thus, because decentralization facilitates the knowledge of people's ideas about development problems at the local level, Fernando (2002, p. 126) believes that "it would enhance national politicians' ability to understand how to make effective use of limited resources."

A long-held view about decentralization is that it promotes good governance. According to this view, decentralization facilitates the accountability of leaders and service providers to the local citizens. For instance, in the opinion of Smith (1985, p. 27), "local democracy provides for greater accountability"—that is, it enhances the effective popular oversight of public office holders and the efficient delivery of public goods because of the proximity of elected leaders and bureaucrats to citizens (Mawhood, 1993; Rondinelli et al., 1989). Hence, decentralization is said to be a mechanism for fostering democratization and progressive rural development (Healey & Robinson, 1992). The decentralization literature has also documented limited success stories including combating corruption (Fisman & Gatti, 2002; Fjeldstad, 2004), poverty reduction (Braathen, 2008; Crook & Sverrisson, 2001), improved transparency (Dillinger, 1994), conflict prevention (Sasaoka, 2007), and greater popular participation in local decision making (Ayee, 1995; Smith, 1985). Again, some empirical evidence in ethnically and religiously diverse countries suggests that decentralization allows local bodies to respond more effectively to local needs than the central government (Faguet & Sánchez, 2014; Green, 2015).

Notwithstanding the benefits that accrue from decentralization, scholars have pointed to the inherent risks associated with its practice. For instance, Lewis (2014, p. 572) has challenged the "workability of administrative decentralization because units' proliferation oftentimes decreases their size relative to the centre, thereby diminishing the individual unit's bargaining leverage with it." Besides, the technical deficiencies of local government staff may hamper the effective provision of public goods to the local citizens (Robinson, 2007; Smoke, 2003).

Similarly, it has been pointed out that the problems associated with fiscal decentralization could have a debilitating effect on the success of administrative and political decentralization. In Smith's (1985) view, problems associated with central government grants to local governments could constrain the latter's ability to implement development programs. For instance, grant disbursements based on considerations such as the size, population, needs, and resources of the local governments tend to widen the inequality gulf among the localities (Rondinelli et al., 1989; Wunsch, 2001). Furthermore, in countries that face chronic economic challenges, local governments are unable to raise their own internal revenue, thereby making them overdependent on the central government for regular fiscal allocations. It has likewise been observed that the need to restore macro-economic stability in a country could compel the central government to exert control over local governments by regulating their spending.

Beyond the socio-economic weaknesses, decentralization's primary objective, devolution of power to localities, has proven difficult to achieve in practice. Some scholars have observed that increased political autonomy for subnational bodies does not automatically translate into improved public goods



because decentralization is always amenable to elite capture (Smoke, 2003; Wunsch, 2014) and clientelism and can be exacerbated by recentralization (Wunsch, 2001) due to the lack of political will (Dickovick, 2011; Dickovick & Eaton, 2006; Dickovick & Riedl, 2014; Englebert & Mungongo, 2016; Falleti, 2010; Lambright, 2011; Malesky & Schuler, 2013).

Given the varying theoretical strands, a consideration of the impact of decentralization on local development may be viewed from the devolution and fiscal decentralization space. This is because, first, the literature establishes a strong connection between devolution and development. When significant powers are devolved from the central government to lower-level governments, the grassroots democratic institutions are expected to deliver socio-economic development programs to the local populace (Ayee, 1994; Smith, 1985; Wunsch, 2001). Hence a key objective of Ghana's decentralization policy is the promotion of development by the DAs. This implies that the ability of the DAs to deliver beneficial social amenities to the local people is of utmost importance, given the developmental powers devolved to them (Republic of Ghana, 1993a, 2016). Second, the value of the doctrine of fiscal decentralization is recognized in the overall delivery of public goods and services by local governments. Thus, advocates of the economic benefits of decentralization have maintained that local development is only possible within the context of efficient resource transfers from central to local governments (Besley & Coate, 2003). Conversely, the limited availability of resources at the disposal of local governments—fiscal decentralization deficiencies—would undermine the delivery of adequate socio-economic development programs to local areas. Based on these theoretical imperatives, the article examines whether Ghana's experience with implementing decentralization policy has produced dividends in the form of the delivery of social services—amenities—to the people at the localities or not.

METHODOLOGY

To establish whether the implementation of decentralization policy in Ghana has yielded the provision of development projects—social amenities—at the localities or not, the study obtained data based on face-to-face interviews and focus group discussions (FGD) with 660 respondents¹ in 15 selected DAs spanning two years (January 4, 2019, to December 16, 2021). It employs the qualitative method because this enhances the researcher's ability to analyze the interactions among key variables and explain the “how” and “why” questions about the extent to which decentralization has led to the provision of development projects at the local level. The researchers witnessed the mobilization of human and material resources for the construction of infrastructure projects and engaged local officials (implementers) and citizens (beneficiaries) in close conversations to gain insight into how social services have been provided in the communities.

The fieldwork (in-depth interviews and FGD) was carried out in five out of the ten regions of Ghana—excluding the six newly created regions—namely: Greater Accra, Volta, Ashanti, Brong Ahafo, and Northern. First, the choice of these regions reflects the ecological divisions of the country: Accra and Volta (coastal), Ashanti (forest), Northern (savannah), and Brong Ahafo (a hybrid of forest and savannah). In addition, while Greater Accra and Ashanti belong to the “wealthiest” region, Northern is among the “poorest,” and of all the coastal regions, Volta is the poorest. Brong Ahafo possesses both characteristics based on the Ghana Statistical Service's (GSS) (2015) Poverty Mapping Report (PMP) (see Table 1). The PMP, which measures the incidence, headcount, and depth of poverty, uses social service indicators such as access to water, electricity, sanitation, health, and education, among others, to create a taxonomy of poverty in the communities (World Bank, 2020). Second, three districts were selected from each region based on their poverty dynamics; namely, highest, lowest, and moderate levels of poverty (GSS, 2015). The significance of relying on the poverty variable used for

¹Based on a conservative average of the populations of the five selected regions. People in poor regions are disadvantaged by limited provisions of public services and infrastructure such as access to markets, roads, and electricity (World Bank, 2020, p. 45).

TABLE 1 Depth of poverty in Ghana by region and selected districts

Region/ population (2010 Census)	Rate %	Severity %	Ecological zone	Districts with incidence and depth of poverty in the region		
				Moderate	Lowest	High
<i>Wealthiest</i>	2012	2016				
Greater Accra 4,010,054	2.5	0.1	Coastal	Ada East (9.8%)	La Dade Kotopon Municipal (.3%)	Shai Osudoku (55.1%)
Ashanti 4,780,380	11.6	1.0	Forest	Afigya Kwabre (4.0%)	Asokore Mampong Municipal (3.3%)	Sekyere Afram Plains North (59.6%)
Eastern 2,633,154	12.6	1.2	Forest	Nsawam Adoagyiri Municipal (3.5%)	Denkyembuor (1.1%)	Kwahu Afram Plains South (59.7%)
Central 2,201,863	13.8	1.3	Coastal	Ejumako-Enyan- Esiam	Twifo Ati-Morkwa (3.1%)	Ekumfi district (19.6%)
Western 2,376,021	21.1	1.7	Coastal	Juaboso (10.2%)	Suaman (6.0%)	Wassa Amenfi Central (51.9%)
Brong Ahafo 2,310,983	26.8	4.2	Forest and Savannah	Asunafo North Municipal (12.0%)	Dormaa West (2.5%)	Banda (37.9%)
<i>Poorest</i>						
Volta 2,118,252	37.3	6.4	Coastal	Ho Municipal (17.6%)	Akatsi South 10.5%	Adaklu (89.7%)
Upper East 1,046,545	54.8	13.2	Savannah	Bolgatanga Municipal (12.6%)	Kassena Nankana West District (13.1%)	Builsa South District (48.5%)
Northern 2,479,461	61.1	14.9	Savannah	Nanumba North (8.9%)	TMA (6.8%)	East Gonja (41.0%)
Upper West 702,110	70.9	24.6	Savannah	Sissala West (44.8%)	Wa Municipal (13.8%)	Wa West (92.4%)

Note: The measurable indicators of poverty in these areas include the extent to which they are disadvantaged by limited provisions of public services and infrastructure such as markets, roads, schools, health, and electricity.

Source: Ghana Statistical Service (2015).

the PMP was that they are directly related to the social service indicators this article examines. Based on the GSS (2015) report, the districts with the highest, lowest, and moderate levels of poverty in Greater Accra, Volta, Ashanti, Northern, and Brong Ahafo regions are Shai-Osudoku, La Dade Kotopon Municipal, and Ada East; Akatsi South, Adaklu, and Ho Municipal; Sekyere Afram Plains North, Asokore-Mampong Municipal, and Afigya Kwabre; East Gonja, Tamale Municipal, and Nanumba North; and Banda, Dormaa West, and Asunafo North Municipal, respectively (see Table 1). Based on the 2010 Ghana Population Census, the selected regions are the most populous except Volta, which was chosen primarily because it is the poorest of all the coastal regions (see Table 1; GSS, 2015). Moreover, all the selected regions and DAs are among the oldest—a few were created by splitting in 2012—and therefore have operated for a long time (see Table 1).

The 660 participants in the face-to-face interviews and FGD were chosen through purposive and simple random sampling methods and supplemented with direct observation of events and processes involving the provision of social amenities by the metropolitan, municipal, and DAs (MMDAs) in the 15 communities. There were four principal groups of respondents chosen to reflect diverse perspectives. First, 20 officials of central government institutions with a direct relationship with the MMDAs, comprised of five each from the MLGRD, the Office of the Common Fund Administrator, the Local



Government Service, and the Parliamentary Select Committee on Local Government. Second, 45 principal officers of the MMDAs were made up of 15 Members of Parliament (MPs), Metropolitan, Municipal, and District Chief Executives (MMDCEs), as well as Presiding Members (PMs).

In addition, there were 150 Assembly Members (AMs) consisting of ten each from the 15 DAs. In each DA, two AMs were chosen randomly from the district capital while the other eight represented towns and villages—based on the list of AMs from the particular DA. An additional 45 heads of department (three from each MMDA—Directors of Ghana Education Service, Public Health, District Engineering) were interviewed. These groups of respondents were chosen through the purposive method because of their comprehensive knowledge, understanding of, and participation in the MMDA development projects. While the central officials have exercised oversight responsibilities toward the MMDAs and controlled inter-governmental transfers, MPs are the *ex-officio* members of the assemblies and representatives of the communities in national decision making, and the MMDCEs/PMs/AMs are the implementers of the local development projects. The heads of departments provided technical support to the MMDA development projects.

The third cohort of respondents (40) were drawn from the Center for Democratic Development (CDD), opinion leaders and chiefs in the communities for direct interviews and interactions. While CDD officers in Accra have been involved in the “I AM AWARE” program—that is, the District League Table (DLT)² project that has assessed DAs' performance on some social indicators—the opinion leaders, such as headmasters, imams of local mosques, and pastors of community churches have given voice to the people about their community development projects and the chiefs are the traditional architects of local governance with a keen interest in the local development in their areas.

Fourth, 60 participants were purposively chosen for FGDs. The five FGDs were held in the capital of each region and comprised 12 participants per group: that is, four from each of the three DAs in the selected region. In each DA, the participants comprised a circuit supervisor of the Ghana Education Service who has engaged in monitoring schools in the district, an official of the Community Water and Sanitation Agency, a representative of the Ghana Private Road and Transport Union (GPRTU), and a community nurse. These participants are independent-minded individuals who represent diverse interests and perspectives on decentralized local governance and rural development. Their opinions served as a measure of validating officials' claims on the delivery of social services to the grassroots.

The fifth group of interviewees were 300 adult citizens resident in the 15 communities—20 each from an assembly—who have been beneficiaries of the MMDA development projects. Of the 20 participants chosen from an assembly, ten were from the district capital while the other ten were identified in two electoral areas (town or village—five each) outside the capital (all were nonassembly officials). Given that all communities were assumed to have benefited from the MMDAs' social amenities, the systematic random sampling technique was used to select the participants from every third household³ in the town or village. When a house was identified, the head of the household or his/her representative served as the interviewee. The semi-structured questions were framed around thematic areas such as what social amenities have the DA delivered to your community, whether the development projects have been beneficial to your community and the extent of their satisfaction with them, the lingering challenges, and how to deal with them for improved delivery of social amenities to the localities.

The primary information gathered through the interviews, FGDs, and observations were complemented with secondary data drawn largely from a review of the literature retrieved from books, published and unpublished reports, journal articles, newspapers, and internet publications on the salient subject of decentralized local governance and development. Such secondary information was triangulated with transcripts and notes collected from the field—interviews, FGDs, and observations—and

²This is the assessment of district development across a country by ranking them in the order of their level of development using prevailing data.

³The Ghana Statistical Service (GSS) adopted the systematic method in the household survey in the Ghana Living Standard Survey Round 7 (see GSS, 2019, pp. 1–3).

subjected to content and thematic analysis. It is important to emphasize that the article has conformed to the required ethical standards by guaranteeing the anonymity of all respondents.

A NOTE ON THE GENERAL CHARACTERISTICS OF THE RESPONDENTS

A distinctive feature of the respondents is gender. Of the total number of respondents, males outnumbered females even though Ghana's 2010 and 2020 population censuses indicate that more than 51% of the population is female (Ghana Statistical Service, 2021). Our attempts to achieve gender parity did not materialize because the cultural practices of many communities still “stifle” women's public participation (see Table 2; Ghana Statistical Service, 2019).

In some communities, the women were not willing to volunteer information to the researchers and would defer to their husbands. Age was another considered variable. Young respondents—those between the ages of 18 and 40—formed the minority. Adults aged above 41 years were the majority. This suggests that the adult population more than the youth has actively engaged in decentralized local governance. While many factors may account for this situation, the current high unemployment rate may have undermined the trust of the young in the local democratic institutions' ability to offer them job opportunities (see Ghana Statistical Service, 2019). Though Ghana is a secular state, the people are incurably religious. The dominant regions are Christianity, Islam, and African Traditional. The majority of the respondents are Christians, followed by Muslims and believers in African Traditional religion, and then other faiths (see Table 2).

The respondents belong to varied occupations. The majority engage in farming, the dominant occupation of rural Ghanaians (see Ghana Statistical Service, 2019). It is also a fact that the majority of the rural population are artisans, petty traders, and unemployed. While the politicians—MPs and MMDCs—form the links between localities and the central government, they often gravitate toward the city and live urban lifestyles and are frequently perceived as the local elite. The public sector employees are primarily teachers and community health officers. The respondents also hailed from diverse educational backgrounds. The majority of state employees in the rural districts are teachers who have obtained teacher training in college education as well as those with lower educational attainments such as elementary and secondary school (see Table 2).

DISCUSSION OF RESULTS

The issue of whether the DAs have delivered social amenities to the grassroots or not is measured based on four key variables of which the first is the nature and dynamics of decentralization policy in Ghana. Field data shows that Ghana's decentralized local governance system has been largely framed alongside devolution—political decentralization—even though the regional coordinating council (RCC) with no rating authority is at its pinnacle. Since the creation of an additional six regions in 2019, the number of RCCs has increased from ten to 16. Both the 1992 Constitution and legislation such as the Local Government Act 462 of 1993 (Amended), the Local Government Instrument (Legislative Instrument 1961, 2010), and the Local Government Act 936 of 2016 have rolled government closer to the doorsteps of the people. In particular, chapter 20 of the 1992 Constitution, entitled “Decentralization and Local Governance,” is a testament to the significance attached to devolution (Republic of Ghana, 1992). The three-tier decentralized local governance system has the RCCs, DAs that are of three kinds: metropolitan, municipal, and DAs (MMDAs) (see Figure 1).

The dichotomy is based on population and other socio-economic factors, and the Unit Committees (UCs) (see Figure 1). It must be emphasized that the complexion of the RCCs is a mixture of devolution, de-concentration, and delegation. They form the intermediary coordinating bodies between the central and local governments, exercise delegated authority to harmonize MMDA development plans


TABLE 2 General socio-demographic characteristics of the respondents

	Frequency (<i>N</i> = 660)	Percentage (%)
<i>Gender</i>		
Female	280	42.4
Male	380	57.6
Total	660	100.0
<i>Age group</i>		
18–28	70	10.6
29–39	120	18.1
30–40	96	14.5
41–51	150	22.5
52–62	100	15.1
63–above	130	19.2
Total	660	100
<i>Religion</i>		
Islam	210	31.8
Christianity	345	52.3
African traditional	35	5.3
Others	70	10.6
Total	660	100
<i>Occupation</i>		
Farmers	110	16.6
Artisan (masons, carpenters)	72	10.8
Drivers	64	9.6
Petty traders	80	12.1
Businessmen and women	53	7.9
Public sector employees	84	12.6
Private sector employees	28	4.2
Unemployed	74	11.1
Self-employed	71	10.6
Politicians	30	4.5
Total	666	100
<i>Education</i>		
Elementary school	220	33.4
Secondary school	160	24.2
Training college	280	42.4
Total	660	100

Source: Author's field data gathered in 2019.

and programs, monitor the use of financial resources by central government agencies, and review public service activities in the regions (Republic of Ghana, 1992, 2016).

Beneath the RCC are the MMDAs that constitute the pivot around which decentralized local governance revolves. They are the highest politico-administrative units of the decentralization system in the country. Each assembly is composed of 70% directly elected members chosen by universal adult suffrage on a nonpartisan basis, and 30% nominees of the President of the Republic (Republic

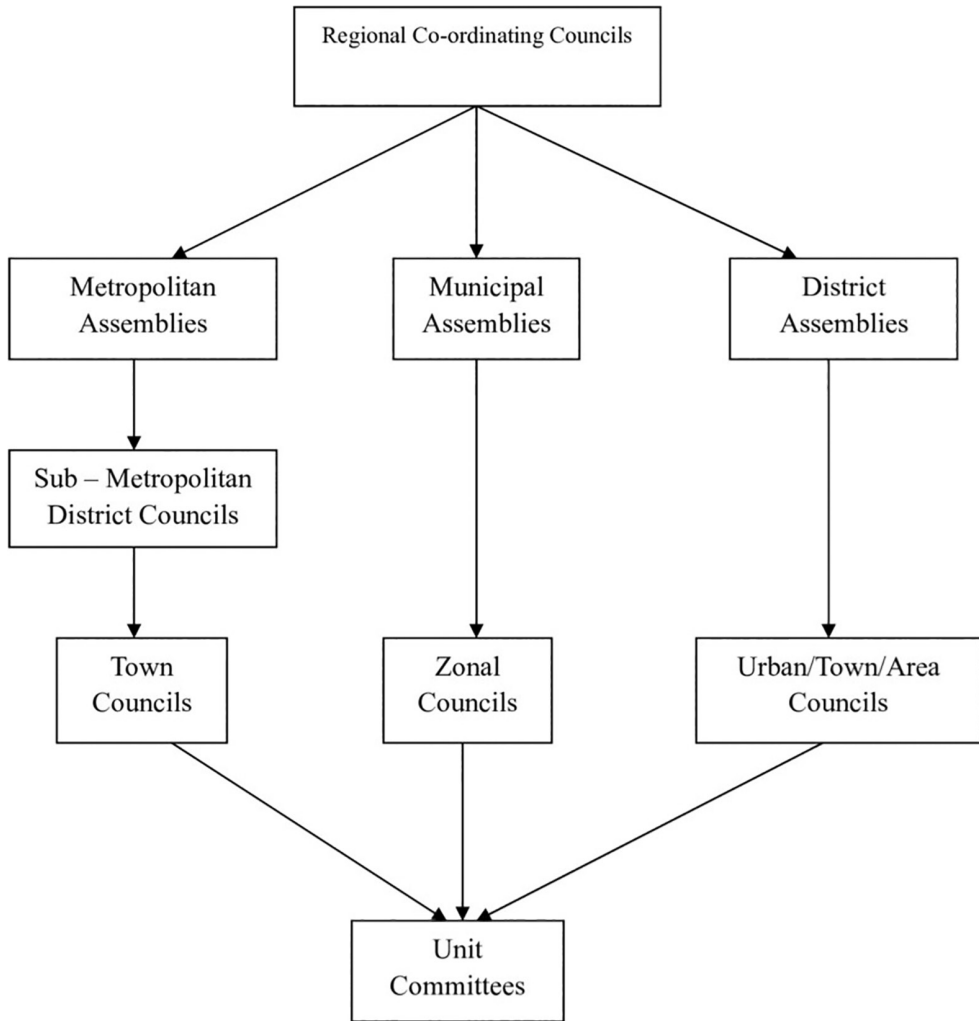


FIGURE 1 Structure of decentralized local governance in Ghana. *Source:* Republic of Ghana (2016).

of Ghana, 1992, 1993a, 2016). MMDCEs—who are nominated by the president for approval by two-thirds of the MMDAs—serve as the political and administrative heads of the assemblies. The Executive Committee of the MMDAs, which is composed of one-third membership of the assemblies, is chaired by the MMDCEs. The MP of the constituency and heads of public bureaucratic institutions in the districts are *ex-officio*/nonvoting members of the assemblies. The activities of each MMDA are nonpartisan, and decision making is based on consensus even though in practice there have been partisan undercurrents (Interview, PMs, Accra, December 2019).

For instance, the recruitment of MMDCEs and the 30% members of the MMDAs have been filled with supporters of the ruling party (FGD, Kumasi, March 2019). The MMDAs are further divided into three subunits: metropolitan assemblies (250,000 plus population) have sub-metropolitan district councils that, in turn, are made up of town councils having a population ranging between 5,000 and 15,000. On the other hand, the municipal (95,000 plus population) and district (75,000 plus population) assemblies are sub-divided into zonal and urban/area councils where populations are greater than 15,000. Membership of these councils is composed of the MMDAs and UCs as well as representatives of the MMDCEs to promote citizens' participation in planning, implementing, and monitoring local services (Interview, MLGRD Official, Accra, June 2019). There are six metropolitan, 111 municipal,



and 143 DAs with specified jurisdictional responsibilities over local governance and development (see Figure 1). According to respondents, the large number of MMDAs—including their respective lower tiers in several geographical spheres across the country—is a deliberate measure to spread development to the localities (FGD, Kumasi, March 2019).

The law (Act 462) that created the MMDAs has conferred about 86 specified functions that are largely deliberative, legislative, and executive on the assemblies. Overall, they are responsible for the development of the districts. To this end, they are expected to formulate and implement policies for the socio-economic development of their localities. They are empowered to plan, prepare composite budgets, and mobilize local resources to carry out productive activities, including the provision of basic infrastructure—municipal works and services, human settlements, and a sustainable environment—as well as maintain law and order (security) in the districts (Republic of Ghana, 1993a, 2016). Over the years, there have been several established measures aimed at strengthening MMDA's capacity to be effective and efficient in the delivery of public goods (social amenities) to the localities. For instance, the passage of L.I. 1961 in 2010 was a move to limit central control over local government personnel to enhance the effectiveness of administrative decentralization. The instrument, therefore, shifted important functions such as human resources from the central government to the Local Government Service (Republic of Ghana, 2010). Toward the same objective of empowering the MMDAs to achieve effectiveness, Act 936 was enacted to give opportunities to local citizens to participate in the development and implementation of district plans and budgets (Republic of Ghana, 2016). Revolutionary in the reform agenda via the law and instrument was the provision of practical modalities and action plans such as the creation of interactive information communication systems and holding town hall meetings to stimulate greater popular participation in MMDA activities. A more action-oriented approach to citizens' participation in the MMDA programs has been the power granted to stakeholders to hold the former accountable: therefore, it is now possible for citizens to register their concerns either in writing or orally to petition the Secretary of the Assembly regarding any aspect of MMDA activities (Interview, Officials of MLGRD, Accra, June 2019).

At the lower tier are the UCs that cut across MMDAs (see Figure 1). A UC consists of not more than five persons publicly elected at an election conducted by the Electoral Commission of Ghana. Its members hold office for four years and are eligible for re-election (Legislative Instrument 1967, S. 23, 24). Some of the functions are street-naming, registration of births and deaths, revenue mobilization, public education on various issues, and assisting the MMDAs to implement their development projects in the communities (Interview, MCE, Tamale, March 2021).

Many respondents have observed that local governments are able to satisfy the developmental needs of the people in an environment that sustains progressive fiscal decentralization (see Table 3).

They noted that, to enhance the MMDA delivery capacity, the laws have provided financial resources through several revenue outlets. First, as taxing authorities in the districts, the MMDAs have powers to prepare annual budgets to raise revenues including awarding contracts through the District Tender Boards and the determination of spending on their developmental activities (Interview, MMDCE, Adaklu, October 2019). Several sections of Act 936 mandate the MMDAs to charge fees, impose levies and fines, and use proceeds to execute their annual expenditures (Republic of Ghana, 2016). Second, to complement the internally generated funds, the MMDAs receive periodic transfers from the central government in the form of grants-in-aid, and donations from Ghana's international development partners (see Table 3). A major breakthrough for fiscal decentralization has been the creation of the DACF by Act 455 since 1993, which set aside not less than 5% (recently amended to 7.5%) of the general government revenue to finance MMDA development programs (see Table 3). The passage of Act 936 has further removed some of the bottlenecks to the effective operation of fiscal decentralization by creating support systems to promote financial transparency and accountability of the MMDAs to the local citizens (Interview, Official of Local Government Service, Accra, September 2020). The enactments of other salient legislation—such as the Public Financial Management Act of 2016, Act 921 (especially, S. 47, 83–88, 96–98), and the Public Financial Management

TABLE 3 DACF transfers to district assemblies

Region and MMDA	Amount transferred as % ratio			Amount transferred		Amount transferred	
	2016 ratio	2017 ratio	% Increase	2018 Amount	% Increase	2019 Amount	% Increase
<i>Greater Accra</i>							
1. Shai-Osudoku	.004509	.004763	2.11	4,447,058.36	46.56	5,265,082.20	18.39
2. La Dadekotopon	.007863	.009711	23.50	9,761,580.08	46.56	11,557,125.05	18.39
3. Ada East	.004800	.004935	2.91	4,556,387.73	46.56	5,394,589.66	18.39
<i>Volta</i>							
1. Akatsi South	.005627	.006846	2.31	5,062,836.36	46.56	5,994,094.45	18.39
2. Adaklu	.004024	.004310	7.11	4,214,756.42	46.56	4,990,018.69	18.39
3. Ho	.005378	.0054032	6.43	5,059,962.65	46.56	5,990,692.14	18.39
<i>Ashanti</i>							
1. Sekyere Afram Plains North	.004653	.004192	4.09	4,635,870.16	46.56	4,388,592.09	18.39
2. Asokore-Mampong	.007881	.008012	7.94	8,471,828.11	46.56	10,030,136.12	18.39
3. Afigya Kwabre	.004996	.005091	1.90	4,786,625.61	46.56	5,667,077.49	18.39
<i>Northern</i>							
1. East Gonja,	.005125	.005226	2.14	4,971,288.01	46.56	5,885,825.08	18.39
2. Tamale	.004597	.005861	2.10	5,846,941.05	46.56	6,922,427.34	18.39
3. Nанumba North	.004612	.004723	2.12	4,307,696.31	46.56	4,027,446.48	18.39
<i>Brong Ahafo</i>							
1. Banda	.004240	.005380	26.89	4,652,591.57	46.56	5,508,389.24	18.39
2. Dormaa West	.004915	.005130	4.38	4,023,484.60	46.56	4,763,564.33	18.39
3. Asunafo North	.004346	.004620	4.12	4,423,718.83	46.56	5,237,417.64	18.39

Source: Compiled by authors from the Government Budget Statements and the Report on the Formula for Allocating DACF (2021).

Regulations of 2019 (L.I.2378)—have relatively grounded the MMDAs in revenue mobilization, financial management, and accountability (Interview, Official of MLGRD, Accra, September 2020).

Even though the dynamics of decentralization differ across jurisdictions, decentralization is regarded as a key element for local development because it places power and resources back into the hands of communities and their leaders (Interview, Lecturer, Accra, November 2021). Therefore, given the (albeit inadequate) amount of power and financial resources that have been transferred to the MMDAs, it is expected to result in the provision of social amenities to the local people (see Table 3). Furthermore, in the formula for sharing the DACF, development is conceptualized not only in terms of economic growth but also involves improvements in living conditions such as health, education, access to portable water, and good roads (see Table 3; Republic of Ghana, 2016). Indeed, in the formula for sharing the DACF, Parliament of Ghana (2017) has identified four indicators—health and education services, water, tarred road networks, and coverages—to measure the “Basic Needs” approach to development. The reference to these development indicators is suggestive of their centrality in MMDA operations. In other words, the transfer of financial resources to the MMDAs is based on the assumption that they would be used to provide for the basic needs of the people in the localities (Interview, Official of Administrator of DACF, Accra, October 2020). So the question then becomes: if the MMDAs have the “financial capacity” to provide basic social services to the people, to what extent have they executed this responsibility?

The second aspect of the data turns on the extent of the provision of infrastructure projects by the DAs. A salient objective that underpins Ghana's decentralization is the promotion of local development (Interview, Official of MLGRD, Accra, September 2020). Indeed, decentralization's attractiveness to



the governments of many developing countries is founded on the claim by its advocates that it would enhance rural development (Interview, Lecturer, Political Science, Accra November 2021). Notably, the Local Government Act 462 of 1993 (amended by Act 936 of 2016) has assigned the MMDAs a role in the provision of infrastructure at the localities.

When respondents were asked to indicate whether the DAs have carried out infrastructure projects in their communities, many reported completion as well as the ongoing construction of development projects in several localities (see Table 4). Information gathered through personal interactions with some MMDA officials revealed that the DAs have undertaken community-driven micro-development project schemes geared toward promoting rural development (see Table 4). Across much of the

TABLE 4 Respondents' views on road, drainage, and bridge projects in their communities

Region/MMDA	Community/village/town of respondents	What are some of the infrastructural projects taken or being carried out in your locality?
<i>Greater Accra</i>		
La Dade Kotopon	La. Burma Camp, North Labone	Construction of drainage systems, tarring of roads
Ada East	Pute, Kasseh, Bedeku, Big-Ada Lomobiawe, Ada	Reshaping and tarring of roads and construction of drainage systems
Shai-Osudoku	Duffor, Volivo, Lanor, Avakpo, Doyimu, Dodowa	Surface graveling and tarring of roads and drainage systems
<i>Volta</i>		
Akatsi South 95,426	Deve, Wute, Dagbamate, Kpevenu, Ayive, Akatsi	Construction of drainage systems, bridges, and roads
Adaklu 2085 2012	Abuadi, Anfoe, Ablornu, Ahunda-Kpodzi, Helekpe	Reshaping, tarring of roads, and construction of drainage systems
Ho Central 177,281	Abutia-Kloe, Ho, Akpoepe, Anyirawase, Abutia-Teti, Shia	Tarring of roads and drainage systems
<i>Ashanti</i>		
Afigya Kwabre South 136,140	Masse, Taabuom, Biayaa, Atimatim	Surface graveling, tarring of roads, construction of small bridges and drainage systems
Sekyere Afram Plains North	Abededuasu, drobonsu, Hamidu	Reshaping of roads, surface graveling, bridge construction
Asokore-Mampong Municipal 304,815	Nuriya, Buoban, Sepe-Timpom, Asokore, Mampong	Tarring of roads, construction of drainage systems
<i>Brong Ahafo</i>		
Banda 20,282	Nyire, Ahenkro, Boase, Bongasi, Bofie	Shaping and graveling of roads and drainage systems
Dormaa West 50,871	Adiemra No. 2, Nkrankwanta	Shaping, graveling, and tarring of roads
Asunafo North Municipal 124,685	Goaso, Diasibe, Bedabour, Antwiagyekrom, Aboaboso, Abebresekrom, Ahwiahwia	Reshaping and application of bitumen on roads, drainage systems, and small bridges
<i>Northern</i>		
East Gonja 135,450	Salaga, Makango, Jantong	Graveling, tarring of roads, and construction of drainage systems
Tamale Municipal 223,252	Tishigu, Salamba, Moshei Zongo, Gumani	Tarring of roads and construction of drainage systems
Nanumba North 141,584	Ponaa, Wampuli, Bimbilla, Pusuga	Graveling, tarring of roads, and construction of drainage systems

Source: Field Interviews, February 2019–November 2021.

MMDAs, the researcher observed the implementation of small-scale development projects such as road repairs, drainage facilities, and small bridges rather than large-scale projects (see Table 4).

Records available at MMDA offices show that, while rural development projects such as construction and repairs of roads, drainage systems, and bridges have featured prominently in their deliberations and annual budget statements, only within the past two decades have these projects accelerated in the districts (see Table 4). The construction of these projects commenced only after the District Tender Boards of the MMDAs had given approval to the contract proposals (Interview, Official of Local Government Service, Accra, June 2019). One project the MMDAs have carried out in the communities is road construction (see Table 4). The road project has occurred in two dimensions. First, the MMDAs contracted private companies to reshape some of the feeder roads to open town and district capital access to remote villages (Interview, DCE and District Engineer, Dodowa, March 2021). Second, the graveling and tarring of some dilapidated roads that were constructed in the 1960s were completed. For instance, in several communities, the MMDAs have awarded contracts for reshaping, graveling, and tarring roads (see Table 4). There is something positive about the road rehabilitation project. Respondents indicated that “the reshaping and tarring of some roads in the districts have enhanced the mobility of vehicles and people from the villages to towns and vice versa, thereby bolstering the local economy” (Interview, Farmer, Asokore, December 2019). Another respondent noted that “the project has positively affected productivity of teachers because it has reduced the long hours they spent on walking to school, absenteeism, and frustration” (Interview, Retired Head Teacher, Akatsi, November 2019). In the case of drivers and petty farmers, “the economic activities and the return of vehicles to the roads has raised our income levels” (Interview, Farmer, Salaga, June 2021).

The MMDAs' infrastructure projects have been extended to the construction of drainage systems along some major roads in the districts (see Table 4). According to a key respondent, “the project involved the widening of undercover tunnels, replacement of broken and faulty metals, and realignment of the architectural designs to facilitate the speedy flow of running water to the underground tanks for domestic use” (Interview, District Engineer, Dormaa Ahenkro, May 2021). Some of the respondents alluded to the construction of modern drainage works by the MMDAs even though only a few were identified by the researcher in the Ho, Asokore-Mampong, and Tamale assemblies (see Table 4). Moreover, the kind of constructed drainage systems the researcher found in some towns and villages are more-or-less open gutters rather than modern drainage systems. Nevertheless, some respondents from several rural communities reported that they are satisfied with the open-cutter drainage system because it has solved perennial flooding issues and the ensuing damage caused to some properties in their communities (Interview, Petty Trader and Driver, Bimbilla, Adaklu, Dodowa, May 2021).

Similarly, the MMDAs have carried out construction works on some bridges in several communities (see Table 4). The contracts on the bridge project indicated two kinds of works: rehabilitation of dilapidated bridges and construction of new ones on some selected roads and small rivers to facilitate easy mobility of goods and persons (see Table 4). The bridge project received priority MMDA attention because some of the old footbridges had become death traps for hundreds of the rural populations that used them—in particular, collapsed bridges were among the principal causes of nonschool attendance by pupils in the affected rural communities, and farmers suffered post-harvest losses due to the break in the chain of economic activities (FGD, Regional Capitals, March–September 2019). Hence, getting the bridges back meant the reopening of the affected rural communities to functional economic activities in the districts (Interview, Petty Farmers and Traders, Adaklu and Dodowa, October 2019).

The third variable used to measure the prevalence of MMDA development projects is the provision of education and health-care facilities. Regarding this issue, the data presented reveal that education and health-care facilities remain central to the development agenda of the DAs (see Table 5).

According to the respondents, although the construction of educational facilities in the districts had depended on central government funding for a long time since the decentralization reforms the MMDAs have assumed a pivotal role in the delivery of educational infrastructure to the localities

TABLE 5 Respondents' opinions on the provision of education and health-care facilities in their communities

Region/MMDA/2010 population Census	Community/village/town of the respondents	Identify some of the educational and health-care facilities your DA has provided in your area
<i>Greater Accra</i>		
La Dade Kotopon 183,528	La, Burma Camp, North Labone	Provision of school buildings and rehabilitation of hospitals
Ada East 71,671	Pute, Kasseh, Bedeku, Big-Ada Lomobiawe	Teacher quarters; classroom and nursery blocks; children's ward and CHP Compound
Shai-Osudoku 51,913	Duffor, Volivo, Lanor, Avakpo, Doyimu	Classroom blocks; teacher quarters; school furniture, library, playing field; Clinics, CHP Compound
<i>Volta</i>		
Akatsi South 95,426	Deve, Wute, Dagbamate, Kpevenu, Ayive	Kpevenu school building, Dagbamate hospital, CHP Compound
Adaklu 2085 2012	Abuadi, Anfoe, Ablornu, Ahunda-Kpodzi, Helekpe	Anfoe KG building, health centers, and CHP Compound
Ho Central 177,281	Abutia-Kloe, Akpoepe, Anyirawase, Abutia-Teti, Shia	Elevation of Ho hospital to teaching status, rehabilitation of schools
<i>Ashanti</i>		
Afigya Kwabre South 136,140	Masse, Taabuom, Biayaa, Atimatim	Teachers' quarters, school blocks, and furniture; Clinics
Sekyere Afram Plains North 102,423	Abededuasu, drobonsu, Hamidu	Abededuasu school building, the health center at Hamidu
Asokore-Mampong Municipal 304,815	Nuriya, Buoban, Sepe-Timpom	Nuriya and Sepe-Timpoma school building, Buoban health block
<i>Brong Ahafo</i>		
Banda 20,282	Nyire, Ahenkro, Boase, Bongasi, Bofie	Bandaman SHS building and CHP Compound
Dormaa West 50,871	Adiemra No. 2, Nkrankwanta	School building for Nkrankwanta and Adiemra No. 2, market stalls for Nkrankwanta
Asunafo North Municipal 124,685	Goaso, Diasibe, Bedabour, Antwiagyeikrom, Aboaboso, Abebresekrom, Ahwiahwia	Classroom blocks for Diasibe, Aboaboso, and Bedabour
<i>Northern</i>		
East Gonja 135,450	Salaga, Makango, Jantong	School buildings, CHP Compound rehabilitation of hospital
Tamale Municipal 223,252	Tishigu, Salamba, Moshei Zongo, Gumani	School buildings and hospital rehabilitation
Nanumba North 141,584	Ponaa, Wampuli, Bimbilla, Pusuga	JHS classroom block, Wampuli and Busuga CHPS Compound

Source: Field Interviews, February 2019–November 2021.

(see Table 5). Scrutiny of MMDA records found that the provision of educational facilities has been a recurrent feature of MMDA development plans and budget allocations. In some of the towns and villages, the researchers visited there is evidence of the construction of new school buildings, the provision of classroom furniture, and library facilities provided by the MMDAs even though aspects of the projects have continued to receive support from the GET FUND (see Table 5). Included in the school building project are head-teachers' bungalows, teachers' common rooms/offices, infirmaries,

canteens for the sale of water and food, fields for sporting activities, and recreational grounds for kindergarten pupils (FGD, Regional Capital, March–September 2019). A significant development is the schools' beatification campaign program promoted by some of the MMDAs. This has led to the planting of trees and flowers on the compounds of some towns and cities. Participants expressed satisfaction with the spread of basic school infrastructure to most communities by the MMDAs because it is “a remarkable step toward the rural transformation agenda of successive governments” (FGD, Regional Capitals, March–September 2019). The finding is consistent with the DLT report that also noted how the resultant change in the educational landscape has led to increased enrollments at the basic school level.

Many respondents believe that, because health care is an essential human need, there is high expectation that governments would make it available for the people at all levels. In the opinion of the respondents, the provision of health-care facilities has become more urgent, given that the third UN Sustainable Development Goal mandates governments to make health care accessible to the majority of their people (FGD, Kumasi, Accra and Tamale, March–September 2019). But according to some respondents, “experiences of health care in Ghana under previous centralized regimes showed abysmal performance in the provision of health care infrastructure” (Interview, Public Health Official, Tamale, October 2020). However, granting power to the DAs has enhanced the “speedy” provision of health-care facilities to most local communities that were previously neglected by the central government—even though they are inadequate (see Table 5). When asked whether the MMDAs have prioritized the delivery of rural health-care facilities in their community, some respondents reported that the MMDAs have made the provision of health-care services a salient developmental agenda (Interview, MMDCes, District Capitals, February 2019–November 2021).

These respondents further indicated that the DAs have mobilized material and financial resources to provide health-care facilities to serve the needs of the people, particularly those in some of the more deprived communities. Among the relatively extended health-care facilities the MMDAs have provided in the districts are the upgrade of some health centers to district hospitals and the expansion of existing hospitals to meet the growing health-care needs of the communities (see Table 5). Prominent among the health-care initiatives the MMDAs have undertaken in rural areas to address the concerns of the people is the provision of several health posts known as Community Health Planning and Services (CHP Compound) (see Table 5). The CHP Compound is a strategy to deliver essential community-based health services to deprived rural communities. The goal is to minimize geographic barriers by providing remote populations with primary health care (Interview, Public Health Officers, Salaga, October 2020). The CHP Compound is regarded by respondents as the single most laudable effort by the MMDAs toward creating avenues for people in the villages to access primary health care (see Table 5). In addition, the MMDAs have strengthened the professional and technical capacities of some of the district hospitals and health posts in the rural areas to ensure that the people obtain the services of medical doctors, nurses, and other medical personnel.

For instance, in the isolated/remote communities that are severely challenged by the nature of the settlement, the MMCEs have made special arrangements through the District Health Directorates for medical doctors to visit the health centers in the rural communities to attend to people's health needs. In addition, the assemblies have offered logistical support to community health officers to ensure their activities—preventive public education on old and emerging diseases—reach people in deprived areas (Interview, AMs, Ho and Adaklu, February 2021).

The cumulative effect of the provision of health-care infrastructure and technical support to the communities is the gradual reduction of the maternal mortality rate. For instance, some respondents said, “the provision of the health-care facilities in our communities has brought about remarkable improvements in the health conditions of the people” (Interview, Primary School Teacher, Salaga, October 2020) even though there are no statistical data to validate such assertions. Also, some respondents who are DA officials indicated that “the drive to make health care accessible to the rural people has relatively shrunk the previously yawning rural-urban health care gap” (Interview, Public Health Officer, Akatsi, December 2019).



The fourth issue analyzed is water and managing environmental sanitation, which many respondents regard as “priority social services” (FGD, Kumasi, Accra, Tamale, March–September 2019). The Parliament of Ghana (2017) has identified both services as essential areas for consideration in the disbursement of the DACF. Therefore, it was important to identify whether the DAs have promoted water delivery and environmental sanitation management in the local areas or not.

It is evident from Table 6 that the MMDAs have been empowered by law to provide water and manage environmental sanitation in the communities. To enhance the technical capacity of the MMDAs to deliver on the mandate, the government created the Community Water and Sanitation

TABLE 6 Water and sanitation projects in the communities undertaken by the MMDAs

Region/MMDA/Population	Community/village/town of the respondents	Mention some of the water and sanitation projects your DA has brought to your locality
<i>Greater Accra</i>		
La Dade Kotopon 183,528	La, Burma Camp, North Labone	Refuse containers; pipe water, public toilets
Ada East 71,671	Pute, Kasseh, Bedeku, Big-Ada Lomobiawe	Public toilets; mechanized Bole-holes; refuse bins
Shai-Osudoku 51,913	Duffor, Volivo, Lanor, Avakpo, Doyimu	Public toilets; bole-holes; refuse containers
<i>Volta</i>		
Akatsi South 95,426	Deve, Wute, Dagbamate, Kpevenu, Ayive	Public toilets; urinals; mechanize bolehole-pipe
Adaklu 2085 2012	Abuadi, Anfoe, Ablornu, Ahunda-Kpodzi, Helekpe	Mechanize boreholes; refuse containers; public toilets
Ho Central 177,281	Abutia-Kloe, Akpoepe, Anyirawase, Abutia-Teti, Shia	Public toilets; urinals; bolehole-pipe
<i>Ashanti</i>		
Afigya Kwabre South 136,140	Masse, Taabuom, Biayaa, Atimatim	Mechanize boreholes; refuse containers; public toilets
Sekyere Afram Plains North 102,423	Abededuasu, drobonsu, Hamidu	Mechanize boreholes; refuse containers; public toilets
Asokore-Mampong Municipal 304,815	Nuriya, Buoban, Sepe-Timpom	Refuse containers; pipe water rehabilitation, public toilets
<i>Brong Ahafo</i>		
Banda 20,282	Nyire, Ahenkro, Boase, Bongasi, Bofie	public toilets; refuse containers bole-holes
Dormaa West 50,871	Adiemra No. 2, Nkrankwanta	Public toilets; refuse containers bole-holes
Asunafo North Municipal 124,685	Goaso, Diasibe, Bedabour, Antwiagyekrom, Aboaboso, Abebresekrom, Ahwiahwia	Public toilets; refuse containers water rehabilitation
<i>Northern</i>		
East Gonja 135,450	Salaga, Makango, Jantong	Mechanize boreholes; refuse containers; public toilets
Tamale Municipal 223,252	Tishigu, Salamba, Moshei Zongo, Gumani	Refuse containers; water rehabilitation, public toilets
Nanumba North 141,584	Ponaa, Wampuli, Bimbilla, Pusuga	Refuse bins; bole-holes public toilets

Source: Field Interviews, February 2019–November 2021.

Agency (CWSA) in 1993 (Republic of Ghana, 1993a). Since its creation, the MMDAs have stepped up the provision of water to rural communities (Interview, Officials of the MMDAs, February 2019–November 2021). For instance, they have facilitated the provision of water in small towns, semi-urban, and rural districts (see Table 6). While in the urban areas (cities) the metropolitan and municipal assemblies have undertaken large projects to provide “good” drinking water for use by households, some towns and villages have received mechanized bore-holes (see Table 6).

Respondents further indicated that the metropolitan and municipal assemblies have been actively involved in major rehabilitation works on urban water reservoirs, including laying pipes to connect homes to water sources by the officials of the Ghana Water Company (GWC) (see Table 6). Also, in several rural districts, the assemblies have supervised the CWSA to repair malfunctioning bore-holes to achieve a “regular” supply of water to satisfy the well-being of the people (FGD, Regional Capitals, March–September 2019). They have also executed measures to promote the sustainability of water provision to the communities. The respondents mentioned a strategy that has allowed beneficiary communities to pay a small fee toward the maintenance of the equipment and payment of allowances to the professionals/engineers who service them (Interview, MMDCEs, District Capitals, February 2019–November 2021). As a measure to ensure that there is a regular supply of water to the communities, the MMDAs have empowered the local assembly and UC members to enforce by-laws on safe water and have been charged to educate the people (farmers, fishermen, hunters, and herdsman) against practices such as bushfires, poisoning water bodies, and destroying vegetation along river banks—practices that have undermined the assemblies' efforts to provide safe water to the communities. No doubt, ““these proactive initiatives have gone a long way to promote a relatively working water supply to most rural communities” (FGD, Accra, October 2020).

Table 6 reveals that the MMDAs have promoted and safeguarded public health in the localities. Indeed, the law obliges them to inspect for nuisance activities or any condition likely to be offensive or injurious to health, and to establish, install, build, maintain, and control public latrines, lavatories, urinals, and washrooms (see Republic of Ghana, 2010). In consequence, the assemblies have created structures and mechanisms to manage environmental sanitation in the cities and rural districts. According to respondents, in cities and large urban communities the metropolitan and municipal assemblies have put in place measures for the collection and disposal of solid, liquid, and hazardous wastes (see Table 6). For instance, in the municipal areas that generate several tons of waste daily, the assemblies have contracted engineers to construct landfill sites for refuse disposal. In the case of towns and villages, metal and plastic bins have been placed at strategic locations for dumping solid waste generated in the communities (FGD, Regional Capitals, March–September 2019). These large and small refuse containers are then lifted periodically by big trucks and their contents are discharged to designated landfill sites (Interview, Assembly Officials, District Capitals, February 2019–November 2021). Respondents also indicated that, in many rural districts, the assemblies have prepared special sites for depositing human excreta from household septic and sewage tanks; controlled pests, rodents, and vectors of diseases; and constructed stormwater drainage systems for cleansing streets, markets, and other public spaces even though some of the assemblies have not been carrying out these exercises (FGD, March–September 2019).

A major move undertaken by the MMDAs to promote environmental sanitation is the enforcement of by-laws on proper hygienic practices. Some respondents said their assemblies have implemented the rules on human settlement, disposal of refuse, the burial of the dead, and maintenance of abattoirs (Interview, Market Women, Adaklu, November 2021). For instance, some respondents reported that MMDA sanitary/hygiene inspectors have encouraged butchers to adhere to basic hygienic practices at the abattoirs. The “rigid” enforcement of the rules, including the imposition of fines by the inspectors, have ensured the observance of “good” hygienic practices at abattoirs, that, in turn, have led to the sale of relatively wholesome meat to the people (Interview, District Health Officer, Salaga, October 2020). Similarly, to avert the bushfire menace, some DAs have enforced regulations on environmental security. In some rural communities with high incidences of bushfires, DAs have insisted on adherence to the general guide on bush burning, particularly during the dry/harmattan season. Some



respondents associated the significant reduction in the occurrences of bushfires in areas previously endemic with them to the firm application of by-laws/regulations on bushfires (FGD, Sunyani, August 2019). Obedience to the by-laws has been made possible by the intense “public education against bushfire” undertaken by MMDA-trained community watchdogs. Participants noted that the rigorous community education undertaken by the assemblies has enhanced the understanding of farmers and hunters regarding the need to halt some of their perilous activities that had previously undermined community safety and security (FGD, Regional Capitals, March–September 2019).

Table 6 also indicates that the MMDAs have resorted to the provision of public toilets to address environmental sanitation problems in the communities. In the past, the absence of public toilets had led to open defecation in some of the communities (see District League Table Report by CDD/UNICEF 2019). Respondents mentioned in particular the beach defecation at the coastal assemblies such as Accra and Ho, bush defecation in Kumasi, Sunyani, and Tamale, and the resultant health hazards on the lives of the people (Interview, Public Health Officer, MMDAs, March–September 2019). To deal with the defecation nuisance, the MMDAs built new toilets and rehabilitated dilapidated ones to serve the sanitation needs of the communities (see Table 6). According to participants, at least two public toilets can be found in each submetropolitan assembly, while in the municipalities and districts some towns and villages have been provided with new public toilets (FGD, Regional Capitals, March–September 2019).

The data from Table 6 further suggest that, despite implementing some infrastructural projects, there are gaps in the delivery of social amenities to the communities. According to some respondents, the DAs' environmental sanitation management leaves much to be desired (Interview, Pastor and Teacher, Adaklu and Salaga, October 2020). Some alluded to the lack of regular water supply to public toilets in cities and towns that has made the fight against beach and bush defecation counterproductive. Respondents criticized the assemblies for their persistent failure to maintain public toilets—keeping them clean—thereby reducing popular patronage of the facilities. One respondent remarked, “the problem of irregular flow of water to the toilets has forced many people to abandon their use; they would rather resort to open defecation” (Interview, Court Clerk, Labadi, April 2021). Similarly, in some of the villages, “the stench from the public toilets, due to the inability of the septic tanks to discharge the liquid waste, has forced some of the people to do it in the bush” (Interview, Chief, Asokore, February 2019). Other participants noted the persistence of solid waste littering and domestic animal movements in the cities and towns, which suggests weak enforcement of the environmental sanitation by-laws (FGD, Regional Capitals, March–September 2019). A visit to slaughterhouses in some rural districts revealed continuing poor sanitary conditions, which challenges official claims of improved hygienic conditions at local abattoirs. The overall “poor” sanitary conditions have been a concern for some central government officials. “Sanitation is an important driver to the health, economic, and social development of our nation but it is unfortunate that, despite the successes Ghana has chalked up in areas such as poverty reduction and education, very little progress has been made in the area of environmental sanitation” (Interview, Official of MLGRD, Accra, May 2019).

Despite the MMDA efforts to provide school buildings and health-care facilities for the people (see Table 6), a number of the facilities found in the communities have been co-funded by the central government (Ministries of Education and Health), and many communities still lack access to quality educational and primary health-care facilities (FGD, Regional Capitals, March–September 2019).

CHALLENGES TO THE EFFECTIVE DELIVERY OF SOCIAL SERVICES

The data further shed light on the constraints to the effective delivery of critical social services to localities by the MMDAs. It is evident from the data that the challenges are diverse in nature. Aside from the well-known issues of administrative incompetence, conflicts between MPs and MMDCEs, weak local accountability, politicization, and elite capture, data from this study found deficiencies

associated with fiscal decentralization as the most critical. Although in the development literature, the term “fiscal” has been associated only with finances (Prud'homme, 2003), in the economic realm it denotes the assignment of sectoral functions and own-source revenues to sub-national governments (Interview, Lecturer in Political Science, Accra, December 2021). As already indicated, the law that created the DAs also guaranteed their power over local revenue mobilization and spending. The revenues, which they generate through their internal mechanisms, are largely derived from fees, levies, and rates. But according to officials of the DAs, the internally generated funds constitute between 20% and 30% of the total revenue of the MMDAs (Interview, Officials of MMDAs, District Capitals, February 2019–November 2021).

With logistical difficulties that have hampered the assemblies' collection capacity, only a small percentage is actually mobilized. In rural districts with weak collection capabilities, the fall in locally generated incomes has had a devastating impact on the performance of the assemblies. Only in the metropolitan and municipal assemblies have the internally raised revenues peaked at 25% (Interviews, Officials of Local Government Service, Accra, June 2019). Collection costs of some of the local fines, levies, and rates have likewise proven to be counterproductive. According to a key respondent, “the cost of transporting officials to the market centers to collect the tolls and deploying personnel to arrest rate/fine defaulters is more than the money the assemblies often get from their collection” (Interview, Assembly Official, Salaga, February 2019). It is also the case that the assemblies have inadequate revenue bases—to the extent that, no matter the modalities they put in place, they have been unable to collect the projected revenues in their budgets. Not even the metropolitan and municipal assemblies with good sources of revenue have been able to generate enough to finance their expenditure (Interview, Official of the Administrator of DACF, Accra, October 2020). However, this fiscal gap is supposedly closed by intergovernmental transfers—the DACF. The passage of the DACF Act 455 is an assurance to the MMDAs of a regular source of funds for local development. After all, Act 455 restricts the application of the fund to local development (Republic of Ghana, 1993b). In relation to the internally generated funds, the DACF constitutes between 70% and 80% of the MMDAs' total expected revenues (Interview, Official, MLGRD, Accra, November 2021). Yet the MMDAs have faced two hurdles over the transfer of the money. The first issue relates to undue delays in the release of the funds. In what has been widely perceived as an orchestrated strategy to suppress the autonomy of the MMDAs, the central government has “unnecessarily delayed the release of the DACF to the MMDAs” (Interview, AM, Salaga October 2020). Thus, instead of compliance with the statutory provisions regarding the transfer of the funds, “it is now a matter of central government discretion” (Interview, DA Official, Accra, September 2019). All MMDCEs lamented the uncertainties in the release of the funds for assembly development projects. They attributed the slow progress made on district development projects to the manipulation of the management of the DACF by the central government. Remarks by some MPs provide more insight on the nature of the DACF disbursement politics/manipulations:

The Minority in Parliament has threatened to block the approval of the government's 2020 budget over delayed disbursement of the fund (DACF). The Members of Parliament (MPs) from the Minority have alleged that the government has since April this year refused to release the fund to the districts despite parliamentary approval. They argued that the government's delay to disburse the fund was stifling the development agenda at the grassroots level. (*The Ghanaian Times*, 2019, p. 1)

The irregular transfer of the money has resulted in several years of unpaid arrears to the MMDAs, a situation that has worsened the ability of the assemblies to finance their development projects. For instance, in early 2020 when a deputy minister for finance appeared before Parliament to answer questions relating to the delays in the release of the funds, it was reported that “GH¢336,168,522.78 had been released to the Controller and Accountant General's Department for disbursement, but this amount represented the first quarter of 2018 payment” (*The Ghanaian Times*, 2019, p. 1).



The second issue concerns the arbitrary deductions at source from the DACF. Without prior consultation or consent of the MMDAs, central government agents (MLGRD), the Common Fund Administrator, and the Ministry of Sanitation have unilaterally taken part of the money to procure some items and equipment on behalf of the assemblies before the remaining amount is transferred to them (FGD, Regional Capitals, March–November 2019). According to respondents, the deducted money had gone into the purchase of septic tanks, disinfectants, farming machinery, and vehicles, among other things (Interview, Official of MLGRD, June 2020). Given the low internally generated revenue, source deductions, and delays over transfers of the DACF, the assemblies' financial capacity to implement a robust rural development program has been severely constrained (FGD, Regional Capitals, March–September 2019). A significant part of the DAs' development drive, however, is that within the current fiscal decentralization challenges, they have not relented in their efforts to deliver the needed social amenities to the people—even if they have been inadequate.

CONCLUSION AND LESSONS

This article has demonstrated how decentralization can lead to development at the subnational level even if only to a moderate extent. We found that the empowerment of grassroots communities through devolution and financial resources has yielded dividends via the provision of important social services for the people at the local level, although we noted these have been inadequate. The provision of the micro-development projects by the MMDAs was a deliberate effort to solve some of the problems that have confronted local populations for a long time. Social service delivery has been beneficial to the many rural communities that previously struggled to access essential but basic needs of life. At the same time, the study recognized the prevailing deficiencies arising from central controls over fiscal decentralization, which has led to transfer delays and the accumulation of arrears—and therefore limited the capacity of the DAs to deliver more social amenities to the people. Despite the problems involved, the result—which shows how DAs have utilized the power and resources entrusted to them to provide small-scale social services for the local population—may, at least to a small extent, challenge the conclusions in previous studies concerning the lack of progress with decentralization in Africa since the democratic renewal of the early 1990s.

This article underscored the developmental significance of decentralization in terms of how DAs promote social service delivery at the sub-national level. Our conclusion suggests that first, local governments tend to prioritize community development projects such as road repairs, health and educational facilities, water supplies, and sanitation management on their developmental agenda. Once DAs pay attention to these socio-economic needs of the people that have long been ignored by central developers, they are likely to inspire greater confidence in grassroots representative institutions that, in turn, can contribute to the easing of cynicisms often leveled against decentralization in Africa. The popular satisfaction with the provision of small-scale social amenities to communities was based on respondents' convictions that they brought relative improvements in their basic social needs.

Second, local governments in Africa cannot provide certain types of large-scale social services because local development is dependent on effective and sustainable intergovernmental transfers over which the DAs have no control. In situations where the center withholds statutory fiscal transfers, the DAs' capability to execute rural development projects would be severely constrained. The deficits recorded in the DAs' development projects largely concerned the controls exerted over the disbursements and transfers of the DACF by the central government. This reinforces the fact that central government funding support is required for successful decentralization in nascent democracies. It also reveals a growing presence of recentralization tendencies in devolution and fiscal decentralization practice, but it is far from branding decentralization in Africa as mere political rhetoric (Fridy & Myers, 2019; Wunsch, 2001).

Third, effective decentralization in Ghana is attainable by guaranteeing the financial autonomy of DAs. This requires a policy change—a reversal of the recentralization provisions and tendencies

embedded in Acts 462, 455, and 936—to curtail the central government's incessant and untrammled controls over the disbursements of the DACF. This will enhance the DAs' capacity to implement far-reaching development projects for the acceleration of the socio-economic transformation of rural communities. Finally, while Ghana's decentralization policy is framed to promote popular participation, the ultimate objective of the transfer of political power and resources to the DAs is their application to better the lives of the local people through the provision and delivery of basic social amenities.

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