



Community Participation in Provision of Education and Health Infrastructure and Services in Bekwai Municipality of the Ashanti region, Ghana

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<http://dx.doi.org/10.47814/ijssrr.v5i12.696>

Abstract

The research investigated into local participation in operations and activities of district assemblies in providing education and healthcare infrastructure and services in Bekwai municipal, Ghana. Data were collected from both primary and secondary sources. In addition to literature review, Questionnaires were administered to three hundred and ninety-three households (393) and fifty (50) Assembly Members whilst face to face interviews were conducted with five selected officials from the assembly which represented the primary data. Data were analysed using both quantitative and qualitative techniques. From the analysis of results, it was observed that though there was high level of Assembly Members' involvement in the provision of education and healthcare services, community members were not consulted on project identification and implementation in the municipality. Also, it was revealed that the only way community members contributed to provision of education and health infrastructure and service was through communal labour. The study found out that there was limited involvement of traditional authorities in providing basic infrastructure in the municipality as they were mostly called upon to release land for project development and also to grace organised community durbars. To ensure improvement local participation in the provision of basic education and health infrastructure and services, the study recommends: the assembly should enforce guidelines or policy mandate to ensure the local authorities seek the approval of the people at the grassroots (unit committee) or the end beneficiaries before any infrastructure is provided them thus the unit committee chairperson or the traditional authorities should endorse any development project identified for implementation in their communities; the assembly must organise regular community fora through the Assembly Members and the unit committee members to brief the local people on the activities of the Assembly and central government policies and programmes; the assembly should strengthen capacities of the unit committees and the zonal councils in terms of training and logistics for effective local participation in decision-making, planning, implementation, management and monitoring of infrastructure.

Keywords: *District Assemblies; Local Participation; Education infrastructure; Health services*

Introduction

Globally, participation in development processes as depicted by several typologies developed by scholars, show levels of community participation which are unlikely to yield the desired results (Arnstein, 1969; Connor 1988; Abban, 2015). Prior to the current hype, Mansouri and Rao (2013) emphasized that participation in development processes is not entirely new but rather prevalent in various cultures. Its desirability has therefore attracted a number of studies conducted at the international, national, and local levels (Mulwa, 2008). In effect, it has drawn numerous terms in most of development discourses. Among these are community participation, citizen participation, people's participation, public participation and popular participation (Amponsah and Bofo-Arthur, 2003; Mansouri and Rao, 2013; Garau, 2012; Abban, 2015). But they all emphasize how important it is to include beneficiaries in development processes, especially when designing and implementing development programs. Decentralization was vigorously promoted in the 1970s and 1980s, especially in Africa since it was strongly believed that the failure of the centralized planning system was due to limited public participation (Ayee and Amponsah, 2003; Khwaja, 2004). The recognition and acceptance of community participation in development and planning in particular is further underscored by the legalities and explicit decentralization mechanisms adopted by various developing countries to ensure and encourage participation (Sanyare, 2013). In many developing countries, including Ghana, community participation is in fact ingrained by carefully crafted legislative structures to ensure that it is not disregarded.

The 1992 Constitution of Ghana, requires that residents of particular local government areas should be given the opportunity to participate in development processes. The Constitution further indicates vividly that the sovereignty of the nation resides in Ghanaians and hence all development initiatives must be participatory to improve their welfare (Constitution of Ghana, 1992). Meaningful community participation also helps to combat poverty, creates social capital, increases the demand for good governance, and ensures that local knowledge and preferences are properly incorporated into decision-making processes of governments and private sector (Mansouri and Rao, 2013). As a result, service delivery becomes effective, right beneficiaries are targeted and scarce public resources are equitably distributed and optimally used.

In recent years, national and international policy discussions have paid more emphasis to the relevance of community participation in local decision-making. Over the last three decades, Ghana has embarked on decentralised decision making which involves transferring decision making authority from the national to the district and community levels (i.e. a bottom up approach) in the Local Government, Act 462, 1993. Furthermore, the essence of grassroot governance and representative democracy for both elected and appointed leaders in Ghana to formulate and implement appropriate policies at the grassroot level on behalf of the people to deal with the quagmires of poverty and under-development among them. In doing this, it becomes necessary to consult the people, especially, the particular group that a policy is targeted at, to ensure that first-hand and adequate information is gathered to facilitate the design and implementation of appropriate policies to deal with that group's problems (Collura, 2010). Similarly, there is growing understanding and agreement that community participation in local decision-making may significantly improve the quality of life and wellbeing of the poor (Ibid).

As noted by Tandoh-Offin (2013), the centralized planning in Ghana failed to adequately reflect the needs of the local people because they were not involved (Ayee, 2000). The persistent and perennial development challenges in local government areas including the Bekwai Municipality cast some doubts on whether community members were actually involved in the planning process. Though specific regulations and explicit provision of guidelines to ensure community participation in the development planning process exist in Ghana, the reality is complex as the actual extent of involvement in the planning process is not enough (Yankson, 2000; Ofei-Aboagye, 2011; Addoquaye Tagoe, 2012). The extent of community members' awareness of provisions for their participation is doubtful, while the strategies and

techniques aimed at inducing participation are highly cosmetic (Kenny, 1997). Ayee & Amponsah (2003) noted, for example, that generally, there is lack of information on District Assemblies activities and mandates, particularly with regard to their projects and programmes.

However, little research has been done explicitly on how communities in Bekwai municipality are involved in decisions that affect their access to healthcare and educational services. As a result, the municipality has long been plagued by inadequate school facilities, lack of potable drinking water, poor security and lighting, and poor health facilities and services. It is therefore necessary to consider the extent of community involvement in provision of educational and healthcare services in Bekwai municipal.

Materials and Methods

Research Design

The research adopted the cross-sectional design. This research design studies a cross-section of some phenomena at a particular time (Kumar, 2014). The cross-sectional design was necessary for this research as it provided an opportunity for the researcher to gain insight into the nature and dynamics of local participation in provision of social services in Ghana with particular emphasis on Bekwai municipal. The approach was important for the study because of its intensive probing and its ability to ensure a comprehensive understanding of the phenomenon being investigated.

Sample Size Determination

A mathematical formula was used to determine the sample size. The mathematical formula was used as follows:

$$n = \frac{N}{1+N(a)^2}$$

Where n is the sample size, N is the sample frame and a , is confidence level (margin of error) (Yamane, 1970). With a confidence level of 95% or 5% margin of error and a known sample frame of 28 326, the formula arrived at a sample size of 393.4 which was approximated to 393.

$$\text{i.e. } n = \frac{N}{1+N(0.05)^2} = \frac{28\,326}{1+28\,326(0.0025)} = \frac{28\,326}{1+70.8} = \frac{28\,326}{71.8} = 393.4$$

Approximately 393 respondents.

Sample and Sampling Technique

A total sample size of four hundred and forty-eight (448) was used in the study. This was made up five (5) officials (heads of Education, Science and Sports and Municipal Health Management Departments, Municipal Planning Officer, Coordinating Director and the Chief Executive Officer), fifty (50) Assembly members and three hundred and ninety three (393) community members were selected from the study areas to solicit their views on local participation in the provision of education and health infrastructure and services in the Municipality.

Combination of purposive and simple random sampling methods was used. Simple random sampling technique was used for questionnaire administration and the selection of household heads and

community elders at community level. The selection was made to ensure a fair representation of the district. This method was used because it gave everybody an equal chance of selection and therefore any extraneous variables to be controlled would be randomly distributed among the various groups in the sample. Again, the researcher realised that, improper sampling could lead to difficulties in data analysis and making wrong inferences. As such, the simple random sample technique was employed because it assisted the researcher to avoid such difficulties.

Purposive sampling was employed to select communities from the urban / Area councils and the two (2) decentralised department. Five communities (Kokofu, Bekwai, Ahwiren, Bogyawe and Abodom) were purposively selected based on their development levels and also to ensure a spatial representation of the assemblies. Communities' level of development was determined by the availability of basic services such as health, education water, electricity as well as road networks. This method helped to select communities that enhanced collection of important and accurate information from residents and the key departmental heads who contribute to implementing decentralisation process and local participation in the provision of education and health services.

Data Collection Methods

Primary data and secondary information were collected and analysed. Secondary information was obtained from relevant journal articles and books on decentralisation and provision of education and health services. The responses from the sampled population constituted the primary sources of data. Primary sources included collection of data from household heads, community elders and Assembly Members on local participation in providing education and healthcare infrastructure and services.

The study adopted a combination of quantitative and qualitative techniques in obtaining, processing and analyzing data. To this end, a mixer of open and closed ended questionnaires and face-to-face interview were used to solicit their views on level of local involvement in provision of health and education. Questionnaires were administered among the local people (household heads and community elders) and Assembly Members on local participation in providing education and healthcare infrastructure and services in the Municipality. The questionnaire was carefully structured and designed according to the objectives of the study. In-depth face-to-face interviews (semi-structured) were conducted to elicit information from the District officials (heads of Education, Science and Sports and Municipal Health Management Departments, Municipal Planning Officer, Coordinating Director and the Chief Executive Officer).

Data Analysis

Data was analysed using quantitative and qualitative methods. Data collected were edited, coded and analysed using the Statistical Package for Social Scientists (SPSS v 21.0). Analysis of the quantitative data was therefore based on the descriptive statistics generated from the SPSS. The thematic technique was adopted to analyse qualitative data obtained from the interviews and open-ended questions contained in the questionnaire. The qualitative data were necessary in order to establish similarities, differences and convergences.

Again, a chi-square test statistic (X^2) was used to find out whether the activities of the assembly in the provision of education and health infrastructure and services have improved local participation in the municipality. The chi-square test of statistical significance is a series of mathematical formula which compare the actual observed frequencies of some phenomenon with the expected frequencies to find out if there are no relationships at all between the two variables in larger population (Diener-West, 2008). The chi-square test compared the actual results against the null hypothesis and assesses whether the actual results are different enough to overcome a certain probability due to sampling error. The asymptotic

significance obtained is less than or equal to significance level (0.05), then there is statistical significance thus an improvement in basic education and health infrastructure in the municipality.

Results and Discussion

Local Participation in the Provision of Educational and Health Infrastructure and Services

The section looks at the local people’s participation in the provision of education and healthcare infrastructure and services. One of the main objectives of the decentralisation practise in Ghana has been to increase local people’s participation in programmes and decisions affecting them. Participation of people in decision making affecting them is a way of developing and improving the living conditions in local communities. The participatory process is usually seen as a means to developing communities in such a way that they (the communities) begin to be actively involved in one way or the other in task and benefits associated with access to resources and increased decision-making power. Indicators used to assess the level of local participation of people in provision of education and health infrastructure and services included attendance at community meetings, consultation and involvement of local people in decision making and contribution towards the implementation of programmes and projects in the communities.

Attendance at Community Meetings

Assembly members were supposed to discuss and collate views, opinions and proposals at community meetings. When community members were asked about attending meetings organised by the assembly, the following were their responses. As shown in Figure 1, about 46 percent of the respondents attended such meetings regularly and occasionally while about 54 percent of the people admitted that they did not attend such meetings at all. Twenty percent of respondents from the municipal capital were in the former category.

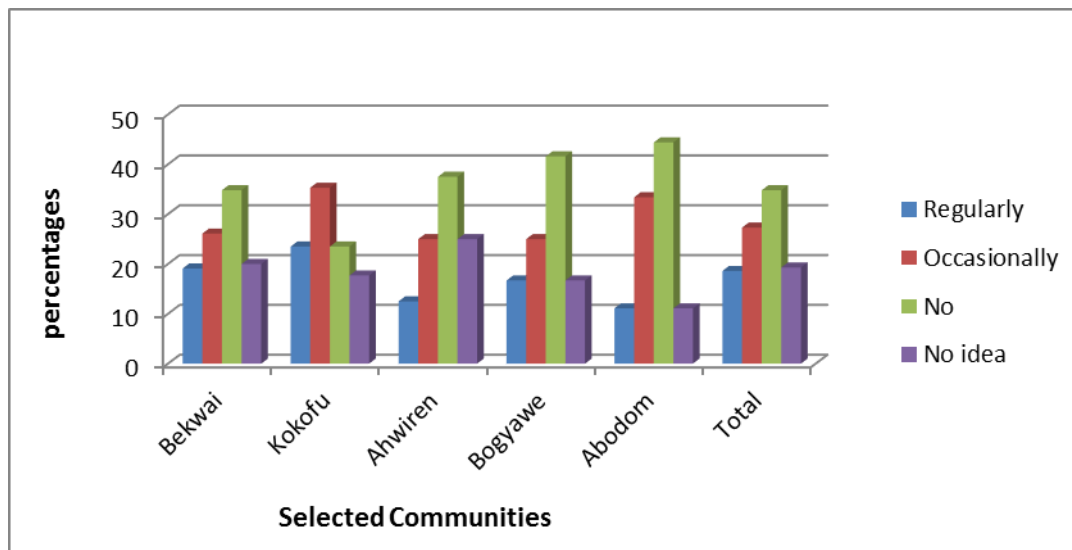


Figure 5.1 Frequency of Community Meetings

Field Survey: August, 2019

The respondents attributed this to low publicity about such meetings in their communities by the Assembly Members and feel reluctant to participate because they are of the view that their ideas would

not be taken by the Assembly Members. The Assembly Members have to put measures in place to arouse the interest of people in attending community meetings they organise in order to address their needs. The study therefore revealed that attendance at meetings organised by Assembly Members was not encouraging. Similarly, Montes Jr. (2002) observed in India that community attendance at meetings appears to be very limited because the level of interest of local people was still low.

Community Members in Decision Making

In addition to attendance at community meetings, consultations and involvement of community members in decision making process was analysed. Respondents were asked whether they made any input towards decision making in provision of education and health infrastructure and services.

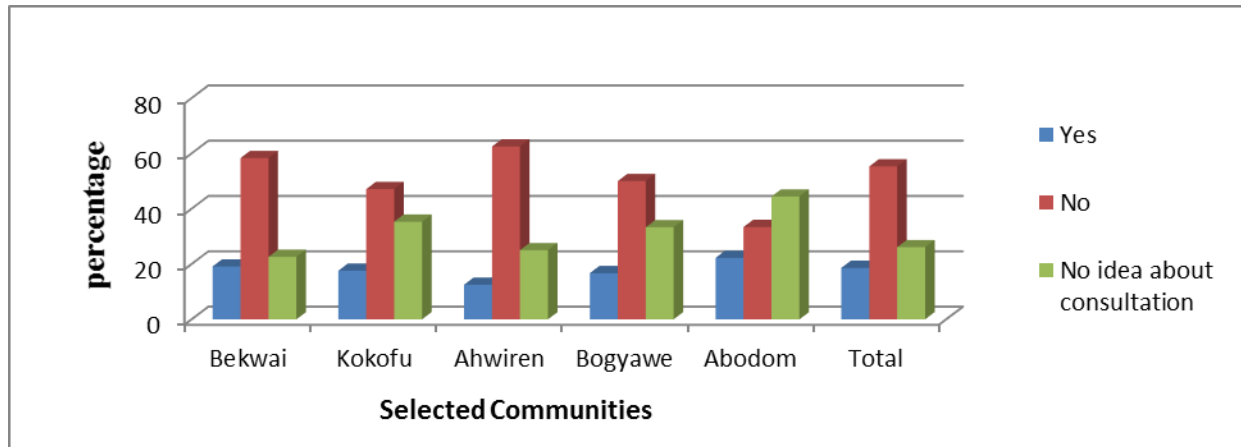


Figure 2 Consultation in Decision Making

Field Survey: August, 2019

It was observed from figure 2 that 19 percent of the members had taken part in decision making on project plans and implementation in their communities. They were of the views that because they shared their ideas on drawing up village plans and project identification, such projects are seen as their own and all efforts to sustain them are taken more seriously. Whereas 81 percent revealed that they have not been consulted on any project identification in the municipality. They indicated that no meetings whatsoever are organised by the Assembly members to address their problems and all they observe is that the municipal officials only design and impose projects that they think the communities need on them. Because of this, they also see such projects as alien and that is why such projects are mostly left unused.

Community Members in Project Implementation

Participation of communities in project implementation was investigated. It was observed that communities contributed in diverse ways towards project implementation. For instance, whereas 24 percent of respondents indicated that community members contributed in the form of cash, 35 percent assisted through communal labour as shown in figure 3.

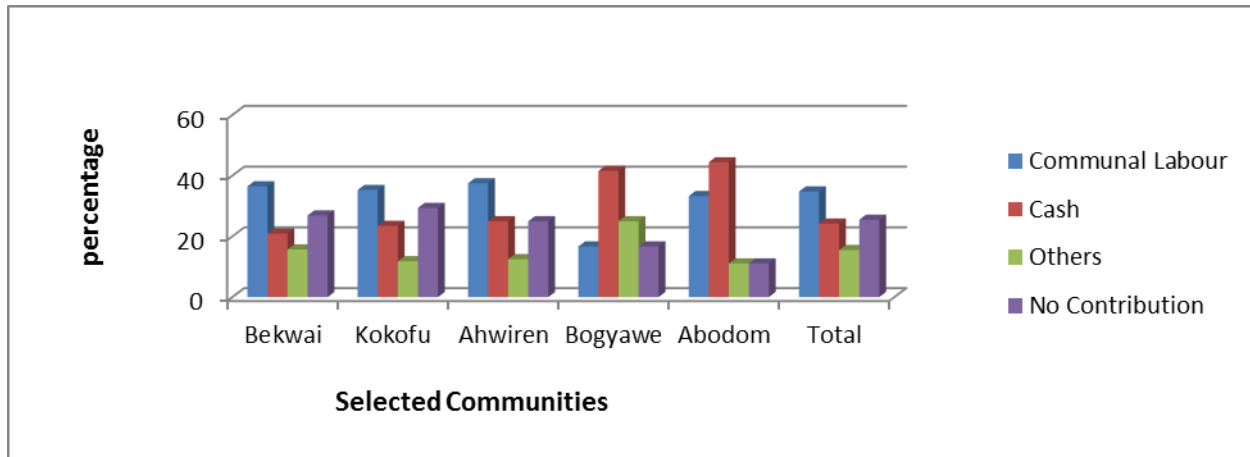


Figure 3 Contributions of Communities

Field Survey: August, 2019

Through communal labour, it was easy to identify and sanction those who absented themselves during such activities in the communities. For instance, failure to attend communal labour at Ahwiren community attracted a fine of GHC 10 cedis and residents did not want to fall victim of. Even though community members were not supposed to contribute financially in project implementation, they indicated that such contributions were made because they felt that was a way of assisting the community in which they find themselves and to help people have access to such basic facilities of life. Ayee (1996) however, remarked that the application of fine or sanctions to defaulting members could also be interpreted as the inability on the part of assemblies to whip up enthusiasm and reduce apathy on the part of local people.

However, about 26 percent (Fig 3) of the respondents indicated that they have never contributed to project implementation. They explained that because their Assembly members do not involve them in project planning and identification, there is no reason to be involved in the implementation of such projects. They feel excluded from the onset and want to remain as such. Mills et al. (1990) reiterated that in participation, those who gain influence at the local level do not use it in the interest of the community at large.

Contributions of Assembly Members to the Development of the Area

In addition, the study investigated Assembly Members' participation in the activities of the Assembly. Their attendance at general Assembly meetings and their contributions to decision making in the provision of education and health was considered. A member of the Assembly should among other things, present views, opinions and proposals to the Assembly.

Contributions of Assembly Members

An attempt was made to examine participation of Assembly members in decision making process of the Assembly as shown in Table 1.

Table 1 Participation of Assembly Members in Decision Making Process

Response	Elected N= 36	Appointed N= 14	Total N= 50
Contribute	91.7	71.4	86.0
Don't Contribute	8.3	28.6	14.0
Total	100.0	100.0	100.0

Field Survey: August, 2019

Although members reported that they assisted in various ways, 14 percent of them interviewed did not contribute in anyway (Table 1). About 8 percent and 29 percent of elected and appointed assembly members respectively did not contribute towards the development of their communities. They explained that though they present community problems at Assembly meetings for deliberations and considerations, lack of funds for development projects have mostly thwarted their efforts. There is therefore no need giving out your ideas that would not be very useful.

About 86 percent of Assembly Members contributed to the development of their communities. They pointed out that since they represent the people of their electoral area, their needs should be captured in the plan to ensure reflection of their needs in projects in the communities. One Assembly Member at Dedease Electoral area had this to say;

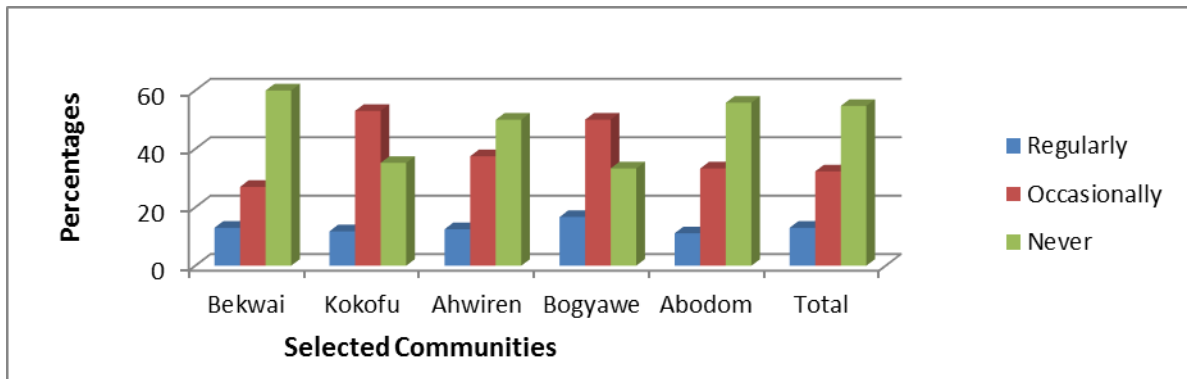
“.....since we are the representatives of the local people, they expect us to deliver on our mandate and therefore measures are put in place to ensure that developmental projects are embarked on in the communities”

(Field Survey, August 2019).

The elected members indicated that they need to be seen by the electorate as people who are working to guarantee their next election and have to prove that by ensuring development of projects such as health centers, CHPS compound, school facilities, pipe-borne water, community centers and road rehabilitation in collaboration with the Assembly. This helps to improve the living conditions of the people.

Frequency of Community Meetings

Assembly Members shall maintain close contact with their electoral area, consult their people on issues to be discussed in the Assembly and collate their views, opinions and proposals and present same to the Assembly. In this regard, the Assembly Member is required to meet the people of his electoral area before each meeting of the Assembly. An investigation was conducted into how often the Assembly members meet their electorate. About fifty-five percent of the respondents said that their Assembly members had never organised any meeting in their communities (Figure 4). One opinion leader from Abodom community stated that their Assembly member has never organised any meeting in the community to discuss their problems. They were of the view that this could be the reason why their problems have not been addressed by the Assembly.



Field Survey: August, 2019

However, 13 percent and 32 percent of respondents stated that their Assembly Members met them regularly and occasionally respectively. They explained that they meet their Assembly Members for discussions of their problems and needs to be presented at the general Assembly meetings so that problems in the communities could be addressed. They concluded that the Assembly Members need to be very proactive to ensure that the communities’ problems are addressed.

Test of Hypothesis on Improvement in Local Participation

The chi-square test statistics was employed to ascertain whether the provision of education and health infrastructure and services of the Assembly have improved local participation in the provision of education and health infrastructure and services in the municipality. Provision of education and health infrastructure and services of the Assembly was considered as the independent variable while dependent variable was improvement in local participation in the provision of social services in the municipality.

Table 2 Test of Hypothesis on Improvement in Local Participation

Attribute	Provision of education and health infrastructure and services and improvement in local participation
Chi-square	1.795
df	1
Asymp. Sig.	.180

Field Survey, August 2019.

0 cells (.0%) have expected frequencies less than 5. minimum expected cell frequency is 80.5

It was found out that there is no statistical significance between provision of education and health services and improvement in local participation because the value of 0.180 as shown in Table 2 was more than the significance level set (0.05). It can therefore be implied that, statistically, the activities of the Assembly in the provision of education and health infrastructures and services have not enhanced community participation in taking decisions affecting them.

Conclusion

In the assessment of community participation in providing education and healthcare services in the municipality. These following came to light:

The study revealed that attendance at meetings organised by Assembly Members in the municipality was not impressive. Also, the study found out that community members were not consulted on project identification and implementation. They indicated that no meetings whatsoever are organised by the Assembly Members to address their problems and all they observe is that the municipal officials only design and impose projects that they think the communities need on them. Because of this, they also see such projects as alien and that is why such projects are mostly left unused. Again,

It was observed that communities only contributed to project implementation through communal labour. This is because it was easy to identify and sanction those who absented themselves during such activities in the communities. There was high level of Assembly Members' involvement in the provision of education and healthcare services in the municipality. They contributed to the development of the communities in diverse ways such as holding general discussions with communities occasionally, provision of health centers, CHPS compound, school facilities, pipe-borne water, community centers and road rehabilitation in collaborations with the Assembly.

Generally, it can be concluded that the community participation in development decision making affecting them is not impressive as envisioned by the Local Government Act, 1993, Act, 462.

Recommendation

The following recommendations were made to improve local participation in the provision of education and health infrastructure at the local level

Strengthen Community Participation in the Provision of Basic Infrastructure:

- The Ministry of Local Government and Rural Development should enforce the implementation of realistic guidelines to ensure adequate community participation at all levels in the provision of basic infrastructure. The guidelines or the policy 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 organise 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 organise 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 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.

Strengthen 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 optimally. 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 sub-national levels to devolve adequate power to the sub-districts to enable them to participate, meaningfully in the local governance and the development planning process.
- The 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 of 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 to strengthen and monitor the sub-structures 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 Assembly should enforce the implementation of ceding 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.

Enhance Development Planning Process at the Local Level

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

- The MCE 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 harmonise and coordinate development.
- The Assembly should organise 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;

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