AN INVESTIGATION INTO THE EFFECTS OF GHANAIAN DECENTRALIZED DEVELOPMENT PLANNING SYSTEM IN THE PROVISION OF HEALTH AND EDUCATIONAL INFRASTRUCTURE: THE CASE OF THE NEW JUABEN MUNICIPALITY

By

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DECLARATION

I hereby declare that this submission is my own work towards the MSc. Development Policy and Planning and that to the best of my knowledge, it contains neither material previously published by another person nor material which has been accepted for the award of any other degree of the University, except where due acknowledgement has been made in the text.

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ABSTRACT

Inadequate socio economic infrastructure is arguably Africa's most daunting challenge. Decentralization has been advocated by development partners, development agencies and developing nations as an important mechanism for broadening citizen participation and improving local governance, thereby enhancing provision of socio- economic infrastructure to facilitate poverty reduction. Decentralized development planning system is one of the strategies being pursued in Ghana to drive home the objectives of decentralization policy. One of the major objectives of decentralization is to establish efficient political, planning and administrative institutions at the district level, which would enhance grassroots participation and facilitate the mobilization of support and resources for district development (Botchie, 2000).

However, though the District Assemblies have pivotal role to play in the decentralized planning system, they are constrained by low institutional, human and financial resource capacity as well as low cooperation among stakeholders for development planning (Kroes, 1997). After more than two decades into the implementation of the decentralized planning system, health and education infrastructure are still woefully inadequate in most districts in Ghana. On the basis of the above, the study was conducted in New Juaben Municipality to find out the effects of the implementation of the decentralized planning system in the provision of health and educational infrastructure.

The research procedure adopted two levels of data collection, namely the municipal and community levels by using both qualitative and quantitative methods for analysis. The case study approach was identified as the appropriate methodology for the research. Specifically, review of secondary data, structured and semi- structure interviews and community meetings were conducted to collect required data for analysis.

The result from the study established that there is relatively high calibre of staff at the Municipal Planning Coordinating Unit (MPCU). It also emerged that there is low community participation in the development planning and provision of health and educational infrastructure. In addition the Municipal Assembly does not have adequate financial resources and fiscal autonomy to perform its functions regarding provision of socio economic infrastructure. Furthermore most of the sub- structures put in place to serve as transmission mechanism for development and participate in the decision-making affecting their livelihood were not functioning therefore hindering effective development planning process and infrastructure provision at the local level.

Hence, the following recommendations are made: strengthen community participation in the provision of basic infrastructure, operationalize the sub-structures, enhance development planning process at the local level and enhance the capacity of the Assembly in the provision of health and educational infrastructure. The study concludes that the provision of health and education infrastructure at the local level should be fully decentralized at the district level, the local revenue generation should be improved, and there should be a political commitment for full operationalization of the sub-structures and implementation of the district medium term development plans.

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DEDICATION

I dedicate this work to my parents, Mr. Eric Asante Frimpong and Mad. Georgina Akosua Gyamaa for bequeathing to me the best inheritance of my life – Education, and to my dear beautiful wife, Mrs. Elizabeth Agyemang (My Queen) and children, Maame Afia, Nana Ama and Opambour for their endurance, love, understanding, encouragement and support during the course of my studies.

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LIST OF ABBREVIATIONS

CBRDP	-	Community Based Rural Development Programme
CHPS	-	Community Based Health Planning Services
CSO	-	Civil Society Organization
DA	-	District Assembly
DACF	-	District Assembly Common Fund
DHMT	-	District Health Management Team
DPCU	-	District Planning Coordinating Unit
GETFUND	-	Ghana Education Trust Fund
GIS	-	Geographical Information System
GPRS I	-	Ghana Poverty Reduction Strategy I
GPRS II	-	Growth and Poverty Reduction Strategy II
HIPC	-	Highly Indebted Poor Country
IGF	-	Internally Generated Fund
JHS	-	Junior High School
LI	-	Legislative Instrument
M&E	-	Monitoring and Evaluation
MA	-	Municipal Assembly
MCD	-	Municipal Co-ordinating Director
MCE	-	Municipal Chief Executive
MHIS	-	Municipal Health Insurance Scheme
MLGRD	-	Ministry of local Government and Rural Development
MMDAs	-	Metropolitan Municipal District Assemblies
MPCU	-	Municipal Planning Co-ordinating Unit
MPO	-	Municipal Budget Officer
MPO	-	Municipal Planning Officer
MTDP	-	Medium Term Development Plan
MTEF	-	Medium Term Expenditure Framework
NDPC	-	National Development Planning Commission
NGOs	-	Non- Governmental Organisation
NJMA	-	New Juaben Municipal Assembly
PLWHAs	-	People Living with HIV/AIDS
PNDC	-	Provisional National Defence Council
RCC	-	Regional Coordinating Council
SHS	-	Senior High School
SPSS	-	Statistical package for social science
STD	-	Sexually Transmitted Diseases
VIP	-	Village Infrastructure Project

CHAPTER ONE

GENERAL INTRODUCTION

1. 1 Background of the study

Concerns about inadequate socio- economic infrastructure in the world especially in the third world continue to be a major issue. Access to quality education and health care among individuals and nations is still a problem. It is now widely acknowledged that significant changes in the quality of life of the poor can be registered through popular participation in the decision making at the local level. This explains why the resurgence of decentralisation has become a significant dimension of political and administrative reform in many developing countries since the late 1980s. It is supported by a variety of actors ranging from international development agencies to national governments to non-governmental and grassroots organisations, though for different purposes. In Africa, decentralisation is implemented in various forms by governments across the continent, inclusive of Ethiopia, South Africa, Uganda, Namibia, Nigeria, Tanzania and Ghana among others. Indeed, in West Africa it is difficult to find a country that does not have a decentralisation programme (Crawford, 2003).

According to Asante (2000), Ghana has over two decades embarked on decentralisation of decision making, that is moving decision making from the national to the district and community levels – a bottom up approach as enshrined in PNDC Law 207 of 1988 and Local Government Act,1993,Act 462. The broad objectives of the decentralisation and local governance system are to promote power sharing, rational resource allocation, installation of adequate capacity at the district level for effective and efficient management, accountability ,responsiveness ,cheeking of rural urban drift and also reduce the reliance of local governments on central government. Again it emphasised the role of DAs and their communities in development decision making in order to achieve localization of development (Kokor, 2004).

Owusu et al, (2007) indicated that decentralized development planning system is one of the strategies being pursued in Ghana to realize the objectives of decentralization.

The development planning concept has been used in Ghana since the 1920s. However, till the introduction of the new decentralization policy in 1988, the preparation of development plans was centralized where government agencies prepared national and sectoral plans Botchie (2000). The implementation of programmes and projects in these plans were carried out in districts and communities by deconcentrated agencies of sector ministries and departments. Local government units had limited powers to operate. That form of planning arrangement failed to establish effective administrative machinery at the local level giving opportunity for local development initiatives. As a result there was the need to make policy change to operationalise a decentralized development planning system with specific reference to the desirability of participatory approach and the extension of planning to the district level (MLGRD, 1996).

For effective implementation of the policy, the Local Government Act, 1993, Act 462 and the National Development Planning (Systems) Act, 1994, Act 480 designate the District Assembly as the planning authority; charged with the overall development of the district. The District Assembly (DA) is a vital pivot in the decentralized development planning system in Ghana. As the local planning authority, the DA is responsible for the preparation, implementation and monitoring of development plans. It is also in charge of the mobilization and utilization of local resource within its area of jurisdiction for development (Republic of Ghana, 1993).

This study intended to assess the operationalization of decentralized planning in the New Juaben Municipal Assembly and how it is the affecting provision of health and educational infrastructure.

1.2 Problem Statement

Governments have the responsibility to ensure that the wellbeing of the populace is changed in an improved direction as the definition of development by Furtado (1977) indicates. In Ghana, the development agenda of the government are carried through the decentralization system of governance where most of the development initiatives have to emanate from the grassroots. The Local Government Act 1993, Act 462 initiated a shift in the structure of government authority whereby central government

devolved the responsibility for policy formulation, planning, implementation and monitoring and evaluation of the development programmes to the local governments. This was reinforced by the passage of National Development Planning (System) Act, 1994, Act 480, which designates the development planning functions of the planning authorities including DAs. To this end the DAs are responsible for planning, provision and management of both social and economic infrastructure including sanitation, health and education among others within the districts. This is the very reason why the Act 462 also gives it the leeway to make bye -laws on any issue concerning the development of the communities under its jurisdiction.

For the DAs to be able to carry out these enormous developmental duties, the Act 462 enjoins them to draw up District Medium Term Development Plans (DMTDPs) within which the development goals and aspirations of the people are captured. However, most of the DAs used to solicit the help from consultants to undertake this important function which most of the time does not represent the true picture on the ground. Even though the situation has improved some DAs still hire services of facilitators to support the preparation of the development plans. This assertion confirms the observation by Kroes, (1997) that the local government structures are constrained by low institutional and human resource capacity for development planning. This was supported by Botchie, (2000) by indicating that in spite of the pivotal role of the DAs in the decentralized development planning system, there is still inadequate human resource to perform the various tasks of the Assembly. Kokor (2001) also explained that as a result of limited experiences of the local government structures in actual operation of the system, the potentials of the new development planning system which seeks to enhance the provision of socio-economic infrastructure in the local communities are not yet fully achieved.

It is obvious that the functions of the DAs need to be financed and hence the decentralized system enjoins the central government to not only devolve roles and functions and responsibilities but to ensure that the DAs are given adequate finances to implement whatever projects they identify to be necessary for the development of their localities. Hence the establishment of the District Assembly Common Fund

(DACF) which is now 7.5 percent of the total government revenue generated annually. The decentralized planning system emphasized on mobilization of local resources for development, however, on the average less than 6 percent of the internally generated funds is spent on development projects in the New Juaben Municipality as revenue analysis data indicated (NJMA, 2009). This situation therefore compels the Municipal Assembly to depend on the central government transfers and donor interventions which is irregular and inadequate. Asante (2000) indicated that the DACF was provided for under section 252 of the 1992 Constitution of Ghana and the DACF Act, 1993 Act 455 to strengthen the financial base of the district assemblies to enable them participate meaninfully in the development of the country. The fund is allocated annually by Parliament on an approved formula, and paid in quarterly instalments for development (Republic of Ghana, 1992). The DACF has its own challenges in terms of the timing of releases of funds and the fact that the majority of the funds are earmarked and not under the control of the DAs.

Additionally, according to Agyepong (2008) globally decentralized local authorities have as part of their responsibilities the provision of education and health infrastructure and services. However these services are provided for in Ghana centrally by the Ghana Health Service and the Ghana Education Service respectively. These Services as per 1992 constitution are mandatory. The constitution guarantees health and education for all. The two major legislations in these respects are the Ghana Education Service Act of 1995 (Act 505) and the Ghana Health Service and Teaching Hospitals Act of 1996 (Act 525). These two sectors outline arrangements for service delivery and infrastructure provision at the local level, which do not necessarily coincide with the arrangements of the district assembly system therefore making coordination of infrastructure provision difficult.

After more than a decade into the implementation of the new decentralized planning system, poverty and inadequate socio economic infrastructure are still pervasive in communities (Asante, 2000). According to the Medium Term Development plan (2006-2009) of New Juaben Municipal Assembly even though there has been improvement in some of the key indicators of the various health delivery programmes, maternal and infant mortality rate continue to increase due to

inadequate health facilities in the municipality especially the peri-urban areas. For example maternal mortality rate increased from 19 per 100, 000 in 2002 to 40 per 100,000 in 2005 and further increased to 46 per 100,000 in 2007. The infant mortality rate in 2002 was 16 per 1000 and reduced to 14 per 1000 in 2005 and increased to 21 per 1000 in 2007 (New Juaben Municipal Health Directorate, 2008). Again, patients spend long hours seeking health care due to inadequate health professionals and facilities in the municipality, the problem has been aggravated by the introduction of the NHIS. The municipality does not have a District Hospital and enough well staffed and equipped health centers or community clinics. This situation compels most residents in the municipality and the catchment areas to depend on the Koforidua Regional Hospital to seek health care services and therefore resulting in congestion and inadequate health care provision.

In spite of the relative improvement in the provision of educational infrastructure such as classroom blocks, school furniture and teacher accommodation, still about twenty-one (21) primary schools which represents 32 percent of the total primary schools in the municipality run shift system (NJMA, 2006). According to the 2008 Annual Education Sector Review report of the New Juaben Municipal Education Office (2007), about 37 percent and 33.6 percent of the existing classroom blocks at the basic level in the municipality need urgent minor and major rehabilitations respectively. Again according to the same report about 90 percent of teachers in the private schools are untrained while in the public schools 10 percent of the teachers are untrained. This seriously affects teaching and learning in the municipality.

Based on the above problems which are common in most districts in Ghana, the study sought to assess the effects of decentralized planning in the provision of health and educational infrastructure in the New Juaben Municipality and the questions that have to be addressed are:

(i) To what extent is the implementation of the decentralization policy facilitating grassroots participation in decision-making process at the local level?

(ii) Does the Municipal Assembly have the required capacity to undertake development planning and the provision of health and educational infrastructure related functions?

(iii) To what extent has decentralised planning processess helped to enhance provision of health and educational infrastructure in the Municipalty?

(iv) What factors hinder effective provision of health and educational infrastructure in the municipality?

(v) How can the implementation of the decentralized planning system improve the provision of health and educational infrastructure in the municipality.

1.3 The Objectives of the Study

The main goal of the study is to assess the effects of the implementation of decentralized planning system in the provision of health and educational infrastructure at the district level.

1.3.1 The Specific Objectives

The specific objectives of the study are:

(i) To examine the extent to which implementation of decentralisation policy in New Juaben Municipal Assembly is facilitating grassroots participation in decision-making process;

(ii) To assess the capacity of the New Juaben Municipal Assembly in development planning and the provision of health and educational infrastructure;

(iii) To assess the effects of decentralized planning system in the provision of health and infrastructure and services in the municipality;

(iv) To determine the bottlenecks hindering effective operationaization of decentralized development planning system and provision of health and educational infrastructure in the municipality;

(v) To make recommendations that would serve as inputs to enhance effective operationaization of decentralized development planning system and provision of health and educational infrastructure in the municipality;

1.4 Relevance of the Study

The significance of the study stems from the fact that decentralized planning is receiving increasing attention from the international development agencies as potential tool to fight against poverty and enhance provision of basic socio-economic infrastructure. A major objective of the new decentralised development planning system is to enhance grassroots participation in the development planning process and to facilitate the mobilisation of support and resources for district development (Botchie, 2000).

The new decentralised development planning system has been implemented in Ghana over one decade now upon the passage of the National Development Planning (Systems) Act, 1994, Act 480. Various national development policy frameworks such as Vision 2020, Ghana Poverty Reduction Strategy and Growth Poverty Reduction Strategy had been developed to ensure coordinated development and accelerated socio-economic infrastructure provision through the preparation of sectoral and District Medium Term Development Plans. Yet the provision of adequate health and educational infrastructure continues to be a problem at district level. The role of a quality health care and education in the national development process cannot be over emphasised. This study therefore attempts to find more about the phenomenon and to establish the challenges in the provision of health and educational infrastructure within the decentralized framework. And based on the findings recommend strategies to enhance the development planning process and the provision of health and educational infrastructure at the district level.

1.5 Scope of the Study

Geographically, the study focused on the New Juaben Municipality in the Eastern Region. In terms of content, the study focused on implementation of decentralized planning system, provision of health and educational infrastructure within the decentralized framework. The study in terms of time frame covered seven (7) years (from 2001 to 2007).

1.6 Limitation of the study

Due to data limitation the duration of the study was constrained. Even though decentralized planning in Ghana effectively started in 1994, relevant data on the phenomenon under study could not be accessed before its implementation to undertake before and after trend analysis. Another shortcoming of the study was the use of purposive sampling, where issues arising from changes that happened over the duration of the empirical work and where members of the sample were differently involved. For instance, it was difficult getting the experiences of the Assembly members and Heads of departments and other stakeholders in the preparation of the previous MTDPs because they were not at post by then. However, this was overcome by asking respondents their own views and experiences. Again the study was conducted in one district and in addition to the aforementioned limitations may not allow for generalization of findings and results for all the districts in Ghana.

1.7 Organization of Report

The report is organised into five chapters. Chapter one looks at the general overview of the study, the problem statement, the study objectives, the scope of the research as well as significant and limitations of the study. The second chapter focused on review of related literature on the implementation of decentralization policy, decentralized planning system in Ghana and the institutional arrangement for planning and financial strategies in the provision of health and educational infrastructure at the district level. The chapter three deals with Research design, Data Sources, data Collection Instruments, Study Population, sample Size Determination, Study Variables, Unit of Analysis, and Data Processing. The fourth chapter presents an analysis and discussion of the survey conducted. This was done in relation to the study objectives.

The fifth and final chapter presents the major findings of the research, and suggested recommendations and general conclusion for the study.

This chapter has given general overview and background of the study. It has highlighted the focus and objectives of the study and given indication of the scope of the study. It has also established the need to undertake the study and conclude with

the logical presentation of the final report. The next chapter reviews the relevant literature on the concept of decentralization, decentralized planning in Ghana and institutional arrangement for provision of health and educational infrastructure within the decentralized framework to establish emerging issues for further probing.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter examines the relevant literature on the phenomenon under study which is the role of decentralized development planning system in the provision of health and educational infrastructure. The chapter begins with the concept of decentralization, the concept of decentralized planning system, and institutional arrangement for provision of health and educational infrastructure at the district level. It also looks at the decentralized service delivery and ends with the summary of key issues.

2.2 Concept of Decentralization

In general, the concept of decentralization means "reversing the concentration of administration at a single centre and conferring powers on local government" (Smith, 1985:1). Decentralization has also been 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 an agency at a lower level" (Rondinelli, 1981:137). It can further be deduced from the definitions that the concept of decentralization tends to emphasized grassroots mobilization and citizen participation in the decision making for development. It is aimed at the promotion of the collective efforts of citizens to better their communities. It also provides further opportunities to be involved in various aspects of governmental decision or planning process (Oquaye, 1995).

The virtues of decentralization such as democracy, popular participation, responsiveness, accountability and equity have led to the belief that decentralization will lead to greater improvement of the living standard of the people especially, the rural poor. Since the poor, who live in difficult circumstances; under the centralized government have been excluded from politics and therefore inaccessible to public goods and services. Decentralization seems as offering greater political participation to ordinary citizens whose voice is more likely to increase with commitment,

relevance and effectiveness of government's policies and programmes especially in poverty reduction (Crook, 2003, Crook and Sverrission 2004).

Asante (2000), argues that the relevance of the decentralization is dependent on the degree to which local actors and intended beneficiaries of development activities participate in the development decision making process. He further indicated that development yields a number of tangible results including chances of access to basic human needs (food, shelter, health care, education, safe water, etc) and equitable distribution of goods and services. Hence, it is important in the decentralization process; popular participation is high on the agenda so that the intended get their felt needs.

2.2.1 Types of decentralization

Rondinelli (1981) distinguished between different modes of decentralization along the following lines: deconcentration, delegation, devolution.

Deconcentration, in the view of Rondinelli (1981) is often considered to be the weakest form of decentralization and is used most frequently in unitary states-redistributes decision making authority and financial and management responsibilities among different levels of the central government. It can merely shift responsibilities from central government officials in the capital city to those working in regions, provinces or districts, or it can create strong field administration or local administrative capacity under the supervision of central government ministries.

Delegation according to Rondinelli (1981) is a more extensive form of decentralization. It is the transfer of responsibility for decision-making and administration of public functions to semi-autonomous organizations not wholly controlled by the central government, but ultimately accountable to it. Usually these organizations have a great deal of discretion in decision-making.

Devolution is a third type of decentralization. Under this type of decentralization governments devolve functions; they transfer authority for decision-making, finance,

and management to quasi-autonomous units of local government with corporate status. Devolution usually transfers responsibilities for services to municipalities that elect their own mayors and councils, raise their own revenues and have independent authority to make investment decisions. In a devolved system local governments have clear and legally recognized geographical boundaries over which they exercise authority and within which they perform public functions.

Whereas decentralization, including devolution, can take many different forms and has to be adapted to specific local prevailing conditions, capacities, historical and political realities and in practice involves a mix of the three forms, then it still possible to identify some key requirements for decentralization to be effective as means for enhanced service delivery and local democracy (DEGE Consult, 2007).

2.2.2 The Decentralization Policy in Ghana

Decentralization as a concept of governance has been practised in Ghana throughout its geo-political history Agyepong (2008) cited by ILGS (2008). Between 1957 and 1988 efforts were made by successive Ghanaian governments to decentralise authority to the local level. These took the form of regional devolution and district focused public administration. In 1988, the Government embarked on the implementation of a comprehensive policy to decentralise. Crucial to support this was the enactment of the Local Government Law, 1988. Major features of the policy included the shift from command approaches to consultative processes and the devolution of power, competence and resources to the district level. The implementation was supervised by the Ministry of Local Government and Rural Development (MLGRD). With the coming into effect of the 1992 constitution, provisions were made to further strengthen the decentralization process to encourage greater participation in governance. The main features of decentralisation were enshrined in the 1992 Constitution, the Local Government Act of 1993, the Civil Service Law of 1993, the National Development Commission Act of 1994, the National Development Planning Systems Act of 1994, and the District Assemblies Common Fund Act of 1993(Mpare, 2007)

Institutional Structures

The structure of decentralization in Ghana is a fused type of decentralized authority, a system in which institutions extending from central government and locally based institutions like District Assemblies are linked into one organizational structure at the local level. Institutional structures have been put in place to serve as the transmission mechanism for ensuring grassroots participation in the tenets of the entire decentralization process. The structures or levels of government associated with the decentralization process are:

- National level – Ministry Of Local Government and Rural Development;
- The Regional Coordinating Councils;
- The Metropolitan, Municipal, and District Assemblies;
- The Sub- District Structures (Sub- metros, town/Area/Zonal Councils and Unit Committees).

The new local government system is made up of four tier Metropolitan and three tier Municipal/District Assembly. It depicts the various levels of authority and integrated social, economic, political and spatial development system with the bottom up structures starting from the base, the unit committees (Republic Of Ghana, 1993).

According to DEGE Consult (2007) the overall implementation strategy of decentralisation in Ghana is focused on 5 thematic areas-political decentralization, administrative decentralization, fiscal decentralization, decentralized planning and decision-making, and Public - private partnership in development.

2.3 The Concept of Decentralized Planning

The concept of decentralized planning has to be examined from the context of decentralization. There is a widespread consensus among development professionals, backed by a large body of literature that it is difficult to sustain development unless the needs and priorities of the people concerned are reflected in the plan and programmes. The decentralized planning system provides freedom and opportunity for the community to participate in the planning process enabling them to identify their basic and priorities to be reflected in the plan (Habtamu, 2004).

In line with the above, Mabiriizi (2001) defined decentralized development planning as a “continuous inter-disciplinary and participatory process by which the present and future aspirations of the community are systematically translated into reality in accordance with their felt and expressed development”.

Decentralized planning can also be described as planning at different levels or a `multi -level' planning. In other words it is a system through which planning is attempted at different administrative and executive levels so that there is greater interaction between the developmental need and priorities of smaller areas and different social classes with the sub-national and national levels, development policies and goals. Decentralized planning is neither a substitute to centralized planning nor an exclusive bottom-up process of planning. It is in fact a two-way process which begins both at the top level (national and macro level) as well as at the bottom-level (local level) and merges with one another at a point below which centralized planning becomes irrelevant and above which micro-planning becomes meaningless.

2.3.1 Current Decentralized Planning System in Ghana

According to Botchie (2000), decentralized planning in Ghana has been practised since 1994. It is a decentralized structure and one of the components of the Government of Ghana’s decentralization programme (Kokor, 2001). Ahwoi (1996) cited by Botchie, 2000) indicated that one of the major objectives of decentralized planning was to establish efficient political, planning and administrative institutions at the district level, which would enjoy the popular support of local communities and facilitate the mobilization of support and resources for district development. He added that, it was also expected to facilitate explicitly the transfer of power, functions, means and competence in programme and project implementation from the central government to district level institutions. In addition, the process was designed to enhance effective channels of communication between the national government

and local communities, and also to provide opportunities for greater participation of local communities in development planning, effective utilization and management of local resources (ISODEC, 2004). The new planning system evidently sought to vest authority for implementation of national development with decentralized institutions. As Botchie (2000) explained, the decentralized planning system in Ghana is built on the principle that the development planning process is participatory, integrative, comprehensive, and problem solving process that focuses on the primarily on the enhancement of the district level development. Hence, the decentralized planning system in Ghana is for the community and therefore everything has to be done to ensure that the sub-structures, namely, Unit Committees, Zonal/Area/Town Councils and the Assembly members as well as the community leadership and members are well integrated into the system.

2.3.2 Legal Framework for Decentralized Development Planning in Ghana

The organizational and administrative framework for the decentralized development and governance was given a legal basis under the PNDC Law 207 of 1988. This was replaced by the Local Government Act 1993 (Act 462) and emphasizes the "administrative district" as the focal point of planning activity. The law establishes 110 MMDAs (currently 170) and the Legislative Instrument, 1994 (LI 1589) also established the Urban, Zonal, Town Councils and Unit Committees. They are established as the lower tiers of the administrative decision-making body in the decentralized development planning in Ghana. It also created the regional co-ordinating councils as planning authorities. The Act empowered the DAs to perform political, administrative, deliberative, legislative and planning functions. The DAs were made responsible for overall development of the district and for the formulation of programmes and strategies for effective mobilization and utilization of all resources at the district level. The other Acts that legitimacy decentralized development planning in Ghana are briefly discussed below:

- The Civil service law, 1993(PNDC327)

The aim of this law was to restructure the public administration systems by creating new institutions, redefining roles and procedures in order to make the service more responsive to the development needs of Ghana. Part V of the Civil Service Law, for instance, is devoted entirely to decenntralisation and government issues.

- *The National Development Planning Commission Act, 1994*

Under the new planning system, the National Development Planning Commission (NDPC) is responsible for national planning in the sense that it advises on development planning policy and strategy .This Act establishes and specifies the composition, roles, functions and authority of the National Development Planning Commission, as the highest co-ordinating body of development planning functions in Ghana.

- *The National Development Planning (Systems) Act, 1994.*

This Act specifies institutions and agencies which are planning authorities, their roles and functions, as well as procedures by which planning authorities can carry out their development planning functions. Section 2 sub -section 1 of the Act spells out DA's planning functions and section 7 defines the functions of DPCU in assisting the DAs to execute its planning functions.

2.3.3 The Structure of the Decentralized Development Planning System in Ghana

The decentralized planning system, as outlined by the National Development Planning Systems Act 1994, Act 480, comprises of District Planning Authority at the district level; Regional Coordinating Council at the regional level ; Sector Ministries, Departments and Agencies; and National Development Planning Commission (NDPC) at the national level (ISODEC, 2004).

- ***National Level Planning***

At the national level the body in charge of planning is the National Development Planning Commission (NDPC) which is basically in charge of policy formulation, preparation of national development plans and budget, coordination of sectoral ministries/ agencies and the preparation of guidelines for district level planning. At the national level in addition, line sectoral ministries, departments and agencies also prepare sector plans following guidelines provided by NDPC. The Ministry of Finance and Economic Planning (MOFEP) has a special relationship with NDPC with regard to the preparation of Medium Term Framework (Medium Term Expenditure Framework), fiscal and financial strategies with guidelines provided by NDPC (NDPC, 2007).

- ***Regional Level Planning***

The RCCs have the task of co-ordinating the development plans and programmes of the district planning authorities and harmonizing these with national development policies and priorities for approval by NDPC. They are also expected to provide the district planning authorities with such information and data as are necessary to assist them in the preparation of the district development plans. It monitors, coordinates and evaluates the performance of the District Assemblies in the region.

- ***District Level Planning***

The Metropolitan/Municipal/District Assembly is created as an administrative and a development decision-making body in the district and basic units of government assigned with deliberative, legislative as well as executive functions and constitutes as the Planning Authority for the district. Within the Metropolitan/Municipal/Distinct Assembly, two bodies are in charge of planning. These are the Town & Country planning Department and Development planning unit (Mpare, 2007).

- ***Planning Units at Regional, District and Sectoral Levels***

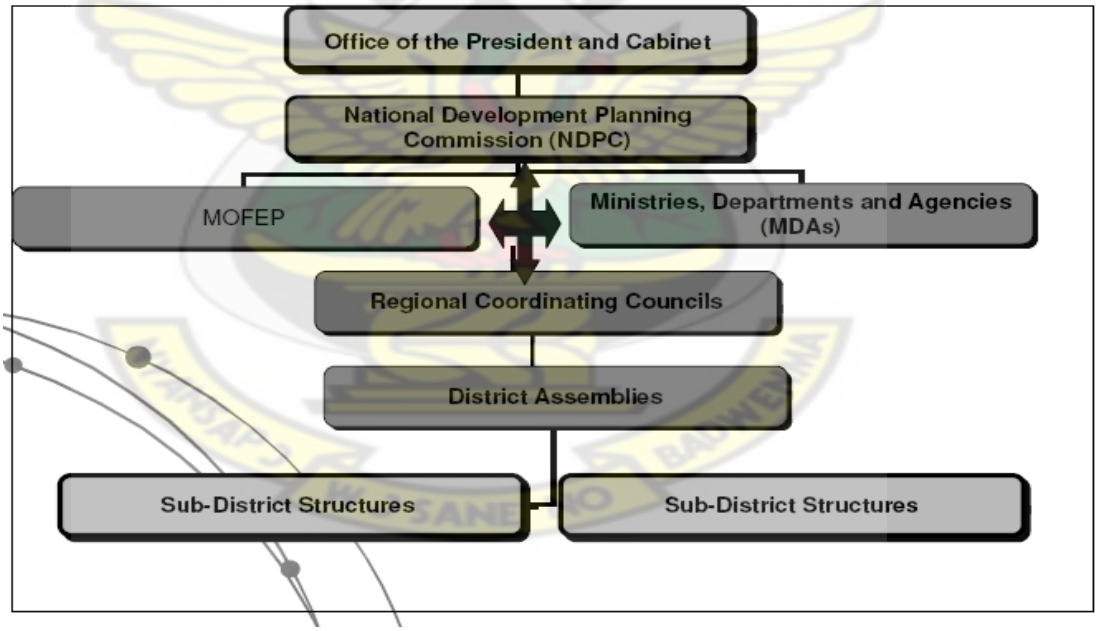
The National Development Planning System Act, 1994, Act 480, which established the decentralized planning system, also provided for the creation of regional Planning Co-ordinating Units for RCCs, District Planning Co-ordinating Units (DPCUs) for

DAs, and Policy Planning, Monitoring and Evaluation Division (PPMED) for sector ministries. These planning units for the RCCs and DAs, and the PPMED for the sector ministries perform all the planning functions of the respective planning authorities at the regional, district and sectoral levels (MLGRD, 1996).

- ***The Area Council and the Unit Committee***

Unit Committees are the base structures of the local government system but they are not constitutional planning units. They are, however, expected to provide inputs, data and proposals through the Area Councils for the District Planning and Coordination Unit (DPCU) to compile the MTDP, which provides the development guidelines for the district. The structure of decentralized development planning system in Ghana is presented below.

Fig. 2.1: The Decentralized Development Planning Structure in Ghana



Source: Adopted from Mpare, 2007

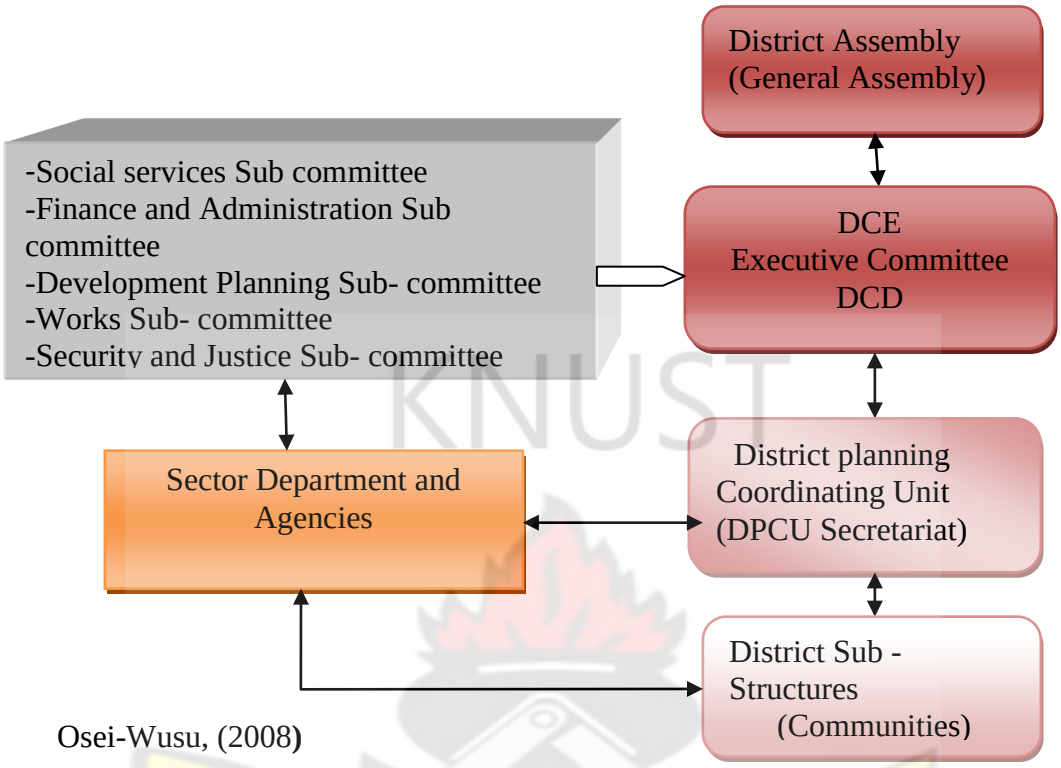
2.3.4 Development Planning Process at the District Level

According to Botchie (2000) and collaborated by ISODEC (2004), the National Development Planning Commission regulates the development planning process by

the issuance of guidelines and Legislative Instruments (LIs) to Regional Co-ordinating Councils (RCC) and Metropolitan/Municipal/District Assemblies (MMDAs). The NDPC guidelines set the national development agenda, priorities and strategies for the preparation of Medium Term Development Plans (MTDP) by MDAs, RCCs and MMDAs. The Commission then organizes orientation training programmes on the planning guidelines for the DPCU members at the district to facilitate the planning process.

The development planning process at district level starts with the participation of local communities in the identification of problems and determination of the needs and aspiration from the unit committee level through the Urban/Area/Zonal Council to the DAs. The sub- committees of the Assembly consider the problems and opportunities, define and prioritize objectives and submit the plan to the executive committee. The plans from the sub-district structures together with the plans of the decentralized departments and functional agencies are synthesized by the DPCU as a major input into the plan formulation. The DPCU then interprets and coordinates the district plan into a medium term development plan for the consideration of the executive committee of the DA and debated by the General Assembly. The approved district plan is the forwarded to the regional coordinating council for onward submission to the NDPC for their comments. The district plans are then coordinated and harmonized at RCC. During the plan implementation, a monitoring team drawn from DPCU monitors the activities under implementation (ISODEC, 2004). The planning process District at level is presented below:

Fig 2.2: Development Planning Process at the District Level.



Osei-Wusu, (2008)

2.3.5 District Assembly as a Planning Authority

The local government Act, 1993, Act 463 establishes the District Assembly (DA) as a Planning Authority, whilst the National Development Planning (System) Act, 1994, Act 480 section 2 sub sections 1 designates the DA's planning functions as follows:

1. Initiate and prepare district development plans and settlement structure plans;
2. Carry out studies on resources mobilization and also the economic, social, spatial, carry environmental issues and policies in the district;
3. Initiate and coordinate the process of planning, programming, budgeting and implementation of district development plans programmes and projects of the district are compatible with each other and with the national objectives;
4. Integrate and ensure that sector and spatial plans, programmes and projects of the district are compatible with each other and with the national objectives;
5. Monitor and evaluate the development programmes and projects in the district.

As part of the decentralization programme, a number of government departments have been re-organized and decentralized at district level. Officials of the decentralized departments are expected to serve direct links with their parent departments in Accra and become officials of District Assembly's supervision and control. This is intended to provide the DA with the right caliber of personnel to undertake development activities independent of central government intervention.

As defined in the local government Act 462 section 34, the District Assembly is authorized to generate its own local revenue from rates, lands fees, licenses, trading services, etc. Besides, the DA is entitled to get central government transfer which includes the District Assembly Common Fund (DACF), recurrent expenditure transfer ceded revenue and grant in aid (NDPC, 2004).

2.3.6 District Planning Coordinating Unit (DPCU)

The local government Act, 1993, Act 462 also establishes the District Planning Coordinating Unit (DPCU) to assist the District Assembly to execute designated planning functions. The DPCU secretariat should be staffed by a minimum core technical staff of professional planning and budget officers among others. The National Development Planning (System) Act, 1994, Act 480 section 7 defines the functions of the DPCU as follows:

- Advising and providing a secretariat for the District Planning Authority in its planning programming monitoring evaluation and coordinating functions;
- Coordinating the planning activities of sector departments in the district responsible for economic production, social services, technical infrastructure, environmental management and other agencies connected with the district development process;
- Synthesizing the strategies related to the development of the district into a comprehensive and cohesive framework;
- Formulated and updating the components of the district development plan and;

- Providing such data information as may be required by NDPC.

According to NDPC (2004) the expanded DPCU should be made up of a minimum of eleven officers. The ten officers are from the DPCU secretariat, central administration and major sector department heads. The eleventh officer is to be a nominee of the district Assembly. The DPCU secretariat (the DA) should be staffed by the following minimum core technical/professional staff: Coordinating Director, Planning officer, Assistant Planning officers, Budget officer, and Finance officers.

2.3.7 Sub-District Structures

The sub-district structures were created by Legislative Instrument (L.I 1589) of the Local government Act, 1993 Act 462, Urban, Town and Area councils and the Unit Committees are the lower tiers of the local government system below the District Assembly. The sub-district structures are consultative bodies with no budgets of their own and taxing power. They mostly carry out functions as delegated by the DA. They provide vital links between the DAs local institutions and resources. Basically, their major function is to assist the DA in the performance of functions such as revenue collection, prepare and implement local action plans (MLG&RD, 1994).

Urban Town/Area /Zonal Councils

As defined by the legislative instruments 1589, the urban council is created for urban settlement with population above 15,000 whereas Town councils are established for settlement with population between 5000 and 15000. Area councils exist for a number of settlements/villages which are grouped together but whose individual settlements have population of less than 5000. The Urban councils consist of not less than 25 members and not more than 30 members, whilst the Area council is made up of not less than 15 members and not more than 20 members.

The functions of the Urban/Area Councils touch on the daily lives of the people. The councils are to organize with relevant organizations congresses of the people in their areas annually to discuss the development of their areas including the raising of

voluntary or other contributions to fund the development. They also prepare local action plan in accordance with the approved district development plan. However, their local action plan is not only subject to a public hearing but also subject to approval by the DA (MLGRD, 1994) According to the L.I 1589, the Urban/Area /Zonal Councils have a secretariat, and other staff (treasurer, secretary and messenger) which are appointed by the DA on such terms as determined in consultation with the Urban/Area councils. The staffs are, however, not members of the civil service and are responsible to the council.

India and Ghana have their local government structures down to the village level. Unlike India, the sub structures (Area/Zonal Councils and Unit Committees) in Ghana do not have direct funding from the central government. In India the village level structure legally form part of the local government structure .The lowest planning unit is at the village level whilst in Ghana it is at the district level. The India arrangement allows the villages to identify and prioritize their needs through their Village Assemblies. In India planning authority resides in the Village Panchayats..

Unit Committees

Unit committees form the base structure of the local government system. A unit is normally a settlement or a group of settlements with a population of between 500 to 1000 in the rural areas and a higher population (1500) for the urban areas. The unit committees comprise ten elected and five appointed members. Unit committees being in close touch with the people, play the important roles of promoting education, organization of communal labour, raising revenue, ensuring environmental cleanliness, registration of births and deaths, implementation and monitoring of self-help projects among others (MLGRD, 1994).

The functions of the unit committee are specifically set in the Fifth Schedule of the Legislative Instrument 1589. These functions include among others:

- Supervision of the staff of the DA assigned duties in its area of authority;
- Assisting to enumerate and keep records of all rateable persons and properties;

- Monitoring the implementation of self-help development projects;
- Taking lawful steps to abate nuisance;
- Organization of communal labour and voluntary work.

As discussed above, the unit committees are the focal point the discussion of local problems and they are expected to assist the DA in data and information gathering for effectives district development planning. Unit committees are also supposed to report on their activities to the DA through Urban/Area councils so as to enable the assembly make informed decisions of the overall development for the district.

2.3.8 Decentralized Planning Process of the District Sector Departments

The implementation of the Medium Term Development Policy Framework is the responsibility of the sectors, Metropolitan, Municipal and District Assemblies, Civil Society Organizations, the Private Sector, etc. These organizations are required to formulate their policies, strategies, programmes and actions into district or sector medium term development plans in line with the medium term development policy framework as the case may be to improve the living conditions of Ghanaians (NDPC, 2009).

Section 1, 10 and 11 of the National Development Planning (Systems) Act, 1994, Act 480 enjoins ministries and sector agencies to undertake development planning functions in consultation with the NDPC and accordance with the civil service law, PNDC 327. These functions are to be based on national development goal and sectoral development guidelines issued by the NDPC. Sector development plans thus prepared are to be submitted to the commission for consideration and approval. The Ministry or sector agency shall monitor the implementation of approved development plans and submit report to the NDPC in the prescribed format.

For example in 2003, the Ministry of Education, Youth and Sports (MOEYS) prepared a thirteen-year strategic plan 2003-2015 to enhance educational delivery in the country. Regions/district were required to design their own work plan/programmes, strategies and targets with due regard to national ones. Districts

were however required to tailor their indicative targets and strategies to their specific needs whilst ensuring consistency with national targets (NDPC, 2003)

The planning process of the education department at the District level begins with the issuance of operational manual and plan preparation guidelines by the National Development Planning Commission based on the on the sector's strategic plan or the policy framework. A District Planning Taskforce or Team is formed to lead the process prepare district strategic plan. The Team is usually made of the technical staff within the department and the District Development Planning Officer at the central administration is always co-opted into the Team. The actual planning stage involves formulation of district's mission and vision, identification of district education issues, diagnosing the state of the District education system, preparation of the district work programme/plan and ends with the monitoring and evaluation strategy for the implementation of the plan (NDPC, 2003).

According to NDPC, 2003, the District Assembly's Medium Term Development Plan should be critically examined especially those strategies and activities related to the sector to capture district's vision for education.

2.4 Concept of Infrastructure

According to WHO (2009) infrastructure are the basic services or social capital of a country, or part of it, which make economic and social activities possible. Health infrastructure is therefore the formal and enduring structures that support public health, having both tangible and intangible aspects and existing inside and outside the government sector. Baker et al (1994) also defines health infrastructure as the resources needed to deliver the essential public health services to every community-people who work in the field of public health, information and communication systems used to collect and disseminate accurate data, and public health organizations at the State and local levels in the front lines of public health. Health infrastructure therefore includes all facilities and services that facilitate proper health care in a country.

Educational infrastructure could also be described as the physical and non physical resources needed to deliver essentials to provide quality educational services in both public and private sectors. Educational infrastructure includes classroom blocks, furniture, and teacher accommodation, teaching aids, which facilitates teaching and learning. Provision of adequate infrastructure is necessary for socio-economic development of every community.

2.4.1 Institutional Arrangement for Planning and Provision of Health and Educational Infrastructure and Service

District Assemblies were created to be responsible for the overall development of the districts and to ensure the preparation of medium term development plans and submission through the Regional Coordinating Council to the National Development Planning Commission (NDPC) for approval. Agyepong (2008) indicated that globally decentralized local authorities have as part of their responsibilities the provision of education and health infrastructure and services. However these services are provided for in Ghana centrally through the Ghana Health Service and the Ghana Education Service respectively.

- Basic Education

Under the Local Government Act, 1993, Act 462, basic education that is pre-school, primary and junior high level, functions are devolved. The Act requires DAs to be responsible for the provision, maintenance and management of basic education infrastructure and services. District Assemblies are therefore to establish district education departments. These are to be staffed with Ministry of Education's core personnel that is education officers who are required to administer and manage the educational system at the district level by exercising direct oversight responsibility over other education staff such as teachers (Kokor, 2000). Kokor (2000) further explained that in reality, the planning and management divisions of Ministry of Education at the centre prepare guidelines, reviews and approve proposals for the establishment and management of schools in the districts. The specific locations and siting of facilities are, however, to be decided upon after consultation between the Ministry of Education and the DAs.

- Primary Health

By the Local Government Act, 1993, Act 462, primary health care is devolved. The DAs are assigned the responsibility for providing primary health care facilities and services at the district level. For that purpose all DAs are to establish health departments. The Ministry of Health is to assign medical officers and other appropriate health personnel to the DAs. Whilst award of contracts for the construction of some health infrastructure such as building funded under the District Assemblies Common Fund are undertaken by DAs to date virtually all facilities providing primary health care are managed by the Ministry of Health (Kokor, 2000).

According to Agyepong (2008), the Assemblies are responsible for the provision of both educational and health infrastructure but not the overall policy of the health and educational systems. DEGE Consult (2007), indicated that this function of the DAs is occurring in tandem with equally strong "district-level" policy, planning and programme implementation by competing Ministries, Departments and Agencies (health, education, agriculture) who continue to receive funding and priority-setting directives from their national and regional offices, functioning in de-concentrated forms, yet implementing programmes and projects directly planned through their head offices.

In terms of financing of development projects at the district level, Edralin, J.S. (2000) stressed that Local governments need access to adequate funds to be able to exercise their powers and developmental functions. The financial provisions for Local Governments in Ghana are contained in Articles 245 and 252 of 1992 the Constitution and Section 34, Part vii, Part ix and Part x of Act 462 of 1993. The revenue sources identified can be classified into: locally generated, central government transfers and funds from development partners Oduro, (2008). Asante (2000) also indicated that the DACF was provided for under section 252 of the 1992 Constitution of Ghana and the DACF Act 1993 (Act 455) to strengthen the financial base of the district assemblies to enable them to play a very vital role in the development of the country. The fund, which is not less than 5 percent (now 7.5)

percent of total revenue of Ghana, is allocated annually by Parliament on an approved formula, and paid in quarterly instalments for provision of socio-economic infrastructure. (Republic of Ghana, 1992).

Considering the above sources of finance available to MMDAs in Ghana, one would have concluded that a reliable and adequate funding base has clearly been established for Local Governments in Ghana in support of decentralization and to further promote the needed balanced development. However evidence on the record does not support this because, quite apart from the MMDAs having the appropriate legal powers to generate their own revenue, the funds so generated are normally not sufficient to meet their needs, thereby leading to over reliance on the Central Government transfers to finance most of their activities Oduro (2008). Asante (2000) also observed that the discretion of the MMDAs over the use of the DACF is limited, in about half of the fund is earmarked from the centre, mainly for capital projects. The remaining half is generally use to support donor interventions as capital cost contribution. In addition, according to Oduro (2000) the intergovernmental flows are not reliable with regards to their disbursement, amount and predictability over a longer period time. The overall resource base to the MMDAs is inadequate in respect of their mandates as established through the policy framework.

The present arrangement and authority structure for the planning and financing of development projects at the district level is ambiguous. For instance, the continuous exercise of effective authority at this level by sector ministries, agencies and departments in policy formulation, financing decision making, project design and leave the execution in the sub-sectors to the DAs shows the ambiguities which exist in the present system. Related to the problem is the absence of clear definition of roles and responsibilities both at the central and district levels. At the district level the responsibilities are too broadly defined and include development functions that can only be realistically carried out at the central or regional level or by only a few districts at a time (Kokor, 2000).

2.4.2 Decentralized Planning and Service Delivery

The literature on decentralized planning and service delivery generally falls into two distinct categories: opportunities for enhanced popular participation and increased accountability of local authorities, or on new forms of service delivery involving a plurality of actors. There is no systematic or comparative evidence on whether increased participation in decentralized local governance generates better 'outputs' in terms of improvements in the provision of health, education, drinking water and sanitation services for poor and marginalized people (Robinson, 2003).

Governments in Latin America, Africa and to a lesser extent, Asia, have experimented with decentralized service delivery over the past two decades. Initiatives have centred on the transfer of powers and resources to lower tiers of government, through a combination of measures centering on deconcentration to state agencies operating under central line departments, and devolution to elected local authorities (Robinson, 2003).

Forero and Salazar, (1991) indicated that Colombia was one of the Latin American countries for which some data on the impact of decentralized planning on service delivery was available. They observed that in response to growing social protests over the declining quality of public services, the Colombian government devolved responsibility for public services to elected municipalities, and sharply increased intergovernmental transfers and revenue raising powers from the late 1980s. Local governments assumed responsibility for the provision of services in education, health, water, sanitation, roads and agricultural extension. The majority of individuals surveyed in a sample of 16 municipalities believed that municipal governments play a central role in the provision of education, water and roads. An overwhelming majority report greater trust in local than national government and a larger number of individuals prefer the municipal government to be in charge of overall service provision (Ibid, 1997).

According to Wunsch (2001), the failure of decentralization was attribute to problems such as the over-centralisation of resources, limited transfers to sub-national governments, a weak local revenue base, lack of local planning capacity, limited

changes in legislation and regulations, and the absence of meaningful local political process. These dismal assessments are reflected in studies of decentralized service provision from a number of countries in the region.

The evidence from Africa is very limited regards the impact of decentralized planning on infrastructure provision at the local level. Despite the inclusion of decentralization in public sector reform efforts in the 1980s and early 1990s by countries such as Uganda, Botswana, Nigeria, Ghana, Côte d'Ivoire, Kenya and Tanzania, one leading commentator has stated that 'there are no real success stories as far as improved development performance at the local level is concerned' (Adamolekun, cited in Francis and James (2003).

Uganda is one African country that has pursued a potentially far-reaching decentralization experiment since the late 1980s, with increased availability of resources for national social service programmes, especially education, and health and water infrastructure channeled through local councils. But the evidence suggests that decentralization has not been able to arrest the deterioration in agricultural services, provision of educational infrastructure. The improvements in social services are attributable to increases in central conditional funding rather than the very limited scope which decentralized institutions have provided for local decision making' (Francis and James, 2003).

Evidence from Asia is very limited, largely because decentralization experiments in countries of the region are more recent in origin, and because in most South Asian countries services have only been devolved to a limited extent. Drawing on survey data from 33, 000 households in 17,000 villages, Mahal et al (2000) indicated that decentralization of public service delivery in primary health care and education services is positively correlated with improved child mortality and school enrolment.

2.5 Summary of Key Issues

In general, the objective of this chapter has been to review relevant literature with regards to implementation of the Ghanaian Decentralized Planning System and its effects on provision of health and educational infrastructure to support the analysis of

the study. The purpose of this exercise was to make recommendations to enhance implementation of decentralized planning at the district level to enhance provision of basic socio-economic infrastructure. A summary of emerging issues from the review are as follows:

- Provision of infrastructure at the local level is dependent on the planning capacity and inflow of resources at the local level;
- There is weak legal and institutional framework for grassroots involvement in the development planning process provision of infrastructure at the district level.
- The role of the sub-structures in the planning process is not well defined in the various Planning Acts in Ghana. The level of their involvement is left to the discretion of the District Assemblies.
- There is a substantial divergence between the Constitutional and Government intentions for decentralization and the actual practices in the country. This divergence is buttressed by the variety of laws, which give legitimacy to the divergent practices, especially in the choices made by sectors.
- The issue of inadequate financial autonomy is affecting provision of health and educational infrastructure at the local level.
- The decentralized development planning system structures well established and supported by various legislations.
- The effects of decentralized planning in the provision of infrastructure and services at the local level is mixed

The literature review provided the basis for the methodology adopted for the study which is presented in the next chapter.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology. The chapter highlights, the Research Design, Data Sources, Data Collection Instruments, Study Population, Sample Size Determination, Study Variables, Unit of Analysis, and Data Processing.

3.2 Research Design

The research adopted a case study approach to examine the effects of implementation of the decentralized planning system in the provision of health and educational infrastructure and services in the study area. A case study according to Bromley (1990) is a systematic inquiry into an event or a set of related events which aim to describe and explain the phenomenon of interest. Yin (1984 cited by Zucker 2001) also defined case study research method as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used. Theordorson and Theordorson (1969) indicated that case study approach is useful for studying an individual, group, an episode, a process, a community, a society, or any other units of social life. Soy (1997 cited by Zucker 2001), also argues that, with careful planning, detailed study of the real issues and problems, success can be achieved with the use of case study in a research process.

The researcher adopted this approach because it allowed the use of multiple sources of evidence, thus improving the quality of data for the study as it allowed for validation of one source of data by another source. Again it afforded the researcher an opportunity of studying evolution of decentralized development planning in Ghana and its effect in the provision of health and educational infrastructure. Furthermore, once the researcher has very little control over the phenomenon under investigation, the case study design became appropriate method to be employed for the study. Finally, this approach enabled the researcher to learn from practice, as it enhanced

better understanding of the concept of decentralized planning system in Ghana and local infrastructure provision based on practice.

3.3 Source of Data

Both primary and secondary data were employed for the research study. The researcher reviewed relevant literature from secondary sources to support or refute arguments and conclusions about the subject matter. For instance, the use of journals, publications and internet were employed to understand the concepts, key components, decentralized planning system in Ghana, effects of decentralized planning in the provision of health and educational infrastructure.

3.4 Data Collection Instruments

The research involved two levels of data collection. These were the municipal level and Sub–Structures/Community level. The municipal level constitutes the actual policy implementation level. The sub- structures serve as the vital link between the Municipal Assembly and the communities and assist in the planning and implementation of development programmes and projects. The community level constitutes the main focus of the empirical analysis of the actual implementation process adopted at the municipal level. In the study various data collecting instruments such as questionnaire, semi-structured interview and interview guides were used. These instruments were used to ensure a thorough examination and understanding of the phenomenon and dynamics of decentralized planning and its effect in the provision of health and educational infrastructure in the study area.

At the institutional level, structured interviewing approach – referred to as a formal interview with written questions in the form of questionnaires were employed. Questionnaires were administered at the selected key institutions (Municipal Assembly and Decentralized Departments) for the study. These questionnaires consisted of both closed ended and open-ended questions. The closed ended questions were only applied when responses to a given question was limited, or when the question dealt mainly with quantitative and factual issues. On the other hand where the responses to question were unlimited and could not be precisely determined or

where the responses dealt mainly with qualitative and opinion related issues opened ended questions were used.

Semi-structured interview formats were employed to collect data at the Sub-structures and community level. The questionnaires consisted of both closed ended and open-ended questions. A semi-structured interview on the other hand is a guided interview where only some of the questions are predetermined and new questions come up during the interview (CEDEP, 1995).

3.5 Selection of Study Area

The study focused on New Juaben Municipality in the Eastern Region of Ghana. The Municipality was selected for the study because it is one of the oldest districts created in 1988 and has not seen any change with regards to geographical area as result of creation of new districts. It was the first and only municipality created in the Eastern Region in 1988. It has also prepared all the three Medium Term Development Plans under the new decentralized planning system. Again the municipality even though was doing well in terms provision of health educational infrastructure there were still some challenges.

3.6 Sampling methods employed

The research employed the multi-stage sampling technique namely the purposive sampling method (which is a non-probability sampling method) and the simple random technique which falls under the probability type of techniques. This multi-stage sampling technique involves the use of a combination of various sampling techniques at different levels/stages of sampling. For instance, purposive sampling technique was employed for the selection of key institutions – Municipal Education Office, Municipal Health Service Directorate, and Municipal Assembly as well as the key informants. The purposive sampling is employed where the sampling units are selected because they satisfy certain criteria of interest. The key informants like the Assembly Members, Unit Committee Members, Zonal Council Chairmen, Chiefs, extended DPCU Members who have knowledge and role to play in decentralized planning and the provision of health and educational infrastructure were the focus of the study. Again random sampling method was employed to select sample units for

the interview after a sample size had been determined. Nine communities were randomly selected for community meetings to ascertain the people at grassroots participation in planning process and their views on the effects decentralized planning in the provision of health and educational infrastructure at the local level.

3.7 Sample Size Determination

The total sample frame for the study was 172 (details shown in Table 3.1). The research employed the mathematical sample determination model to determine the number of key informants to be interviewed. This model was used because it is more scientific and caters for margins of error and the distribution of the sample over the frame. The mathematical sampling model below was used:

$$\mathbf{n = N/1 + N (\alpha)^2}$$

Where:

n	=	the sample size
N	=	the sample frame (172)
α	=	margin of error (0.05)

When the figures were substituted into the model the result was as follows:

$$117 = \frac{172}{1+ 172\ (0.05)^2}$$

Based on the above formula, the total number of key informants to be interviewed was 117. The respondents were proportionally selected from the various sample units identified to be studied. However at the end of the study 111 people were interviewed and the distribution is depicted in Table 3.1 below

Table 3.1: Selection of Key Informants for Interview

	Key informants	**Sample frame**	**Sample size Distribution on Proportional bases**	**Actual number Interviewed**
1.	Assembly Members	48	33	33
2.	Unit Committee Members	86	58	50
3.	MPCU Members	11	7	9
4.	Divisional Chiefs	10	7	7
5.	Zonal Council Chairmen	13	9	9
6.	GSH Sub- District Heads	4	3	3
	Total	**172**	**117**	**111**

Source: Field study, April, 2009

3.8 Study Variables

Kreuger and Neuman (2006) defined a variable as a concept that varies – this implies that a variable may take on two or more values. The value or the categories of a variable are its attributes. Babbie (2007) also puts it that variables are logical grouping of attributes. With regards to this study, at the sub structure and community level key variables adopted included the following: level of involvement in decision making, development planning process and the provision of health and educational infrastructure; and effects decentralized planning in the provision of health and education infrastructure.

At the institutional level the variables adopted for the study were; level of stakeholder's involvement in development planning and provision of health and educational infrastructure; level of capacity of the Assembly for development planning and the provision of health and educational infrastructure level of infrastructure provision; and number of health and educational infrastructure provided.

3.9 Unit of Analysis

A unit of analysis is 'the what' or 'whom' being studied (Babbie, 2007). Again, Babbie (2007) argues that, units of analysis in a study are usually also the units of

observation. He further explains that units of analysis, then, are those examined in order to create summary descriptions of all such units and to explain differences among them. It has also been described as the most elementary part of the phenomenon to be studied. The unit of analysis in the research included: Zonal Council Chairmen, Unit Committee Members, Assembly members and opinion leaders Chiefs at community level. At the institutional, Heads of Decentralized Departments, Central Administration of the Municipal Assembly were also included in the study.

3.10 Data Processing

Data collected was processed by editing, coding and tabulation for analysis. Editing was carried out to detect and eliminate errors in the data. Interviews recorded were also transcribed. The analysis of the data employed both qualitative and quantitative techniques. A qualitative technique which involves descriptive analysis was adopted to analyse information derived and perceptions from the key informant interviews. Quantitatively, statistical application techniques were used to analyse and compare data. Descriptive analysis was also employed to present observations made by the researcher. Whenever possible, interview transcripts and particularly statements have been used as direct quotes in the report in order to enrich the presentation of results, and to contextualise the discussions.

CHAPTER FOUR

THE STUDY AREA AND ANALYSIS OF RESEARCH DATA

4.1 Introduction

This chapter focuses on the profile of the study area and the analysis of the data from the field. It employs qualitative techniques as well as quantitative where necessary. It starts with the analysis of implementation of decentralization policy at the district level, decentralized planning development processes at the district level, effects of decentralized planning on provision of health and educational infrastructure and ends with constraints to the implementation of decentralized planning in the study area.

4.2 The Study area: New Juaben Municipality

4.2.1 General Background

New Juaben Municipal Assembly is one of the oldest districts and the first municipality established in the Eastern Region of Ghana in 1988. The Municipality covers a total land area of 110 square kilometres and shares boundaries with East Akim District to the north-east, Akwapim North to the south-east, Kilo Krobo to the East and Suhum Kraboa Coaltar district to the West (NJMA, 2006).

4.2.2 Demographic Characteristics

The 2000 Population and Housing Census put the population of the Municipality at 136,768 with a growth rate of 2.6 percent which is lower than the national average of 3.1. The female population constitutes 51.5 percent, and 48.5 percent for males. The population density is 684 persons per square kilometer. Koforidua, the regional and municipal capital, harbours over 65 percent of the entire population of the district. The remaining 52 settlements have smaller population sizes in which some do not normally measure up to the population thresholds required for the provision of essential socio-economic services. The municipality has a dependency ratio of 64.7 which implies that there are about 65 persons in the dependent age for every 100 persons in the working age group. This is lower than the regional dependency figure of 90.7 (NJMA, 2006).

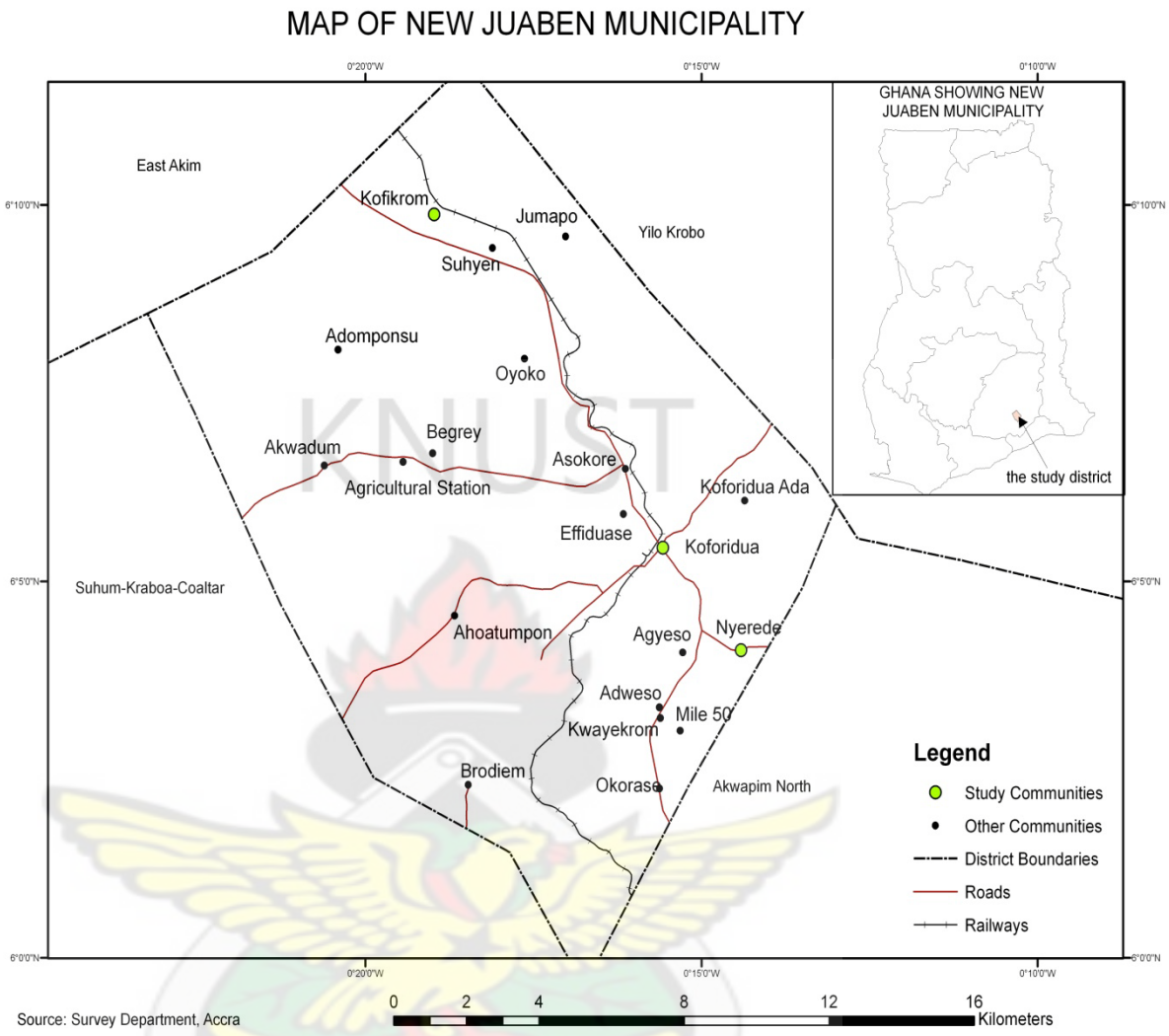


Fig. 4.1: Map of New Juaben municipality

4.2.3 Economic Activities

The key sectors of the municipal economy are industrial manufacturing and processing which constitute about 40 percent, the service sector 33.9 percent and agriculture 26.1 percent. Whilst majority of industrial establishments are found in the central business area of the municipality, agricultural production is carried out in the small settlements and the peri-urban locations of the district. Industrial activities are mostly medium and small scale involving the production of alcoholic and non-alcoholic beverages, textiles, crafts, soap making, carpentry and joinery, traditional medicine, palm and kernel oil production, beads making among others (NJMA, 2006).

The service sector is arguably the fastest growing sector in the municipal economy. A large number of small and medium scale service enterprises have sprung up in the municipality over the past decade mostly in the area of ICT and the setting up of business centres, restaurants, hotels, hair-dressing salons, repair shops (mechanics electricians, sprayers etc), spare parts dealers, drug/chemical stores, pharmacies, supermarkets, drinking spots, photo studios and lately communication centres. Other known service providers are banking, telecommunication and postal services. (NJMA, 2006)

It is estimated that 26.1 percent of the economically active population is engaged in the agricultural sector. Among the major produce are cassava, maize, cocoyam, plantain, vegetables, oil palm, cocoa, kola and citrus. The livestock is mainly kept on free-rang basis. Animals reared include sheep, goat, pigs, rabbits and cattle, which is somehow done commercially. Poultry production is fast growing with over 50,000 birds produced annually.

4.2.4 Administrative and Institutional Set up

The New Juaben Municipal Assembly is one of the four municipal assemblies established under the Local Government Act 462 of 1988. The Municipality was granted its present status by the Legislative Instrument (LI) 1426 of 1988. The Assembly, which is the highest deliberative, legislative and executive authority in the municipality, is composed of seventy-two (72) members, including forty-eight (48) elected on non-partisan basis. Twenty-one (21) are appointed by government, two (2) Members of Parliament representing the two constituencies of the municipality and a Municipal Chief Executive. There are five (5) sub-committees of the Assembly whose reports are submitted to the Executive Committee which is presided over by the Municipal Chief Executive (NJMA, 2006).

In line with the implementation of decentralization policy, thirteen (13) Zonal Councils and a total of eighty-six (86) Unit Committees have been established in the municipality to deepen grassroots participation in governance. The Municipal Chief Executive is the political and administrative head of the institution. The Municipal

Co-ordinating Director is the head of the bureaucracy and provides guidance and direction to all the eleven (11) Decentralized Departments of the Municipality. The administrative structure is composed of the General Administration, Municipal Planning Co-ordinating Unit, Finance Unit, Budget Unit, Internal Audit, Works Department and Environmental Sanitation Unit. (NJMA, 2006).

4.2.5 Educational Sector

There are currently 113 pre- schools, 127 primary schools, 72 Junior High School in the municipality. Also there are 11secondary schools made of 6 public and 5 private, two Technical/Vocational Institutes, one Teacher Training College, one public Polytechnic and one Accredited Private University. For the detailed statistics of the various levels of educational institutions in the municipality, see appendix 1 (NJMA, 2006).

Educational Infrastructure

The Municipal Assembly and the Missions have shown much commitment towards providing buildings for public basic schools. The Assembly has made it a policy to abolish the shift system in the Municipality. There are 21 primary schools running the shift system. These schools need either additional six unit or three unit classrooms block to address the problem. The furniture supply situation in the Municipality is improving steadily. Because of increase in enrolment as a result of the Capitation Grant, some children cannot enroll in schools of their choice due o lack of writing space. The situation is serious in the Pre-schools (NJMA, 2006).

4.2.6 Health Sector

In line with the Municipal Directorates overall vision of excellence in disease prevention and promoting good health of the people there has been a remarkable improvement in most of the key indicators of the various health delivery programmes within the past five years. Significant among these are the Disease Control and Surveillance program, Expanded Programme on Immunization (EPI), Safe

motherhood, School Health Services, Nutrition activities and HIV/AIDS programs (NJMA, 2006).

Health Infrastructure

The citizen in and around the municipality seek health services through the following network of health facilities: one Regional Hospital , one Mission Hospital, two Health Centres, eleven Private Clinic Private, three Maternity Homes, ten RCH Centres eighty Trained TBAs ,six CHPS and Chemical Shops.

Human Resource Position

In term of human resource, the municipally can boast of the following; 387 Nurses, 38 public sector Doctors, six private sector Doctors, five public sector Pharmacists eight private sector Pharmacists.

Top ten diseass

The top ten diseases mostly reported at the health facilities of the municipality are Malaria, Diarrhoea, Measles, Yaws, HIV/AIDS, STI, Tuberculosis, Viral Hepatitis, Schistosomiasis, and Onchocerciasis.

HIV and AIDS

Available statistics indicate a disturbing rise in reported cases of HIV/AIDS infection over the past decade. Within the last three years 445 new cases have been reported in the municipality adding up to a total of 947 positive tests recorded since 1999. There are consistently more female cases than male and several communities have significantly higher reported cases of positive tests (NJMA, 2006).

Mutual Health Insurance Scheme

The New Juaben Municipal Health Insurance Scheme is among the schemes established in the region under Act 2003 (Act 650) and was launched in April, 2005. The Scheme has as at the end of 2008 registered over 112387 members out of a total Municipal projected population of 172,310. This constitutes about 65 percent of the Municipality's population. The Scheme has signed agreement with 13 public health

institutions and one (1) mission hospital in the municipality to provide services to subscribers (NJMHIS, 2009).

4.2.7 Water and Sanitation

Even though New Juaben Municipality has varied water sources and systems including piped systems, boreholes and hand dug wells, flow of water has been mostly irregular, inadequate and unreliable. The average water coverage is 49 per cent. Water delivery for domestic and industrial purposes is supplemented by rain harvesting, rivers, streams and dug-outs. Most of these sources are unsafe and expose the people to water-related diseases such as diarrhea, typhoid fever, guinea worm and schistosomiasis.

The three key areas of environmental sanitation of the Municipality have been identified as the management of Solid Waste, Sanitary Landfill Site, and Liquid Waste. About 90 percent of solid waste generated in the municipality is disposed off at the landfill site located at Kilometre 5 on the Akwadum road. The remaining 10 percent is disposed off by open incineration at unauthorized dumping sites. It is approximated that 150 tons of refuse is generated daily in the municipality. One roll-on, two skip loaders and a tractor are used in conveying the waste from 46 container sites to the land fill site on daily basis. The Municipal Assembly has basically been responsible for the disposal of liquid wastes from both public and private sources. Private contractors have often been engaged to operate public toilets and underground holding tanks under the supervision of waste management staff of the Assembly. On the average, 5000 gallons of liquid waste is collected and disposed off daily at the stabilization ponds (NJMA, 2006).

4.3 Analysis and Discussions of Survey Data

This section focuses on the analysis of the data from the field. It employs qualitative techniques as well as quantitative where necessary. It begins with the analysis of how implementation of decentralization policy is facilitating grassroots participation in decision making process at the study area and continues with the analysis of the capacity of the municipality for decentralized planning development processes and

provision of health and educational infrastructure. This section further examines the effects of decentralized planning in the provision of health and educational infrastructure at the district level and ends with the challenges of the implementation of decentralized planning and provision of health and educational infrastructure in the study area.

4.3.1 Community Involvement in the Provision of Health and Educational Infrastructure

The study tried to ascertain the extent of citizens participation in decision making in the provision of basic infrastructure especially health and education in the New Juaben Municipality. The key informants namely; the Assemblymen, Unit Committee Members, Zonal Council Members and the traditional authorities were assessed on their involvement in the provision of health and educational infrastructure in the municipality in terms of consultation, decision making, planning implementation, monitoring and evaluation in their communities.

Table 4.1captures the various mode of participation in the governance process at the district level by the key informants. From Table 4.1, it was realized that all 33 Assembly Members interviewed said that they have been taken part in the decision making concerning provision of basic health and education infrastructure. The reason for this state of affairs was the seemingly powerful role and authority to approve or otherwise of the policies and plans of the bureaucrats. Assembly members are seen to be the hub of information and trust by the citizens and hence, their views are more often than not held in high esteem and so when the Municipal Central Administration is able to win the support of the Assembly Members by explaining to them the rationale behind certain policies and programmes, they buy into the idea and approval is given. Hence, the Municipal Central Administration sees the importance of the Assembly members and so they are automatically involved in the process of deciding what facility goes where and which activity is carried out first and the suitable location.

Table 4.1: Extent of Key Informant's Involvement in the Provision of Health and Educational Infrastructure and Services at the Community Level

Modes of Participation / Key Informants		**Frequency of Responses**									
		Decision Making		Planning		Implementation		Monitoring		Average Total Score	Average % score
		No.	%	No.	%	No.	%	No.	%		
Assembly Members	Yes	33	100	21	63	30	90	20	60	104/4= 26	26/33*100 =78.8%
	No	0	0	12	27	3	10	13	40	7	21.2
Unit Committee Members	Yes	6	12	6	12	21	42	5	10	38/4= 9.5	9.5/200*100 = 4.8%
	No	44	88	44	88	29	58	45	90	40	45.2
Traditional Authorities	Yes	3	42.9	1	14.3	2	28.6	1	14.3	7/4 = 1.8	1.8/28*100 = 6.4%
	No	4	57.1	6	85.7	5	71.4	6	88.7	5.2	93.6
Zonal Councils Members	Yes	3	33.3	8	88.9	3	33.3	3	33.8	17/4 =4.3	4.3/36*100 =12%
	No	6	66.7	1	11.1	6	66.7	6	66.7	5.7	88
Total No. of Response		**99(100%)**		**99(100%)**		**99(100%)**		**99(100%)**			
Average Percentage of Responses	Yes	45.5		36.3		56.6		29.3			
	No	54.5		63.6		43.4		70.7			

Source: Author's Field Survey, April 2009

Interestingly, as Table 4.1 indicates, out of 50 Unit Committee Members interviewed only 12 percent (6 members) had been involved in the decision making process by the Municipal Assembly. This they attributed to their non functionality. However, upon further investigations, it was revealed that most of the Unit Committee Members were either illiterates or semi-illiterates and therefore could not make useful contribution to the decision -making process. It also revealed by some Unit Committee Members that due to lack of recognition and motivation, most members were not committed to their duties so the Municipal Assembly always by-passed them in the decision-making process.

At the planning stage the study revealed that as indicated in Table 4.1, about 63 percent of the Assembly members said they have been involved in the planning process as against 12 percent of the Unit Committees while 8 out of 9 Zonal Councils Chairmen most of whom were incidentally Assembly Members interviewed said they were engaged in the planning process. This shows that the involvement of the Assembly Member was high in the planning process. On the other hand, the involvement of some of the unit committee members who were not zonal council members at the planning stage was quite low. It was also revealed by the Municipal Planning Officer that, it was difficulty getting the Unit Committee members assist in the planning process due the general non-functionality stemming from lack of motivation and office accommodation for the Zonal. However, in as much as the above argument may be true, the planning stage also needs the invaluable knowledge of the local area and people by the staff at the Municipal Planning Coordinating Unit so that the plans prepared capture the real needs of the people at the grass roots level.

Another important stage worth analyzing to ascertain the community involvement in the governance process is the implementation or execution of the development intervention. As contained in Table 4.1 , as high as 90 percent of the Assembly Members interviewed indicated that they had participated in the provision of basic infrastructure like school buildings, health facilities, and toilets among others during physical implementation usually through communal labour on projects which were not on contract and attendance of site meetings. Even though decentralization policy

is underpinned by grassroots participation in the decision making process, the data as indicated in Table 4.1 revealed that only 21.1 percent of Chairmen of Unit Committees interviewed said they participate in the actual execution of health and educational infrastructure in their localities. The monitoring stage as the study realized was no different as the Unit Committees who are required to monitor and ensure that materials to be used for project execution are brought to the site on time and well secured and also that the workers are dully working (especially the direct labour projects) and giving any local assistance needed by the contractor to enable him complete the project on schedule, have only a 10 percent involvement. It was also revealed the involvement of School Management Committees and Community Health Committees at grassroots planning process and infrastructure provision is very low.

In general, the data indicates that grassroots participation especially the unit committees and the zonal council members as well as the community members in the provision of health and educational infrastructure in the municipality is low.

Functionality of the Sub-Structures

In an effort to deepen the decentralization process and facilitate grassroots participation in the decision –making process and provision of basic infrastructure, the level of practical functionality of the sub-structures of the system is crucial. Hence, the study sought to verify whether the sub-district structures including zonal councils and the unit committees which are seen as conduit for development at local areas were set-up and functioning as expected. Table 4.2 presents an assessment of the functionality of the sub-structures in the Municipality.

The result from the study as indicate in Table 4.2 revealed that out of the 13 Zonal Councils in the Municipality only two (Oyoko and Jumapo/Suhyen/Asikasu) were relatively functioning at the time of the visit. It was also learnt that the two Zonal Councils were the beneficiaries of VIP/CBRDP institutional capacity building intervention. The Community Based Rural Development Project (CBRDP), trained the councilors in two the Zonal Councils in community based planning and project

implementation process. At the end of the training two zonal councils were able to facilitate the preparation of their zonal council plans. In addition, the Project (CBRDP) funded construction of two vault chambers toilets and nurses quarters at Oyoko and Asikasu respectively which were the most prioritized projects from their plans. However, it is interesting to note that the two Zonal Councils did not have permanent staff of a treasurer, secretary and a messenger as prescribed by the legislative instrument (LI 1589) that established them due to the inability of the Municipal Assembly to pay them. Again out of the 13 Zonal Councils only six (6) have office accommodation and one out of the six had no office furniture hence at the time of visit to these zonal councils have not been meeting.

In an effort to find out whether the zonal councils were meeting, it was revealed that Jumapo and Oyoko Zonal Councils met twice in 2008 even though they were required by LI 1589 to meet four times while the rest some met once and others did not meet at all. Discussions with the Municipal Coordinating Director revealed that efforts were being made to provide office accommodation for the others as well as office equipment to make them functional. It is however not known when these plans would become a reality as the whole business of the zonal councils was seriously limited by their inability to employ and keep qualified staff. The ability of the Councils to recruit qualified and motivated staff was constrained by their lack of funds as the MA had not ceded some of the revenue items to them. Also, their relatively low level of education also impedes their ability to be involved in the planning stage of the development process.

Only 5 out of the 13 Zonal Councils had office furniture but without basic office equipment and logistics to make them functional. In fact the condition of the Zonal Councils was not conducive for any meaningful work to be done. Also, it impeded on their role of assessing the views and aspirations of the communities under them and hence, sometimes the information and data they gave to the MA for their planning purposes was deficient.

Table 4.2: An Assessment of the Functionality of Zonal Councils in the Municipality

Zonal council	Office accommodation	Office furniture	Basic equipments	Staff	No. at meetings held last year	Funct-ioning?
Oqua/ Residential	No	No	No	No	-	No
Betom	No	No	No	No	1	yes
Nsukwao	Under construction	No	No	No	-	No
Effiduase	Yes	Yes	No	No	-	No
Jumapo/ Suhyen/Asikasu	Yes	No	No	No	2	Yes
Old Estate	No	No	No	No	1	Yes
Anlo Town	Yes	Yes	No	No	1	Yes
New Town	Yes	Yes	No	No	1	Yes
Srodai	No	No	No	No	1	Yes
Adweso	No	No	No	No	1	Yes
Akwadum	No	No	No	No	1	Yes
Asokore	Yes	No	No	No	1	Yes
Oyoko	Yes	Yes	No	No	2	Yes

Source: Author's Field Survey, April, 2009

For instance, at the Adweso and Nsukwao, there was no money for the zonal councilors to hire plastic chairs hold community meetings to gather information concerning their needs and aspiration towards the preparation of 2006-2009 MTDP. Hence, they had to result to their intuition and 'adequate' knowledge of the local circumstances and information from some old friends and Traditional Authorities within the various communities.

The study also indicated that only three out of the 86 unit committees in the municipality were relatively functioning at the time of the visit. At the community meetings, it was revealed that some of the members have either left the communities or passed away but have not been replaced. Others have also abandoned the work due to lack of motivation.

The study also revealed that the involvement of the traditional authorities in the planning and provision of infrastructure in their communities was limited. It was established that they were mostly called upon to release land for development projects and also to grace community durbars.

In effect, it be seen that the involvement of the sub- structures and the communities in decision making in the provision of health and educational infrastructure is not impressive as envisaged by the Local Government Act, 1993, Act, 462. This therefore limits the responsiveness and ownership as well as number of infrastructure provided.

4.3.2 The Capacity of the Municipal Assemblies for Development Planning and the Provision Health and Educational Infrastructure.

Section 46(1) of the Local Government Act, 1993, Act 462 establishes the District Assembly as a planning Authority and also responsible for overall development of the areas under their jurisdiction, whilst section 2 (1) of the National Development Planning (System) Act, 1994, Act 480 assigns the local governments planning function including the initiation and coordination of planning process. This entails preparation and implementation of approved medium term development plans and district budgets.

The effective execution of these functions depends on the capacity of the Municipal Planning Coordinating Unit (MPCU), stakeholder participation, resource mobilization and implementation of the plans among others. This section therefore assessed the capacity of the MA for planning development and how it is impacting on provision of health and educational infrastructure.

Based on the Local Government Act, 1993 (Act 462) and the National Development Planning (System) Act, 1994, Act 480 as well as an interview with the Municipal Planning Officer, it was established that the MPCU (decentralized departments), sub-structures, traditional authorities, communities, the RCC, Assembly members and civil societies form the key stakeholders in the development planning processes at the municipality. It was also revealed that these stakeholders participate at different

levels for different reasons since they each had a specific but varied stake in the development of the Municipality.

Role and Participation of the Sub Structures in the development planning process

The sub-district structures were created by Legislative Instrument (L.I 1589) of the Local government Act, 1993 Act 462, Urban, Town and Area councils and the Unit Committees are the lower tiers of the local government system below the District Assembly. They are to provide vital links between the Municipal Assembly and local institutions and resources. Basically, their major function is to assist the MA in the performance of functions such as revenue collection, to prevent outbreaks of bush fires prepare and implement local action plans among others. However, the study revealed that the sub-structures are very much constrained by a number of challenges in the performance of their duties including lack of office accommodation, operational funds, lack of permanent staff and operational logistics as indicated in Table 4.2 and the response by the key informants during the interview.

Due to the constraints, the sub-structures contribution towards the planning and provision of educational and health infrastructure in the Municipality was virtually limited to providing limited data and attending public hearings which are mostly used to validate and seek the citizens approval of the Municipal Medium Term Development Plan. The role of the sub-structures in the planning process for the provision of health and educational infrastructure is to help DAs in identifying the educational and health needs and other priorities of the people. Since the Municipal Health and Education Directorates are not adequately staffed to be able to cover all the various communities under the Municipality, the staff of the sub-structure has to deliver the state of their various communities with respect to health and educational infrastructure. Also, the two Directorates deal with data and information gathered at the various institutional levels and hence, need the sub-structures to gather data and information concerning the individual citizens and communities.

For instance, the sub-structures on the other hand gather information concerning the educational needs in terms of infrastructure gaps and other priority needs in their

communities and forward to the Assembly for intervention. The Municipal Education Directorate is responsible for validating the information based on available data and indicators of the schools in the area. Also, they easily get information concerning the challenges and priority needs of the various educational institutions and staff.

An interaction with the Municipal Planning Officer concerning the involvement of the communities in the planning process revealed that, in respect of preparation of present MTDP (2006- 2009), a questionnaire was prepared to collect data at the zonal council level. He said the questionnaires were administered and submitted to the MPCU for analysis. Again the report of the public hearing on the preparation of the plan revealed that that total of 127 people attended which is made of 82 male and 35 female. Again attendance was also made of 27 different stakeholders including; CSOs, political parties' representatives, unit committee member, zonal council members, market women, youth groups, traditional authorities, and Assembly members among other.

Unfortunately, most of the Zonal Councils and all the Unit Committees are not well functioning due to largely lack of office accommodation, office equipment, staff and motivation. Thus, in the absence of effective sub-district structures, the assumption of the DA, the Municipal Education Directorate (MED) and the Municipal Health Directorate (MHD) that the community needs and priorities would be assessed and reflected in development plan could not be fully realized. For the two zonal councils that were aided by the CBRDP, they were able to develop community action plans which outlined all the developmental problems and concerns in all sectors be it education, health or water and sanitation of the various communities under their jurisdiction. This document was submitted to the Municipal Directorate of Education and Municipal Directorate of Health as well as the MA to be captured in their planning process. This has really helped the three institutions to know the developmental needs of the communities under the jurisdiction of the said zonal councils.

Decentralized Department (MPCU)

Findings from the study indicate that in practice, the functions of the expanded MPCU members in the development planning process had been reduced to submission of sector reports and the needs of their respective departments. The rest of the work in terms of community engagement and analysis and programming are left for the few core MPCU members to do. The inactive participation of the expanded MPCU members in the planning process as was learnt was due to their limited knowledge and skills in development planning as well as their dual allegiance.

According to the guidelines issued by the National Development Planning Commission (NDPC) for the preparation of the district medium-term development plan, the expanded DPCU is composed of the core DPCU and eight other heads of decentralized departments. Section seven (7) of the National Development Planning (system) Act, Act 480 (1994) designates DPCU as advising and providing a secretariat for the District Planning Authority in planning, programming, monitoring, evaluation and coordinating functions. The idea of the NDPC to expand the membership of the DPCU was to enhance the capacity of the secretariat.

However, even though the MPCU is supposed to synthesize the strategies related to the development of the district into a comprehensive and cohesive framework, the planning initiatives for the decentralized departments usually come from their mother departments with little or no consultation with the Municipal Assembly. According to the MCD and the MPO, some of the decentralized departments have their own sector plans which have not been fully integrated into the Municipal composite plan.

The inactive involvement of the stakeholders in the planning process has led to failure of the some health and educational facilities provided in the municipality within the time frame of the assessment.

Even though the contribution of some of the stakeholders in the planning process has not been adequate as expected, the Assembly has been able to produce relatively quality plans due to relatively high caliber of staff and adequate logistical support in the Municipality. This has therefore influenced the provision of health and

educational infrastructure due to proper diagnoses of the development challenges in the municipality based on the available data. This explains why health and educations sectors averagely take about 60 percent of the annual development in the municipality as indicated by the Municipal Budget Officer.

Table 4.3 Municipal Planning Coordinating Unit Human Resource

POSITION		**REQUIRED**		**EXISTING**	
		Qualification	**Number required**	**Qualification**	**Number present**
1	Municipal Coordinating Director	1st Degree	1	Graduate DIP Public Adm.	1
2	Municipal Planning Officer	1st Degree	1	MSC (Econs.)	1
3	Assistant Planning Officer	1st Degree	2	BED POP/FLE	1
4	Municipal Budget Officer	1st Degree	2	MSC (Econs)	1
5	Municipal Finance Officer	1st Degree	1	CA (GH) P.3	1
6	Municipal Town Planning Officer	1st Degree	1	BSc.(Planning)	1
7	Municipal Urban Roads Director	1st Degree	1	MSC (Highway Mat Engineering)	1
8	Municipal Director GES	1st Degree	1	MA (Education)	1
9	Municipal Director GHS	1st Degree	1	MSC (Pharma)	1
10	Municipal Director MOFA	1st Degree	1	BSC. Agric Mphil Adult Education	1
11	Municipal Director Social Welfare	1st Degree	1	BA (Social work	1
12	Municipal Engineer	1st Degree	1	BSc.(BT)	1

Source: Author's Field Survey, April 2009

Knowledge and Skills Capacity of the MPCU

As shown in the Table 4.3, the study revealed that MPCU has high caliber of staff. All the expanded MPCU (Decentralized Department Directors) members were available in the municipality with all possessing first degree and some masters' degree in the various disciplines.

Logistical/ Equipment Support

Table 4.4 shows overall logistic/ equipment position of the MPCU. The data shows that the MPCU has the necessary logistics and equipment to support development planning process. However, the necessary planning tools like SPSS and GIS that facilitate data- entry, storage and manipulation, retrieval and display of spatial data were lacking in the unit. These logistics are supposed to assist in data storage and processing to enhance the planning process.

According to the national planning guidelines, DAs are supposed to establish a documentation centre at the DPCU secretariat and provide logistics such as computers for processing storage and retrieval of information and equipment such as a printer, photocopier and flipchart stand to facilitate the development planning process at the district level. The MPCU logistical position was quite adequate to facilitate the planning process

Table 4.4 Logistical/ Equipment Support of the MPCU

	Type of equipment	**Member**	**Condition**
1	Vehicles	2 pick-ups	Good condition
2	Desktop Computer	2	Good condition
3	Laptop	1	Good condition
4	Printer	2	Good condition
5	Cabinet	2	Fair
6	Flip chart stand	1	Fair

Source: Author's Field Survey, April, 2009

Financial capacity of the Municipal Assembly

The development plans are not an end in themselves but a means to enhance development upon implementation of the proposed projects/programmes. According to the Municipal Planning Officer, about 55 percent of the proposed health and educational projects in the 2003-2005 MTDP for the municipality were implemented.

They could not implement the rest due to inadequate funding. Apart from low internally generated funds, the Assembly also does not have enough leverage and discretion when it comes to expenditure and revenue decision especially the District Assemblies Common Fund (DACF). According to the Municipal Budget Officer, averagely about 51 percent of the DACF allocation to the Assembly constitutes statutory deductions and only 49 percent is left for development projects. It was also indicated that on average less than 7 percent of internally generated funds was annually spent on development projects. Table 4.5 shows the trend of percentage utilization of internally generated funds for development projects in the municipality.

Table 4.5: Assembly's Share of Internally Generated Fund in Development

ITEM	2001	2002	2003	2004	2005	2006	2007
Total IGF(¢)	72,989.3	321,318.3	299,037.4	373,441.9	373,194.8	550,150.4	675,902
IGF Utilized for Development Projects (¢)	1,996.7	1,711.7	34,446.7	41,927.6	28,121.19	31,636.8	9,153.50
Percentage of IGF in Development Projects	2.7%	0.5%	11.5%	11.2%	7.5%	5.8%	1.4%

Source: New Juaben Municipal Assembly Administration, April, 2009

Section 1 (1b) of the National Development Planning (Systems) Act, 1994, act 480 mandates the DAs to mobilize resources for local development. However, the size of the IGF is quite low looking at the nature of the municipality as indicated in Table 4.5. The Assembly's share of the internally generated fund for development is low as compared to 15 percent target directed by the MLG&RD. It was also revealed that there was not a single health or educational project which has been fully funded from the IGF. This situation therefore limits the ability of the Municipal Assembly to provide the needed socio-economic infrastructure including health and education to propel the development of the Municipality. This therefore defeats the purpose of the implementation of the decentralization policy as envisaged by the Local Government Act, 1993, Act, 462.

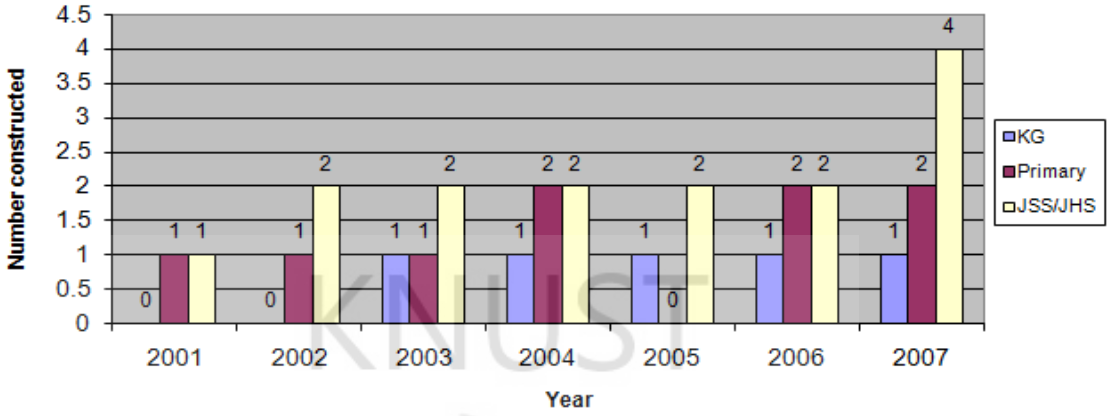
4.3.3 Effects of Decentralized Planning on Provision of Educational and Health Infrastructure

Act 462 establishes the District Assembly as a local planning authority with deliberative, legislative and executive functions. Section 10 (3) of Act 462 designates the DA to be responsible for overall development of the district. In order to ascertain the contribution of decentralized planning in the provision of health and educational infrastructure in the Municipality, community meetings, interviews with the key Municipal Assembly staff, Zonal Council Members, Assembly Members, Unit Committee Members and the Heads of Decentralized Departments were conducted and analysis of the data obtained is captured below.

Educational Sector

To be able to clearly identify the role played by and the contribution of the various decentralized structures of the decentralized system in Ghana in the education sector, it was important to first of all identify the number of educational facilities present within the municipality at the various levels. Figure 4.3 shows the trend of provision of classroom blocks at the basic level in the municipality from 2001 to 2007.

Fig 4.2: Number of Classroom blocks Constructed by the MA at the basic level from 2001 to 2007



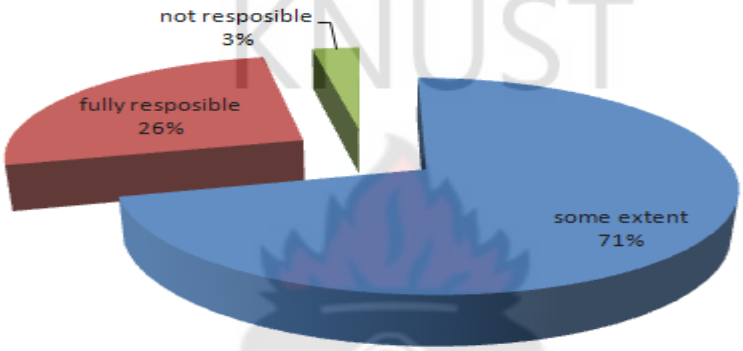
Source: Author's construct, April 2009

The result shows improvement in provision of educational infrastructure within the time frame of the study. For example total classroom blocks constructed in 2001 were two and doubled to four in 2004 and further increased to seven in 2007. This shows that as the participatory nature of development planning process deepens and proper situational analysis conducted; the more the real needs and aspirations of the communities are identified for redress. Again the development partners also want to safeguard their investment and insist on funding development projects which are contained in a well prepared development plans. The purpose is to eliminate construction of "white elephants" projects which will not be useful to the communities.

In assessing the degree of contribution of the decentralized planning system in the provision of educational infrastructure, Figure 4.3 shows that 26 percent of the respondents fully associates the performance of the educational sector to decentralized planning, 71 percent of the respondents attributed the performance to some extent to the implementation of decentralized planning, whilst 3 percent of the respondents were on the opinion that improvement in the provision of health infrastructure and services could not be attributed to decentralized planning. The Municipal Education Director was of the view that the location of most of the various

educational structures over the period from 2001 to 2007 had been "spot on" which means that the areas that really needed them were the ones which got them. This can be attributed to the data and information gathered with the help of the some of the few zonal council members which were relatively functioning in the various communities.

Fig 4.3: key informants perception of the contribution of decentralized planning system in the provision of educational infrastructure.



Author's construct, April 2009

At the various community meetings, it was revealed that decentralized Planning has contributed to the provision of educational infrastructure in the Municipality. This view was supported by an observation made by one Assembly member at community meeting at Adweso: He observed that:

"***the Assemblyman for Trom Electoral area said that in 2002 when the Municipal Assembly was in the process of preparing the medium term development plan, the Municipal Assembly requested the Assembly members to submit inputs concerning the needs and aspirations of their electoral areas upon consultation with their community members. He said first on their priority list was a construction of a teacher's quarters to solve the high attrition rate and absenteeism of the teachers posted to Trom L/A Primary. He continued that the project was captured in the 2003-2005 MTDP of the assembly and by the end of 2004 the quarters was constructed upon a constant reminder. He added that the second priority item on the list was the construction of three unit classroom blocks for JHS for the same school and this was done in 2007".***

The teacher's quarters in fig.4.4 is a clear example of how the decentralized planning system as a strategy of the decentralization system as practised in Ghana is helping to improve educational facilities as well as motivation of teachers.

Fig 4.4: Semi-detached Teachers Quarters at Trom

Source: Author's Field Survey, April 2009

The head teacher of the school indicated that the two facilities have enhanced enrolment at both the primary and JHS levels.

In general, even though there was a general consensus within the communities and the Municipal Education Directorate that the implementation of the decentralized planning system has improved educational infrastructure in the municipality, it however, revealed that other factors such as, assistance from development partners (EU, DANIDA, DFID and HIPC initiative), the introduction of DACF, the capitation grants and the school feeding programme have all contributed to the provision of infrastructure and service delivery in the educational sector. It would therefore not be very appropriate to conclude that the implementation of the decentralized planning system has resulted in an improvement in educational performance. Its impact has also been seen in the increase in the numbers and functionality of the facilities provided.

Projects Implemented for the Education Sector and the Role of the Sub-Structures

Appendix 2 gives an indication of the various educational projects implemented within the Municipality between 2001 and 2007. These projects have been analyzed based on their location, the contribution of the community members, Zonal Councils and Unit Committees within the decentralized planning framework. It highlights the outcome of the projects in relation to the overall performance in education within the community in particular and the Municipality in general.

It can be observed from the appendix 2 that, the contribution or role of the communities in the various projects was mostly limited to construction supervision and in a few cases project identification through to the completion of the implementation phase.

However, the results in the two scenarios have not been the same. In the instances where the sub-structures were evolved from the project identification stage through to the completion stage as envisaged by the implementation of the decentralization policy, the results have been positive as it has led to increase in enrolments, improvement in the motivation for teachers and hence improvement in overall performance. This is because in all such instances the projects had been what the community really needed and therefore address the legitimate felt needs of the people. However, in cases where the unit committees and zonal councils were only brought in during the construction phases, even though in few cases such projects do not enjoy much patronage as envisaged.

According to the Chairmen of the Adweso and Jumapo zonal councils, most of the educational projects provided in their areas within the period of the assessment were got due the implementation of decentralized planning policy. They argued that the communities have been taking part in the preparation of the medium term development plans and needs and aspirations had been dually captured in the plans. They also added that the MCE at that time was also committed to implementation of the Municipal MTDP in that anytime request was made for provision certain

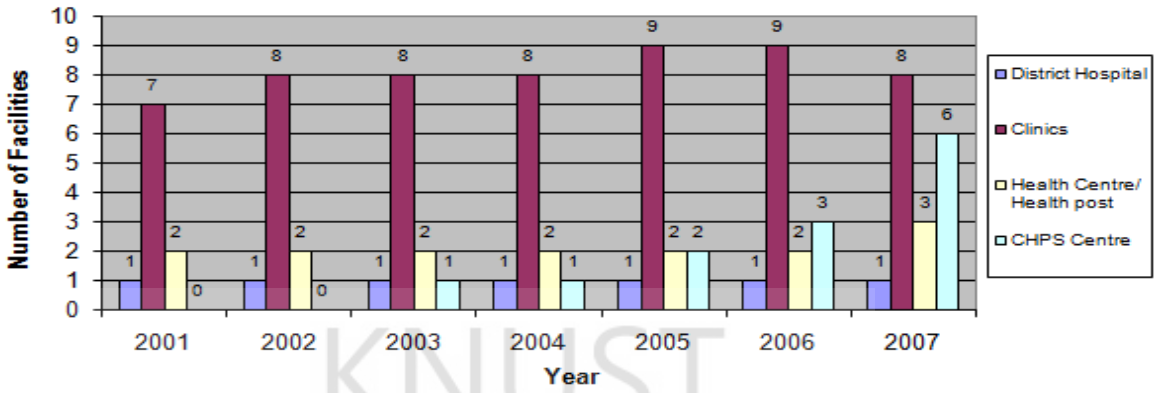
infrastructure, he would first find out if provision had been made for in the MTDP. As a result even though most of the zonal councils were not fully functioning at the time of visit, they were compelled to solicit views from their communities and present to the planning team as their inputs for the preparation of the medium term development plans.

According to the Municipal planning officer, some of the school blocks funded by GETFUND such as six unit classroom block at Okomeso, six unit classroom block at Asikasu and KG block at Mpaem were not doing quite well due to the fact that some did not go through proper project identification procedure and were not captured in the 2003-2005 MMTDP.

Health Sector

In terms of the health sector, the level of infrastructure provision was not much within the period of assessment expect for the construction of Community – Based Health Planning and Services (CHPS) which showed consistent increase over the period. Figure 4.5 shows the number of health facilities provided in the Municipality from 2001 to 2007. It indicates that first CHPS compound was constructed in 2003 and increased to three in 2006 and further increased to six in 2007. Provision of health infrastructure has not been impressive as compared to educational sector due to the fact that Regional Capital is found in the Municipality and as such central government provides fund for health infrastructure from the centre. Again the Municipality can also boast of many private and mission health facilities which complement the public facilities. According to the Municipal Health Director all the six CHPS are well functioning except the one at Asikasu which had been abandoned since 2005. He said the community was chosen as a pilot project due to its remoteness to provide basic health service for people in the area. He further disclosed that the project has not been successful due limited community involvement, lack of residence accommodation attached to the facility and lack of electricity supply in the area. However, he mentioned that the other five were part of the priority list submitted by the Zonal Councils in the various communities.

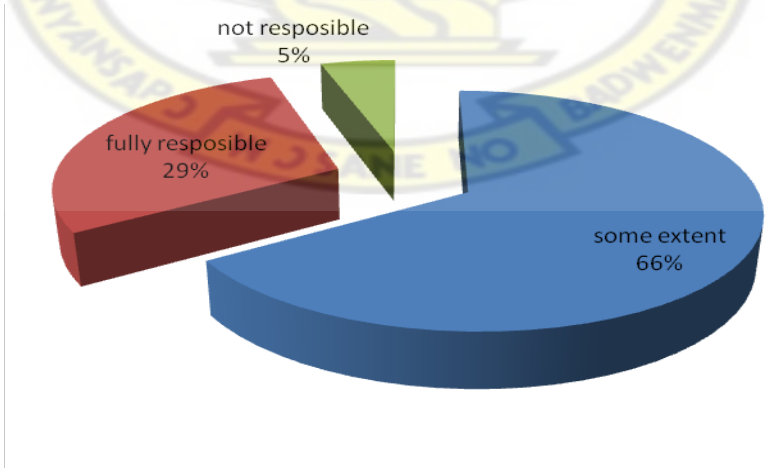
Fig. 4.5: Number of health facilities available in the municipality from 2001-2007



Source: Author's construct, April 2009

In assessing the degree of contribution of the implementation of the decentralized planning system in the provision of health infrastructure, 29 percent of the respondents fully associates the performance of the health sector to decentralized planning, 66 percent of the respondents attributed the performance to some extent to the implementation of decentralized planning, whilst 5 percent of the respondents were on the opinion that improvement in the provision of health infrastructure and services could not be attributed to decentralized planning.

Fig 4.6: Key Informants Perception of the Contribution of Decentralized Planning in the Provision of Health Infrastructure.



Source: Author's construct, April 2009

At the community meetings, there was general consensus that decentralized planning has contributed to the provision of health facilities in the municipality. It was established that the level of health infrastructure provision and responsiveness has improved tremendously under the implementation of decentralization policy in Ghana. It was however mentioned that, other factors such as introduction of Mutual Health Insurance Scheme, donor assistance, HIPC initiative and DACF among others also contributed the performance of the health sector in the municipality during the period under review.

Projects Implemented for the Health Sector and the Role of the Sub-Structures

The appendix 3 shows the various health projects implemented within the Municipality between 2001 and 2007. These projects have been analyzed based on their location, the contribution of the community members, zonal council and unit committee within the framework of the implementation of the decentralized planning system. It also examines the outcome of the projects in relation to the overall performance in health sector within the community in particular and the Municipality in general. It can be observed from the appendix 3 that, the contribution or role of the communities in the various projects was mostly limited to informal construction supervision and in some cases project identification through to the completion of the implementation phase. Even though the Zonal Councils were not functioning due lack of operational instruments such as offices, permanent staff and logistics, the Municipal Assembly recognizes their importance especially during plan preparation and organization of community durbars. Again the possibility of a community to be provided with health facilities by the Assembly except in extreme emergency cases was dependent on their provision in the Municipal MTDP.

In this way, the decentralized planning process is helping to increase health infrastructure provision and also efficient allocation resources in the municipality as the infrastructure provided are the most felt need of the people. For example according to the Chairman of the Old Estate Zonal Council, the opinion leaders at Densuano had been requesting for the construction of a community clinic in their area

since early 1990s and this was not provided until it was captured in the 2003-2005 MMTDP and was finally constructed in 2005 and later a nurses quarters was added upon community request. The facility according to the Municipal Director of Health Services has helped to reduce the number of deaths from snake bites and pregnancy complications and other diseases.

It is interesting to note that, in the instance where the sub-structures and the communities were involved from the project identification stage through to the completion stage, the results have been very successful. This is because in all such instances the projects had been what the community really needed and therefore it addresses a legitimate felt need. However, in cases where the unit committees and zonal councils were only brought in as the beneficiaries of the facilities, most such project have been less utilized as the community members do not really identify with these projects. For example, according to Municipal Director of Health Services, CHPS centre at Agavenya and community clinic at Densuano have been successful due to involvement of the Zonal councils and community members right from project identification through to implementation. However, this was the case in terms of the CHPS centre at Asikasu mentioned earlier.

In general, it was observed that whilst District Assemblies were created to be responsible for overall development in the areas under their jurisdiction, provision of health and educational infrastructure constitute a large proportion of their development budget. This has been possible due the implementation of the decentralization policy and to some extent the decentralized planning system. The decentralized planning system encourages stakeholders' participation in identification and implementation of the felt needs of the people. This explains why there has been the provision of numerous health and educational infrastructure in the municipality within the period of the study. However, it is interesting to note that the Ministry of Education/Ghana Education Service and the Ministry of Health/Ghana Health Service still continue to provide some physical infrastructure at the municipal level without much involvement of the Assembly. Even though the result of the study indicates some level of improvement in the provision of health and educational infrastructure

and services in the municipality within the period of assessment, it cannot be concluded that it was mainly due to the implementation of decentralized planning system factors which have been mentioned earlier.

4.3.4 Challenges of Decentralized Planning and Provision of Health and Educational Infrastructure in the Municipality

The decentralized development planning process involves the devolution of central government administrative responsibility to the district level and establishment of adequate capacity for effective utilization and management of resources. Then the district level would also have to devolve these powers to the zonal and unit committees all in a bid to capture the felt needs and aspirations of the people. The objective is to enhance participation of the local people in the decision making process on issue that affect their livelihood. The main focus of inquiry in this section was to assess the factors hindering smooth implementation of decentralized development planning process and the provision of health and educational infrastructure in the municipality.

The study established the following challenges in the development planning process and provision of health and educational infrastructure in the municipality:

- Low community involvement in the planning process. Due to the urban nature of the municipality and inadequate of resources, it has been the difficulty in effectively engaging the community in the decision making process. The urban nature makes it very expensive in terms of time and money for instance to conduct public hearings as in some communities with relatively large populations. Also the apathy of the urban dwellers towards community work is also a contributory factor. Without effective participation of the target groups in the planning process their real needs and problems would not be identified for appropriate interventions. Again non involvement of the community members in the planning process and implementation process has the tendency to affect the ownership, support, maintenance and sustainability

of the projects to be provided. This is the reason why some of the health and educational projects are not doing well in the municipality.

- Non-functionality of the sub-structures. As mentioned earlier the study revealed that only two (2) out of the thirteen (13) Zonal Councils were relatively functioning. However the two Zonal Councils lacked the required permanent staff and office equipment. The decentralized development planning process requires the sub-structures to collate and prioritized the needs and aspirations of the communities and forwards them to the DPCU as an input for plan formulation. The ineffectiveness or non-functioning of the sub-structures meant ineffective assessment of health and educational needs in the various zonal areas for appropriate intervention.

- Inadequate financial resources for the implementation of the development projects. The development plans are not an end to themselves but means to enhance development upon implementation of the proposed projects/programmes. According to the Municipal Planning Officer, only about 55 percent of the proposed projects in the 2003-2005 MTDP for the municipality were implemented due to inadequate funds. Apart from low internally generated funds, the Assembly also does not have enough leverage and discretion when it comes to the disbursement of the DACF. This is due to that that about 49 percent of DACF released to the Assembly is held as a statutory deduction by the central government which had to be applied for the intended purpose only by the DAs. As indicated earlier on average less than 7 percent of internally generated funds was annually spent on development projects. This situation leads to lack of confidence in the development planning process as most of the proposals remain on paper without implementation.

- Low commitment of the Assembly to holistically decentralize development planning and infrastructure provision. It was also established that only two Zonal Councils have their own plans and were prepared under VIP/CBRDP

intervention. 82 percent of key informants interviewed said that the commitment of the municipal assembly for the operationalization of the sub-structures is low. The sub-structures are supposed to play a vital role in the development planning process through data gathering and preparation of community action plans to serve as an input for the MTDP. The study revealed that the sub-structures are very much constrained by a number of challenges in the performance of their duties including lack of office accommodation, operational funds, recruitment and payment salaries/allowances of the permanent staff and operational logistics. In addition ineffective functioning of the sub-structures has implication for development planning and provision of health and educational infrastructure. Some revenue items could be ceded to the Zonal Councils for collection to enhance revenue mobilization in the municipality..

- Non operationalization of Composite Budgeting. The study revealed that the Municipal Assembly is one of the Districts piloting the composite budgeting in Ghana. From the discussions with the key Municipal Assembly (MA) staff and the heads of decentralized departments, it was established that the MA was not yet implementing composite budgeting as most of the decentralized departments have sector plans from which their respective oversight ministries and agencies budget for directly from Accra. The local Government Act, 1993 (Act 642) institutes a composite budgeting and integrated district budget. It was introduced to complement the decentralized planning system and to give DA control over its budgets. The Municipal Assembly has no control over the health and education departments budget and was not even informed about how much has allocated for these departments. This does not ensure coordination and effective allocation of funds for provision of health and educational infrastructure.

- Inadequate and reliable data for effective planning. One of the important ingredients for effective planning come is availability of data for projection and programming. This ensures equitable and efficient allocation of resources.

Unfortunately, the study revealed the planning team does have adequate and reliable baseline data on health and education for effective projection. This had risen due to inadequate funds to undertake local surveys and the non functionality of the sub-structures as well as non involvement of the School Management Committees and the Community Health Committees at the grassroots in the development planning process.

It has been established in this chapter that community involvement in the development planning provision of health and educational infrastructure was relatively low due to the non –functionality of the Zonal Council. However the participation of the Assembly Members in the decision making process was high. The Municipal Assembly has high calibre of staff. The Low internal revenue mobilization and inadequate discretion over the disbursement of the District Assembly's Common Funds due to huge statutory deductions at the centre which amounts to about 49 percent at the time of the study. This negatively affected the provision of health and educational infrastructure in the municipality. According to the Municipal Coordinating Director after the statutory deductions, the funds left for infrastructural development was inadequate.

The concluding chapter of the study summaries the findings, conclusions and presents recommendations to improve decentralised development planning and provision of health and educational infrastructure in the municipality.

CHAPTER FIVE

FINDINGS, RECOMMENDATION AND CONCLUSION

5.1 Introduction

This section presents the key findings, recommendations and conclusion from the study. Though the study was conducted at the municipal level, some of the findings and recommendations made have policy implications which might be of relevance to central government in the review of policies on decentralization.

5.2 Major Findings

The major findings of the study are centred on; the community involvement in the provision of health and educational infrastructure, the capacity of the Assembly for development planning and provision of provision of health and educational infrastructure, the effects of decentralized planning in the provision of health and educational infrastructure and challenges of decentralized planning and provision of health and educational infrastructure in the study area.

5.2.1 Community Involvement in the Decision Making Process and Provision of Health and Educational Infrastructure

The analysis of the community involvement in the provision of health and educational infrastructure in the municipality revealed that:

- The involvement of the Assembly members in the in the provision of health and educational infrastructure in the Municipality was very high. All the 33Assembly Members interviewed said they were involved in the decision making concerning provision of health and educational infrastructure. The central administration was compelled to involve them in decision making due to their power to approve or disapprove proposals and policies of the Assembly and also their influence on the community members.

- Only 12 percent of the Unit Committee members were consulted during the decision making process by the MA with the main reason being their non functionality. The Unit committees were not functioning due lack of motivation and logistical support as a result of their huge numbers. Also, the high illiteracy rate among the Unit Committee Members was a contributory factor. The Unit Committee Members also did not understand and appreciate their role in the decentralized planning process.

- The involvement of the Zonal Councils and the community in decision making in the provision of health and educational infrastructure in the Municipality was low. It was established that most of the Zonal Councils were not functioning effectively due to lack of office accommodation, permanent staff and logistical support. Again the sub- structures are mostly ignored due limited knowledge in the planning process.

- The involvement of the community in the provision of health and educational infrastructure except for the Assembly members were mostly limited to provision of communal labour on projects which were not on contract.

- The participation of the Assembly Members and the Zonal Council members in the development planning process was high as over 80 percent of them interviewed said they had been involved in the development planning process in the Municipality. The involvements of the Zonal Councils were however limited to provision of needs and development aspirations concerning their areas without participating in the actual implementation. However, the unit committee and entire community members involvement in the planning process was low. It was indicated that only 12 percent of the Unit Committees had ever been involved in the planning process. It also revealed that the School Management Committees and the Community Health Committees

were not involved in the development planning process even though their inputs would be useful.

In effect, it could be seen that the involvement of the communities in decision making on the provision of health and educational infrastructure is not impressive as envisaged by Local Government Act, 1993, Act, 462 and the National Development Planning (Systems) Act, 1994, Act 480.

5.2.2 The Capacity of the Assembly for Development Planning and Provision of Provision of Health and Educational Infrastructure

Upon the analysis of the capacity of the Assembly for development planning and the provision of health and educational infrastructure in the Municipality, the following findings emerged:

- The development planning process in the Municipality was relatively participatory involving a wide range of stakeholders including MPCU (decentralized departments), sub-structures, traditional authorities, communities, the Regional Coordinating Council, Assembly members and civil societies. It was also revealed that these stakeholders participated at different levels for different reasons since they each had a specific but varied stake in the development of the Municipality;

- The functions of the expanded MPCU members in the development planning process was limited to the submission of sector reports and the needs of their respective departments without much involvement in the programming and the projection phases of the process. This is basically due to the vertical linkages between the decentralized departments and their headquarters;

- The planning initiatives of the decentralized departments usually come from their mother departments with little or no consultation with the Municipal Assembly. Most of the provisions in these plans are not captured in the Municipal Medium Term Development Plan;

- The MPCU members who charged with the responsibility for the preparation of the medium term development plan have high educational qualification of varied disciplines. Each of the members holds first degree and six with master's degree. However, the MPCU lacked the required staff for the planning unit as outlined in the manual for the operationalization of the DPCU issued by the NDPC. The MPCU secretariat has the required logistical support to facilitate the development planning in the municipality;

- About 55 percent of the proposed health and educational projects in the 2003-2005 MTDP for the municipality were implemented. The rest could not be implemented due to over reliance on irregular central government transfers and inadequate internally generated fund. Again the assembly also does not have enough leverage and discretion when it comes to expenditure and revenue decision especially the District Assemblies Common Fund (DACF);

- The Assembly does not have the required complement of the Works Department staff to adequately design, execute, supervise and monitor the provision of health and educational infrastructure in the Municipality. The Assembly therefore relies on consultants for such services.

5.2.3 Effects of Decentralized Planning on Provision of Educational and Health Infrastructure

In the assessment of the effects of the decentralized planning in the provision of health and education infrastructure in the Municipality, the following findings were established;

- There was a correlation between the number of health and educational infrastructure provided and the degree of stakeholder of participation in the preparation of medium term development plans. As the stakeholder involvement in the planning process widens the more the real felt needs of the people are identified and addressed. The provision of health and educational infrastructure increased as the participatory development planning also deepens;

- There was consistent increase in the provision of educational infrastructure within the period of the assessment even though could not be wholly attributed to the implementation of the decentralized planning system. As indicated in the Figure 4.2 of the study, two (2) classroom blocks were constructed in 2001 and increased to five (5) in 2004 and further increased to Seven (7) in 2007;

- The provision of health and educational infrastructure that went through proper implementation processes from the project identification stage through to the completion stage with the involvement of the various stakeholders as envisaged by the implementation of the decentralization policy was successful and beneficial. As indicated in appendices 2 and 3, some of the projects that did not go through proper identification processes suffer low patronage and sometimes do not function as in the case of the 6 -unit class room block and ancillary facilities constructed at Okomeso School and the CHPS Centre at Asikasu;

- The political leadership commitment towards the implementation of the Medium Term Development Plans also contributed to the provision of health and educational infrastructure in the Municipality. It was revealed that one of the criterion of the communities and the decentralized departments to access infrastructure provision from the Assembly except in emergency cases dependent on the provision of such request in the MTDP.

Education Sector

About 26 percent of the respondents fully associate the increase in performance of the educational sector to decentralized planning, 71 percent of the respondents attributed the performance to some extent to the implementation of decentralized planning, whilst 3 percent of the respondents were of the opinion that improvement in the

provision of educational infrastructure and services could not be attributed to decentralized planning.

In general, even though there was a general consensus within the communities and the Municipal Education Directorate that the implementation of the decentralized planning system has improved educational delivery in the municipality through proper assessment of the development needs, it was however, revealed that other factors such as, assistance from development partners (EU, DANIDA, DFID and HIPC initiative), the introduction of DACF, capitation grants and school feeding programme have all contributed to the provision of infrastructure and service delivery in the educational sector. It would therefore not be very appropriate to make a blanket statement that the implementation of the decentralized planning system has resulted in an improvement in educational performance. Rather, its impact has been seen in the increase in the number and functionality of the facilities provided.

Health Sector

About 29 percent of the respondents fully associates the performance of the health sector to decentralized planning, 66 percent of the respondents attributed the performance to some extent to the implementation of decentralized planning, whilst 5 percent of the respondents were on the opinion that improvement in the provision of health infrastructure and services could not be attributed to decentralized planning.

At the community meetings, there was general consensus that decentralized planning has contributed to the provision of health facilities in the Municipality. It was established that the level of health infrastructure provision and responsiveness has improved tremendously under the implementation of decentralization policy in Ghana. It was however mentioned that, other factors such as introduction of Mutual Health Insurance Scheme, donor assistance, HIPC initiative and DACF among others also contributed.

5.2.4 Challenges of Decentralized Planning and Provision of Health and Educational Infrastructure in the Municipality

The study established the following challenges in the development planning process and provision of health and educational infrastructure in the Municipality:

- Due to the urban nature of the Municipality and lack of resources, it was difficulty in effectively engaging the community in the provision of health and educational infrastructure;

- The non- functionality of most of the Zonal Councils and the Unit Committees in the Municipality limits the effective community participation in the development process. It was established that some of the health and educational infrastructure provided were not fully utilized due to inadequate community involvement in the implementation process;

- The decentralized departments are still largely vertically integrated with little horizontal integration with the Municipal Assembly more especially health and education departments. The study gathered that, the decentralized departments have their own sector plans and most of the provisions were not integrated into the Municipal MTDP;

- Inadequate financial resources for implementation of development proposals. According to the Municipal Planning Officer, only about 55 percent of the proposed health and educational projects in the 2003-2005 MTDP for the municipality were implemented due to inadequate funds. It was established that on average less than 7 percent of internally generated funds was annually spent on development projects in general in the Municipality;

- There was low commitment on the part of the Municipal Assembly to holistically decentralize development planning and infrastructure provision to the sub- structures. It was also established that only two Zonal Councils have council plans and were prepared under VIP/CBRDP intervention. Interestingly these were the Zonal Councils which were relatively functioning during the time of the visit to the municipality. 82 percent of key informants

interviewed admitted that the commitment of the Municipal Assembly for the operationalization of the sub-structures was low.

- The study revealed that the Municipal Assembly is one of the Districts piloting the composite budgeting in Ghana. However, it was established that the MA was not yet implementing composite budgeting as most of the decentralized departments have sector plans for which their respective oversight Ministries budget for directly from Accra.

- It was revealed that there was inadequate and unreliable data for effective planning. One of the important ingredients for effective planning output is availability of data for projection and programming. It was established that the planning team did have adequate and reliable baseline data on health and education for effective projection.

- The low illiteracy rates among persons who vie for Assembly positions and Unit Committee elections also limit their ability to be engaged in the planning process.

- Also, the general low functional literacy rates within the Municipality and the country as a whole tends to impede peoples understanding of the decentralization process.

5.3 Recommendations

This section presents the key recommendations made to improve the implementation of the decentralized development planning system and the provision of health and educational infrastructure at the local level. Though the study was conducted at district level, some of the recommendations made have policy implications for which central government is required to act on.

5.3.1 Strengthen Community Participation in the Provision of Basic Infrastructure:

- The Ministry of Local and Rural Development should formulate realistic guidelines to ensure adequate community participation at all levels in the provision of basic infrastructure. The guidelines or the policy should mandate the local authorities to seek the approval of the people at the grassroots (unit committee) or the end beneficiaries before any infrastructure is provided them. By this the Unit committee Chairperson or the Traditional Authorities should endorse any development project identified for implementation in their communities.

- The Municipal Assembly must organize regular community fora at the community level through the Assembly members and the unit committee members to brief the people on the activities of the Assembly and central government policies and programmes. The MCE must organize a community tour to various communities in the municipality to interact with the people to appreciate and understand their problems and concerns at first hand and to plan appropriate interventions to address them.

- The Municipal Assembly should meaningfully involve the School Management Committees and Community Health Committees at the local level who oversee the implementation of education and health issues in the communities in the planning and the provision of health and educational infrastructure in the municipality.

5.3.2 Operationalize of the Sub-Structures

The study revealed that most of the zonal councils in the municipality which were supposed to serve as a conduit for community participation in the development planning and provision of basic infrastructure including health and education at the local level were not functioning. This therefore affected community participation in the decision making process and based on these, the following are recommended:

- There should be a political will and commitment at both central government and the district levels to devolve adequate power to the sub-districts to enable

them participate, meaningfully in the local governance and the development planning process;

- The Municipal Assembly should strengthen capacities of the Unit Committees and the Zonal Councils in terms of training and logistics for effective participation in decision-making, planning, implementation, management and monitoring of infrastructure provision. The Assembly should make a budgetary allocation for provision for one office accommodation and a set of equipment for one zonal council every year. In addition the MLGRD should re-institute 5 percent DACF allocation for the operationalization of the sub-structures and monitor to ensure that the funds are applied for the intended purpose. The central government as an interim measure should absorb the payment of allowances/salaries to the proposed three permanent staff of the sub-structures (Town/Area/Zonal Councils) until its final policy statement regarding the issue is made.

- The Municipal Assembly should make a request to the Ministry of Local Government Rural Development to amend the Legislative Instrument that established the Zonal Councils to reduce the number from thirteen (13) to four (4) due to the compact nature of the municipality. In addition the membership of the unit committees should be downsized to about seven (7) in order to provide necessary motivation and resources to enable them play their role in the decentralized planning system effectively.

- The Assembly should cede some of the revenue items to the relatively well established Zonal Councils to collect and keep 50 percent as required by law to make them financially resourceful to complement provision of health and education infrastructure in their localities .

5.3.3 Enhance the Capacity of the Assembly in Development Planning and Provision of Health and Educational Infrastructure:

- The Municipal Assembly must design sensitization programmes to educate the people at the grassroots about the need to contribute financially and in-kind to complement the Assembly's resources towards the provision of health and educational infrastructure in their localities.

- The provision of health and educational infrastructure facilities should be fully decentralized at the district level. All funds from central government and donor agencies meant for provision of health and educational infrastructure at the district level should be channeled through the Assembly. In addition the MLG&RD should implement the composite budgeting and the District Development Facility (DDF) strategies which aim to co-ordinate and harmonize development effort at the local level. All projects to be financed from the DDF must emanate from the medium term development plan of the districts.

- For effective coordination and allocation of resources at the local level, health and education departments should be part of the Local Government Service instead of them belonging to their separate services of Ghana Education Service and Ghana Health Service respectively.

- In order to increase the share of Internally Generated Fund for development projects, it is recommended that the Municipal Assembly should assess the potential revenue sources and design mechanisms to improve its revenue collection performance through training, motivation and effective monitoring of the revenue collectors. In addition, the MLGRD should monitor the IGF expenditure of the DAs and enforce its directives with regards to the utilization of not less than 15 percent of the IGF for development project to enhance provision of health and educational infrastructure.

- The Municipal Assembly should request the Ministry of Local Government and Rural Development to recruit more professionals to beef up the Works Department staff to adequately design, execute, supervise and monitor the provision of health and educational infrastructure in the municipality on their

own without assorting much to consultants. This will free some financial resources to provide additional infrastructure including health and education.

- The provision of health and educational infrastructure must go through proper identification through to the operational stages to ensure adequate stakeholders participation. This will make the infrastructure so provided, useful and functional.

5.3.4 Enhance Development Planning Process at the Local Level

In order to enhance development planning process at the district level, the following are recommended:

- The Municipal Chief Executive has to ensure that district -sector plans are properly integrated in the MTDP. This will facilitate the implementation of the composite planning and budgeting system to harmony and coordinated development;

- The Municipal Assembly should organize training programmes in development planning process for the extended MPCU and Zonal Council Members to enhance their performance;

- The Assembly should encourage and build the capacity of the Zonal Councils to prepare their zonal plans and community actions plans to serve as inputs for the preparation of the MTDPs and also to generate the community interest in the development planning process;

- The Assembly should provide the MPCU secretariat with planning tools like SPSS and GIS to facilitate data- entry, storage and manipulation, retrieval and display of spatial data to enhance development planning process in the municipality.

5.4 Conclusion

The implementation of decentralized planning system is to enhance grassroots participation in plan formulation and provision of basic infrastructure and services that improve the quality of the community members. For effective implementation of the decentralization policy, DAs are designated as planning authority and also charged with the responsibility of all development activities at the districts.

Based on the above, this study was conducted with the aim of assessing the effects of decentralized planning in the provision of health and educational infrastructure in the New Juaben Municipality.

The study revealed that health and educational infrastructure have improved during the implementation of decentralized planning within the survey period. However, the performance of the two sectors during the time under review could not be exclusively attributed to decentralize planning due to the fact that:

- The provision of health and education infrastructure is not solely done by the Municipal Assembly. Their mother departments, thus Ministry of Education/Ghana Education Service and Ministry of Health/ Ghana Health Service also continue to provide physical infrastructure at the district level and also provide policy directions.
- The transfer of funds from the central government to the municipal assembly in the form of DACF though inadequate and unpredictable has significantly contributed to provision of health and educational infrastructure. It was also learnt that the impact could have been greater if the Municipal Assembly has the full autonomy over the disbursement of the fund.

- Infrastructure provision at the municipal level is greatly influenced by interventions from central government, donors and non-governmental organizations.

Even though the MPCU has a high calibre of staff and logistical support, the necessary planning tools like SPSS and GIS that facilitate data- entry, storage and manipulation, retrieval and display of spatial data are lacking in the unit. Apart from

low internally generated funds, the Assembly also does not have enough leverage and discretion when it comes to expenditure and revenue decision especially the District Assemblies Common Fund (DACF). This situation therefore limits the ability of the Municipal Assembly to provide the needed socio-economic infrastructure including health and education to propel the development of the municipality.

Above all the political will and commitment towards strengthening the capacity of the sub-structures, implementation of district medium term development plans full integration of health and education departments in the assembly system as well as enhanced revenue mobilization are important for provision of more health and educational infrastructure at the district level.

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APPENDICES

Appendix 1: Data on Educational Institutions in the Municipality.

LEVEL	NO. OF SCHOOLS	ENROLMENT	TRAINED TEACHERS	UNTRAINED TEACHER	TEACHER/ PUPIL RATIO
Pre.- School	**113**	**8084**			
Public	43	4183	10%	90%	1:27
Private	70	3946	58%	42%	1.12
Primary	**127**	**22617**			
Public	84	16699	98%	2%	1.32
Private	43	5921	17%	17%	1.22
Junior High Sch.	**72**	**10506**			
Public	51	8504		1:19	
Private	21	2002			
Senior High School	**11**	**8157**			
Public	6	5809			
Private	5	2142			
Technical/Vocational	**2**	**901**			
Public	1	690			
Private	1	211			
Training college	1	982			
Tertiary	2				

Source: New Juaben Municipal Assembly, 2006-2009 MTDP.

Appendix 2: Provision of Educational Infrastructure in New Juaben Municipality from 2001 to 2007

Project Description	Location	Year	Role of Stakeholders			Impact
			Community	Zonal Council	Unit Committee	
Rehabilitation of Jumapo Methodist JSS Block	Jumapo	2003	SMC/ PTA initiated project and sought support from the Assembly. The project was part of 2002-2004 MTDP	Organized communal labour	Mobilized people for the communal labour	Helped to increase school enrolment at JHS level
Construction of 3-unit class room block for Anglican School	Suhyen	2002	SMC/ PTA initiated project and sought support from the Assembly. The project was part of 2002-2004 MTDP	Not in place	Not in place	Helped to increase school enrolment at JHS level
Rehabilitation of 4-unit class room block at Suhyen Methodist for JHS	Suhyen	2003	The community provided communal labour as well sand for the project.	The Jumapo Zonal Council made a request to the Assembly to rehabilitate the school block and made follow up to seek approval.	The unit committee members mobilized people for the communal labour	Increased primary school enrolment from 31 in 2004 to 70 by 2007. Distance travelled to primary has reduced.
Construction of 1 no. four unit Semi – detached Teacher's accommodation	Suhyen	2003	Initiated the Project and requested for support from the Assembly to address high absenteeism among the teachers.	The Jumapo Zonal Council made a request to the Assembly to construct the facility	Mobilized the community member for community meeting.	Helped to improved performance due to punctuality of the teachers.
Construction of 6-unit class room block and	Akwadum	2004	The project was part of the community priority list sent to the	The Akwadum Zonal council supervised the	The project was on contract.	Increase enrolment and congenial atmosphere for

ancillaries for R/C Prim. School			Assembly through the Zonal Council	construction of the project informally.		teaching and learning
Construction of KG block at Mpaem L/A	Mpaem	2003	The municipal education directorate identified the project on behalf of the community	Not well functioning	Not well functioning	It school is functioning as the parents preferred to send their wards to other near schools.
Construction of BS 1-6 class room block and ancillary facilities for Asikasu L/A	Asikasu	2001	The community provided communal labour for clearing of the site for construction to begin	Casual supervision as the project was on contract	Casual supervision as the project was on contract	Primary school enrolment has reduced 102 to 2003 to 91 in 2007 the area.
Construction of 6-unit class room block at Effiduase Catholic Prim.	Effiduase	2003	The opinion leaders and PTA made the request to through education office to the Assembly for support.	Casual supervision as the project was on contract.	Casual supervision as the project was on contract	Primary school enrolment increased from 121 in 2002 to 2017 in 2007
Construction of 3-unit class room block at Effiduase Methodist	Effiduase	2007	Opinion leaders and SMC made a request through education office to the Assembly for support.	The Zonal council chairman made follow up to the Assembly for approval. The Zonal council organized the people for communal labour	Not functioning	The new school block has stopped the shift system in the school
Construction of 3-unit class room block at Effiduase Presby	Effiduase	2002	Community and PTA made a request through education office to the Assembly for support	Not in place	Not in place	JHS enrolment has increased by 34%

Construction of 6 class room block and ancillary facilities at Okomeso School	Okomeso	2004	Community provided communal labour to clear the site for the work to begin	The project was on contract	The project was on contract	There has not been much increase in enrolment levels.
Construction of 6-unit class room at Asokore Methodist School	Asokore	2002	Community and PTA made the request via education office to the Assembly for support	Not in place	Not in place	Helped to increase school enrolment at primary level
Construction of 3-unit classroom block RC JSS	Asokore	2007	SMC and PTA made a request through education office to the Assembly for support	The project was part of the priority list sent to the Planning Team during the preparation of 2006-2009 MTDP	Even though established they are not functioning	The new school block has stopped the shift system in the school
Construction of 6-unit class room block	Korle Nkwanta	2006	Opinion leaders and made a request through education office to the Assembly for support. The traditional authority provided land for school	Even though established was not functioning	Even though established was not functioning	Helped to increase enrolment and provided congenial atmosphere for teaching and learning
Construction of 3-unit class room block With ancillaries at	Bonya	2005	SMC and PTA made a request through education office to the	Even though established was not functioning	Even though established they are not functioning	- increased JHS enrolment -Distance travelled to JHS

Bonya Presby school			Assembly for support.			education has reduced.
Construction of 6-unit classroom block with ancillary facilities at SDA School	Srodai	2004	The community members through communal labour cleared the site for the project to begin	Did not do munch on the project as it was given on contract.	Not functioning	Increase enrolment and congenial atmosphere for teaching and learning
Construction of 3 storey 18-unit classroom block with ancillary facilities at R/C School for JHS	Srodai	2004	SMC and PTA made a request through education office to the Assembly for support.	Did not do munch on the project as it was given on contract.	Not functioning	The new school block has stopped the shift system in the school
Construction of 3-unit classroom block at Khalid Ibn Walid Islamic Sch.	Klu Town	2001	Muslim community made request to MCE for assistance and it was approved	Was not established	Was not established	Reduce school drop-out rate among the Muslim community
Teacher accommodations constructed	Trom	2004	The opinion leaders made the request to through the Adweso Zonal to the Assembly for support	Project awarded on contract	Project awarded on contract	Improved performance due to the punctuality of the teachers
Construction of 3-unit class room block	Trom	2006	The community paid GH□850 as part of capital cost contribution of the project. Provided communal labour where necessary.	Monitored the project during construction	Some members assisted Zonal council for the collection of the communities	Helped to increase school enrolment at JHS level. Reduced Distance travelled to access JHS education

					contribution	
Construction of 2-Unit teacher's accommodation flat at Nyamekrom	Nyamekrom	2003	The community members provided communal labour for and provision of sand as their contribution to the project.	Was not functioning	Was not function	Helped to increase school enrolment and also reduce absenteeism among the teachers.
Rehabilitation of 6-unit class room block	Nyamekrom	2006	SMC and PTA made a request through education office to the Assembly for support.	Casual supervision by some Zonal council members	Was not function	Help to increase enrolment and provided congenial atmosphere for teaching and learning
Construction of 6-unit class room block for Densuano L/A Primary school	Densuano	2005	The community provided communal labour to support the project.	Casual supervision by some Zonal council members	Not functioning	Helped to increase school enrolment at primary level. Distance travelled to access primary education has reduced
Construction of 3-uniit class room block for Densuano L/A J.S.S	Densuano	2007	SMC/PTA applied to the Municipal Assembly to construct to support the primary school.	The project was part of the Zonal Council's inputs for 2006 MMTDP	Not functioning	Helped to increase school enrolment at JHS level. Distance travelled to access JHS education has reduced.
Construction of 6unit class room block with ancillary at Ada	Ada	2007	During the sensitization tour on the preparation of the 2006 MTDP, the community requested	The Zonal Council chairman followed up and the request was	Not functioning	Helped to increase enrolment and provided congenial

Falahiya			for construction of a new block to replace the dilapidated. -The SMC/ PTA followed up an application letter to the Assembly	approved as it already captured in the MTDP		atmosphere for teaching and learning
Construction of 3-unit class room block for Sarkodae L/A JSS	Sarkodae	2006	The project was part of the priority list sent to the Assembly to be incorporated in the MTDP.	Informal supervision of the project by some Zonal Council members in the area	Not functioning	-Helped to increase school enrolment at JHS level - provide good teaching and learning condition
Construction of 3-unit class room block with ancillary facilities at Betom RIIS model school for KG	Betom	2004	SMC/PTA made applied for support and approval was given and the project was awarded on contract	The Chairman took part in some of the site meetings during construction.	Casual supervision during construction of the project.	Helped to increase school enrolment at JHS level from 71 in 2004 to 120 students in 2007 and also stopped the shift system
Contruction of 3-unit classroom block at Suhyen Methodist for KG	Suhyen	2007	Inputs from the community and captured in the Jumapo Zonal Council plan.	Part of the inputs submitted for the preparation of the 2006 MMTDP	Organise people for communal labour	It has helped to increase enrolment by 25% for 2008/9 academic year.

Source: Autho***r's*** Field Survey, April 2009

Appendix 3: Provision of Health Infrastructure in New Juaben Municipality from 2001 t0 2007

Project Description	Location	Year	Role of Stakeholders			Impact
			Community	Zonal Council	Unit Committee	
Construction of reproductive child care unit	Jumapo	2003	The opinion leaders applied to the municipal Assembly and Municipal Health Office to construct the facility to help reduce high maternal and infant mortality rates in the area The request was captured in the 2003 MMTDP	Was not functioning	Was not functioning	Help to provide a stop gap measure for pregnancy and general health care issues. In 2007 only 2 infants' deaths were recorded in the area as compared to 6 in 2001.
Construction of Nurses Quarters at Oyoko health center	Oyoko	2002	The opinion leaders applied to the municipal Assembly to construct the facility to help to provide 24 hour access to health personnel.	Was not established	Was not established	.Help to provide health to the people. OPA increased from 634 in 2001 to 1265 in 2007 as a result of a stationed medical Assistant.
Construction of community clinic at Densuano	Densuano	2004	The community members made the request as an input during the	The Zonal Council liaised with traditional authorities to	Informal supervision during	-The clinic has provided easy access to health care. It has

			preparation of 2003 MMTDP and subsequently captured in the plan.	provide land for the construction of the clinic.	construction.	prevented deaths from snake bikes as it used to be the in the area. -Supervised delivery has also increased.
Construction of Nurses Quarters at Densuano Community Clinic	Densuano	2005	The opinion Leaders and Municipal Health directorate discussed with the Assembly to construct nurses Quarters to provide 24 hours access to health personnel in the area.	The opinion Leaders and the Zonal council Lobbied the Assembly for approval and construction of project.	Organised community members for communal labour because the project was executed under direct labour	OPA has increased from 673 in 2006 to 1344 in 2007 as result of the stationed health personnel. Supervised delivery.
Construction of Nurses Quarters at Zongo Clinic	Zongo	2007	The community members themselves started the project and sought assistance from the Assembly for completion.	The project was part of the inputs sent to the Assembly towards Preparation of 2006 MMTDP	mobilize community members for communal labour because the project was executed under direct labour	-It has provided residence accommodation for three nurses and their families. -It has provided the community with 24 hour access to health workers
Construction of CHPS Centre at Agavenya	Agavenya	2003	It was one of the pilot CHPS Centres built in the region. The community was chosen due	Was not functioning	Not functioning	It provided ease access to health care. It has reduced the distance the community members used to

			persistent request from the community to establish health facility in the area			travel to receive basic health care.
Construction of Nurses Quarters at Agavenya CHPS	Agavenya	2007	The opinion leaders in the community made the request to the municipal assembly for support. -the community members also provided communal labour	Zonal Council liaised with the community to organise communal labour to support the project.	Mobilize community members for communal labour because the project was executed under direct labour.	It has provided residence accommodation for three nurses and their families. -It has provided the community with 24 hour access to health workers
Construction of CHPS Centre at Asikasu	Asikasu	2003	-Municipal Health Directorate chose the area for the pilot project -The traditional leaders provided land for the project	Was not functioning	Was not functioning	The facility provided basic health care needs for the people in the area for some time and later stopped functioning due absence of permanent staff.

Source: Author***'s*** Field Survey, April 2009

Appendix 4: Questionnaire for Municipal Coordinating Director, Municipal Planning / Budget Officers

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY
COLLEGE OF ARCHITECTURE PLANNING
FACULTY OF PLANNING AND LAND ECONOMY
DEPARTMENT OF PLANNING

QUESTIONNAIRE FOR POST-GRADUATE RESEARCH ON: THE EFFECTS OF DECENTRALIZED PLANNING SYSTEM ON PROVISION OF HEALTH AND EDUCATIONAL INFRASTRUCTURE AND SERVICES. A CASE STUDY OF NEW JUABEN MUNICIPALITY

QUESTIONNAIRE FOR MCD, MUNICIPAL PLANNING / BUDGET OFFICERS

Please respond to the following questions by either writing in the blank space provided or ticking the appropriate box after the option, which reflects the opinion of the respondent.

SECTION A : RESPONDENT'S PROFILE

1Name of institution ……

2. Position of Respondent……date of interview……

3. Age: ……

4. Sex: ( ) male ( ) female

5. What is you highest educational level?

( ) SSS/O-Level ( ) A- Level ( ) HND ( ) 1st Degree ( ) 2nd Degree

SECTION B : Community participation in local governance.

1. What mechanism has your institution put in place to facilitate grassroots participation decision- making process? …….
2. Are the sub- structures functioning? Yes ( ) No ( )
   If no why?.....
   If yes, do they have legislative authority to collect local revenue? Yes ( ) No ( )
3. Are the beneficiary communities involved in the identification, selection, planning, implementation and monitoring of development projects? Yes ( ) No ( )
   If yes, do they have the capacity?.....
   If no, why are they not been involved?.....
4. Please indicate the number of health and educational infrastructure provided within the period under review and roles played of the under-listed stakeholders.

Project	Year	Role of stakeholders		
		community	Unit committee	Zonal Council

SECTION C: Capacity for development planning and provision of health and educational infrastructure

1. How many MTDPs has the municipality prepared under the new decentralized planning system?.....

2. Were the plans prepared based on the national development policy framework?
   Yes ( ) No ( )
   If no why?.....
   Give reasons for your answer……...
3. Please outline the processes/ steps for the preparation of MTDP
   ……

4. Do you think the municipality has the human resources and logistical capacity to effectively and efficiently function in the decentralized planning process?

   Yes ( ) No ( )

   5a. If no, what could be done? ……

   5b. If yes, would you please list the MPCU's human resource with their qualification?

Position	**Required**		**Existing**	
	Qualification	**Number required**	**Qualification**	**Number required**
1.				
2.				

   5c. Would you please list the logistical support/equipment and their condition?

	Type of equipment	**Number**	**Condition**
1			
2			

5. Does the Assembly have adequate financial resources for plan preparation?

   Yes ( ) No ( ). Explain your answer……

6. Does the Assembly have adequate financial resources for provision of basic health and educational infrastructure? Yes ( ) No ( ).
7. Please indicate the size of your IGF from 2001 to 2007 and the proportion utilized for development projects……
8. Please list the stakeholders you have been involving in the plan preparation and their specific roles in the process.

	Stakeholder	**Roles**
1.		
2.		

9. Do you organize public hearing during the preparation of MTDPs? Yes ( ) No ( )

If no, why?.....

If yes, how many times and what stages?.....

SECTION D: Effects of decentralized planning in the provision of health and educational infrastructure

1. In your opinion who takes development decision concerning education in the municipality? ……
2. In your opinion who takes development decision concerning health in the municipality? ……
3. In your estimation do you think provision of health and educational infrastructure has increased within the last 7 years in the municipality? Yes ( ) No. ( )

   If no explain your answer……

   ……

   If yes, how would you assess the contribution of the implementation of decentralized planning? a) mainly responsible [ ] b) to some extent [ ] c) not at all [ ]
4. Which other factors might have been contributed to the increase in the provision of health and educational infrastructure? ……
5. Does the Assembly have the autonomy to disburse its funds? Yes ( ) No ( )

   If no, why?.....
6. In percentage term how much of your MTDP (2003-2005) was implemented?.....

   Please explain your answer……

   …….

SECTION E: Factors hindering implementation of decentralized planning and provision of health and educational infrastructure

1. In your opinion do you think the existing legal and institutional framework efficiently facilitates implementation of decentralized planning in the municipality? Yes ( ) No ( ) Give reason for your answer……
2. In your estimation what do you think are the factors hindering effective implementation of decentralized planning in the municipality? ……

SECTION F: Recommendation

3. In your opinion what do you think could be done to ensure effective implementation of decentralized planning system to be more effective and responsive to needs of the people?

.....
.....
…….
…….
…….
…….

4. In your opinion what do you think could be done to enhance health and educational infrastructure in the municipality?

……
……
……
……
……..

Appendix 5: Questionnaire for Municipal Directors Health and Education Departments

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY
COLLEGE OF ARCHITECTURE AND PLANNING
FACULTY OF PLANNING AND LAND ECONOMY
DEPARTMENT OF PLANNING

QUESTIONNAIRE FOR POST-GRADUATE RESEARCH ON: THE EFFECTS OF DECENTRALIZED PLANNING SYSTEM ON PROVISION OF HEALTH AND EDUCATIONAL INFRASTRUCTURE. A CASE STUDY OF NEW JUABEN MUNICIPALITY

QUESTIONNAIRE FOR MUNICIPAL DIRECTORS HEALTH AND EDUCATION DEPARTMENTS

Please respond to the following questions by either writing in the blank space provided or ticking the appropriate box before the option, which reflects the opinion of the respondent.

SECTION A : RESPONDENT'S PROFILE

1. Name of institution ……...

2. *Position of Respondent.……..date of interview.……..……..……..…*

3. Age:

4. Sex: ( ) male ( ) female

5. What is you highest educational le

( ) SSS/O-Level ( ) A- Level c) HND ( ) 1st Degree ( ) 2nd Degree

SECTION B: Community participation in local governance

1. In your opinion do you think the legal and institutional structures created can efficiently facilitates implementation of decentralization in Ghana? Yes ( ) No ( )

Give reason for your answer……

2. What mechanism has your institution put in place to facilitate participatory decision-making process? ……
3. Does your organization have the autonomy to disburse its funds? Yes ( ) No ( )
   If no why?.....
4. Are the Municipal Assembly's sub- structures functioning?
   Yes ( ) No ( )
   If no, why?.....
   If yes, do you collaborate with them in planning and implement of your programme? Yes ( ) No ( )

SECTION C: Capacity for plan preparation and provision of health and educational infrastructure

1. Do you prepare development plan for your department/sector? Yes ( ) No ( )
2. Does the plan form part of the new decentralized planning system? Yes ( ) No ( )
3. Were the plans prepared based on the national development policy framework?
   Yes ( ) No ( )
   If no why?.....
4. Please list the processes/steps for the preparation of your sector plan.
   ……
5. Do you think your Department has the human resources and logistical capacity to effectively and efficiently function in the decentralized planning process?
   Yes ( ) No ( )
   5a. If no what could be done?.....
   5b. If yes would you please list the Members of the Planning Team with their qualification?

Position	**Required**		**Existing**	
	Qualification	**Number required**	**Qualification**	**Number required**
1.				
2.				

5c. Would you please list the logistic support/equipment and their condition?

	Type of equipment	Number	Condition
1			
2			

6. How does your plan feed into the broader MTDP process in the municipality?
   Please explain.....
7. Were all your programmes and projects captured in the Municipal Medium Term Development Plans over the years under assessment? Yes ( ) No ( )
8. Does the Department have the autonomy to disburse its funds? Yes ( ) No ( )
   If no why?.....

SECTION D: Effects of decentralized planning in the provision of health and educational infrastructure

1. Please indicate the infrastructure profile in the municipality in terms of the following indicators at the basic level of education in public institutions.

No.	Indicator	Level	2001	2002	2003	2004	2005	2006	2007
1.	Classroom blocks in good condition	KG							
		Primary							
		JSS/JHS							
2.	Furniture (Sitting/ writing places)	KG							
		Primary							
		JSS/JHS							
3.	No. of Teachers accommodation								
4.	Total number of schools	KG							
		Primary							
		JSS/JHS							

2. In your estimation do you think provision of educational infrastructure in the municipality have increased within the last 7 years? Yes ( ) No. ( )
3. If yes, how would you assess the contribution of the implementation of decentralized planning in the process? a) mainly responsible [ ] b) to some extent[ ] c) not at all [ ]

4. Which other factors do you think might have contributed to the increase in the provision of educational infrastructure?.....

5. Assess the Performance of the municipality on key selected health indicators

No	Indicator	Level	2001	2002	2003	2004	2005	2006	2007
	Outpatient per capita								
	Maternal Mortality Ratio								
	Infant Mortality Ratio								
	Supervised delivery								
	Health facilities	District Hospital							
		Clinics							
		Health Centre/ Health post							
		CHPS Centre							
	No. of Nurse Quarter constructed								

6. In your estimation do you think health infrastructure in the municipality have increased within the last 7 years? Yes ( ) No. ( )
7. If yes, how would do assess the contribution of the implementation of decentralized planning in the process? a)mainly responsible [ ] b) to some extent[ ] c) not at all [ ]
8. Which other factors do you think might have contributed to the improvement in the health sector……..
9. Do you involve other stakeholders in the implementation, monitoring and evaluation of sector programmes in the municipality? Yes ( ) No ( )

   If yes, how are they involved?.....

   If no, why?.....
10. Does your entire prosposed programmes/projects for the year form part of the Municipal Assembly's annual budget? Yes ( ) No ( )
11. What are the sources of inputs for the preparation of your annual budget?

    ……

SECTION E : Factors hindering implementation of the decentralized planning and provision of health and educational infrastructure

1. In your opinion do you think the existing legal and institutional framework efficiently facilitates implementation of decentralized planning in the municipality?

   Yes ( ) No ( )

   Give reason for your answer……

2. In your estimation what do you think are the factors hindering effective implementation of decentralized planning in your district? ……

SECTION F: Recommendation

1. In your opinion what do you think could be done to the implementation of decentralized planning system to be more effective and responsive to needs of the local people?.....

Appendix 6*:* Interview Guide for Key Informants

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***INTERVIEW GUIDE FOR KEY INFORMANTS* –Assembly members, Zonal Council chairmen, Unit Committee Chairmen, Traditional Rules and MPCU**

Please respond to the following questions by either writing in the blank space provided or ticking the appropriate box after the option, which reflects the opinion of the respondent.

SECTION A : RESPONDENT'S PROFILE

1. Designation of Respondent ……

2. Occupation……..date of interview……..

3. Age:
4. Sex: ( ) male ( ) female
5. What is your highest educational level?

( ) Primary/ Middle ( ) SSS/O-Level /Vocational ( ) A- Level ( ) Training College ( ) HND/Degree

SECTION B: Community participation in local governance

1. Do you think decentralization has brought governance closer to the governed?

   Yes ( ) No ( )

   If yes, in what sense?.....

   If no, what need to be done to bring governance closer to you?……

2. Are you involved in the decision making process on issues concerning provision of basic socio economic infrastructure in the municipality? Yes ( ) No ( )
   If yes, in what stage?.....
   If no, what can be done……..
3. Are the Municipal Assembly sub-structures effectively functioning? Yes ( ) No ( )
   If no, why? ……
4. Is the degree of commitment and assignment of functional responsibilities from the Municipal Assembly to the sub structures adequate to enhance their activities? Yes ( ) No ( )
   If no, what do you think should be done?.....
5. Do you think there is local human capacity to participate in the decision making process? Yes ( ) No ( )
6. If no, what should be done?.....
7. How do you participate in the provision in the provision of health and educational infrastructure and services in your community? a) information given [ ] b) decision making [ ] c) consultation d) planning [ ] e) implementation [ ] f) monitoring [ ]

SECTION C: Capacity for development planning and provision of health and educational infrastructure

1. Do you participate in the preparation of Medium Term Plans for the municipality?
   Yes ( ) No ( )
   If yes what role do you play and what stage?.....
   If no, do think you should be involved and what do you hope to contribute to the process?.....
2. Have you ever participated in public hearings organized by the Municipal Assembly during the preparation of the MTDPs? Yes ( ) No ( )
   If yes how many times and at what stage?.....
3. Are you involved in the implementation, monitoring and evaluation of development programmes and projects in your district? Yes ( ) No ( )
   If yes what role do you play?.....

SECTION D: Effect of decentralized planning in the provision of health and educational infrastructure

1. In your estimation do you think the provision of health and educational infrastructure and services have been improved in your community within the last 7years?

   Yes ( ) No ( )

   1a. If yes why do you say so? ……

   1b. Would you attribute the improvement to the implementation of decentralized planning system? Yes ( ) No ( )

   1c. Which other factors do you think might have also contributed to the improvement in health and education services in the municipality? ……

SECTION E : Factors hindering implementation of decentralized planning system and provision of health and educational infrastructure

1. Do you think the existing legal and institutional framework facilitates local planning?

   Yes ( ) No ( )

   If No what changes do you recommend?.....

2. Do you think there is local human capacity to participate meaningfully in the preparation of development plans in the municipality? Yes ( ) No ( )

   If yes, explain your answer……

   If no, what should be done?.....

   3. In your opinion what do you think are the hindrance to decentralized planning in the municipality?.....

SECTION F: Recommendation

1. How can the sub- structures play their role effectively in facilitating grassroots participation in development planning process in the municipality?.....

2. In your opinion what do you think could be done to the implementation of decentralized planning system to be more effective and responsive to local needs and aspirations?.....

Appendix 7: Interview Guide for Community Meetings

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INTERVIEW GUIDE FOR COMMUNITY MEETINGS:

Implementation of decentralization policy

1. Do you think decentralization has brought governance closer to the governed?
2. Are you involved in the decision making process in the provision of basic infrastructure in your community?
3. Do you think there is capacity at the local level to be engaged in the decision making process?
4. Are the Municipal Assembly sub-structures effectively functioning?
5. Do the Zonal Councils and Assembly members organize community meeting to interact with you on development issues?

Decentralized planning

1. Do you participate in the preparation of Medium Term Development Plans for the municipality?
2. Do you think you have to be involved? And what you do hope to contribute to the process?
3. Do your participate in a public hearings organized the Municipal Assembly during the preparation of the development plans?

Effects of decentralized planning on provision of health and educational infrastructure

1. In your estimation do you think the provision of health and educational infrastructure and services have been improved in your community within the context of decentralized planning? If yes why do you say so? And if no why do you say so?

Recommendation

1. In your opinion what do you think could be done to enhance the implementation of decentralized planning system in the municipality?

   ……
   ……
   ……..

2. In your estimation what do you think could be done to enhance to provision of the health and educational infrastructure in the municipality.

   .....
   .....
   .....