

Introduction: Decentralising Service Delivery? Evidence and Policy Implications

Mark Robinson

1 Introduction

Does the devolution of responsibility for service provision to elected local authorities improve the delivery of services to the poor? This is the major challenge of democratic decentralisation and a key benchmark by which its effectiveness should be assessed. Many governments across the developing world are engaged in ambitious efforts to devolve power and resources to local bodies which are increasingly assuming responsibility for managing the delivery of health, education and other essential services to poor people. Decentralised service delivery is now a key determinant of the scope for less-developed countries to achieve the Millennium Development Goals since many of these goals are premised on outcomes that are increasingly within the realm of responsibility of elected local governments.

While many adherents of decentralisation value its potential to increase accountability and participation at the local level, for poor people the critical litmus test lies in the scope for decentralisation to deliver improvements in services and material well-being.

Improvements in democratic accountability and better service delivery outcomes are not mutually exclusive but can have complementary and mutually reinforcing effects. The problem is that decentralisation policy initiatives are often premised on strengthening local democracy without considering fully the conditions under which service delivery improvements can be achieved. The challenge confronting proponents of decentralisation is that the evidence to support the case for decentralised service delivery is fragmentary and inconsistent and the conditions for successful devolution of services are poorly understood. The articles in this *IDS Bulletin* seek to throw light on

these issues by marshalling evidence on service delivery outcomes from a range of developing countries that are engaged in a process of democratic decentralisation and highlighting the implications for designing reforms that maximise the prospects for improvements in the quality and access of services for the poor.

2 Decentralising service delivery: assumptions and challenges

Most efforts to promote democratic decentralisation are premised on the assumption that local governments will be more responsive to the needs of the citizens and take their preferences into account in determining the type of services to be provided, the level of resources required, and the optimal means of ensuring effective delivery. Such efforts are also predicated on the expectation that power and responsibilities will be devolved by benign central governments to elected local bodies that are accountable and responsive to their constituents. A further assumption is that financial resources will be available to support the provision of services at the local level through a combination of central government fiscal transfers and local taxation. Finally, most decentralisation initiatives assume that local administrative capacity will be adequate to deliver the expected increase in the production of local services.

However, as the articles in this *IDS Bulletin* demonstrate, these supportive conditions are often absent in many contexts in which decentralisation is taking place. For this reason, efforts to improve the delivery of health, education, drinking water and local infrastructure through elected local governments are often destined to fail. The evidence presented here provides little succour to adherents of decentralised service delivery by showing there are very few cases where equity and efficiency

outcomes have improved as a result of decentralisation. Evidence of sustained improvement is very slight and is usually highly context specific, with improved outcomes resulting from a combination of locally supportive conditions. The articles in this *IDS Bulletin* draw attention to some improvements in service delivery outcomes in Colombia and Kerala and in the health sector in parts of Asia and Africa. But there is little convincing evidence from these articles and wider experience to show that education outcomes are improved through decentralisation.

In most cases reported from Africa, Asia and Latin America the quality of public services has either declined or remained unchanged as a consequence of democratic decentralisation. The evidence collated and reviewed in this *IDS Bulletin* suggests that decentralised service delivery has not improved poor people's access and improvements in quality have not resulted from a transfer of power and responsibilities to local authorities. Decentralisation also accentuates horizontal inequalities between richer and poorer areas as a consequence of differential levels of administrative capacity and ability to raise local resources. From the evidence summarised by Conyers, with some minor exceptions, the experience of sub-Saharan Africa is especially disappointing with little improvement in the quality of services provided through local governments, both to poor people and local citizens more generally, a fact confirmed by negative public perception of decentralisation in many countries.

But this dismal evidence should not lead to the conclusion that decentralisation is inimical to achieving improvements in services that benefit the poor. Nor does it necessarily lead to the conclusion that centralised provision or deconcentration to arms-length central government agencies can ensure improved delivery, or that private and non-governmental providers are better placed to deliver services to poor people at the local level. Moreover, efforts to decentralise service provision are often motivated in the first place by poorly performing centralised state agencies that are unaccountable and unresponsive to local people and their elected representatives in local governments. As Conyers cautions in her article, the results of decentralisation are mediated by a number of factors that lie beyond the control of elected local representatives and officials, such as the prevailing political context, the

balance of power at the local level, and then lack of financial resources. Many of the problems with decentralised service delivery lie in the design and implementation of reform initiatives and insufficient attention to the feasibility of achieving major improvements without commensurate changes in broader governance structures and underlying socioeconomic conditions.

A further difficulty in coming to definitive conclusions on the potential for decentralisation to deliver improved outcomes is that the evidence is weak, partial and inconsistent. This finding emerges as a clear theme in the contributions by Conyers and Robinson. The case study evidence and survey data in this *IDS Bulletin* adds considerably to the existing knowledge base and our understanding of the problems encountered in decentralised service provision. But the contributors acknowledge that it is difficult to arrive at hard and fast conclusions in the absence of comprehensive baseline or control data on the state of service delivery at the inception of decentralised service delivery initiatives. The article by Mohmand and Cheema on the decentralisation reforms in Pakistan is one of the very few examples where such data has been collected. In most cases, the data draws on particular sectors for specific time periods and with limited geographical coverage which frustrates the task of generalisation. A related problem is that the available data does not break down outcomes by socioeconomic status, gender, age or ethnicity which obscures the differential impact of decentralised service delivery on the quality and access of services. The article by Shankland and Athias on the decentralisation of health services to movements representing indigenous peoples in Brazil is a rare example of one such study. Finally, it is difficult to disentangle the differential effects of decentralisation from other parallel processes such as economic stabilisation and privatisation which have respectively resulted in fiscal austerity and reduced state provision of services. As highlighted by Robinson, for many Latin American countries in the 1980s, the combination of decentralisation with structural adjustment and privatisation proved disastrous in terms of service delivery outcomes for poorer people and regions.

3 Decentralising service delivery: evidence and insights

The various contributions in this *IDS Bulletin* provide fresh data and review available evidence on the

impact of decentralised service delivery in local jurisdictions in Africa, Asia and Latin America. The articles by Conyers and Robinson respectively offer broader comparative reviews from Africa and developing countries as a whole while the other five articles draw on the experience of individual countries. The coverage ranges from country-level reviews in Mexico (Salazar) and Cambodia (Spyckerelle and Morrison), through to large-scale survey and comparative case study evidence from decentralisation in India (Johnson *et al.*) and Pakistan (Mohmand and Cheema), and the experience of indigenous communities in Brazil (Shankland and Athias). In gathering evidence they draw on original survey data, case study research and published secondary materials. The articles cover a range of service sectors but with a particular focus on health, education, drinking water and sanitation, as well as local infrastructure, with considerable variation in the form and extent of decentralisation and availability of resources. Most of the empirical material covers the period of democratic decentralisation from the late 1980s and 1990s, with reference to earlier episodes of administrative decentralisation under centralised and authoritarian governments.

In his contribution to this *IDS Bulletin*, Robinson surveys the empirical evidence in the secondary literature on the impact of decentralisation on service delivery, drawing on examples and case material from Latin America, Africa and Asia. He finds that the comparative evidence on equity and efficiency outcomes is very limited and uneven in coverage, rendering the task of generalisation difficult. The available evidence suggests that the consequences for equity and efficiency are largely negative, with poorer people and regions being disadvantaged by decentralisation reforms or receiving a much lower share of the resulting benefits of improved service delivery. Contrary to theoretical expectations, there is little evidence to suggest that the quality of services improves with decentralisation, which means that local preferences do not automatically translate into improved targeting and delivery. While decentralisation can contribute to improved participation and accountability, it is generally not delivering improved service delivery outcomes. This does not invalidate the potential of decentralisation to improve the delivery of quality services to the poor or to reduce inter-regional disparities. Robinson argues that a number of supporting conditions are required to enable decentralisation to deliver on this potential,

which includes political commitment, political mobilisation of the poor, institutionalised participation and accountability mechanisms, the availability of adequate financial resources, and technical and managerial capacity in local governments.

In her article, Conyers focuses on African experience of decentralisation and reviews the evidence on service delivery outcomes available from a variety of countries and sectors. She also finds that, despite some isolated examples of success, decentralisation has not had a significant positive impact on the quality of public services in the region. However, she argues that the main reason for poor outcomes stems from the fundamental characteristics of contemporary African states than decentralisation as such. These include the centralisation of power, weak structures of accountability, and lack of countervailing pressure from civil society. For these reasons, African governments have largely been reluctant to devolve power and finance to local governments, which consequently lack the capacity and resources to deliver improved services. Conyers concludes that the problems of decentralisation cannot be addressed in isolation from wider problems of governance prevailing in many African countries, and therefore have to be addressed as part of a slow and gradual process of state-building.

Turning to the first of the Asian cases, Johnson *et al.* examine the impact that local governance structures have on the ability of sub-national governments to implement social policy in two states of India, Madhya Pradesh and Andhra Pradesh. They find significant differences in the functioning of decentralised local bodies in the two states which have a bearing on the implementation of credit delivery programmes for the poor. In Madhya Pradesh, which had progressed further with legislation governing the devolution of powers and responsibilities, the government implemented its self-employment and microcredit programme through elected local councils (*panchayats*). In contrast, the government of Andhra Pradesh chose to implement its group savings scheme through self-help groups formed by poor rural women under the supervision of officials in local government administrations. Based on extensive field research in the two states, the authors find that rates of satisfaction were much higher among members of self-help groups in Andhra Pradesh than among microcredit beneficiaries in Madhya Pradesh, and

that perceived levels of corruption were much lower in the former. The authors also report that levels of participation in village assemblies (*gram sabhas*) were much higher in Andhra Pradesh, explained in part by the incentives generated by the microcredit programme and the closer spatial proximity between villagers and local government officials.

The personal involvement of the elected heads of local councils (*sarpanches*) in Madhya Pradesh in determining eligibility and access to government schemes was found to give rise to patronage in beneficiary selection, while in Andhra Pradesh the heads of elected councils lacked such discretion, with local government officials primarily responsible for selection, monitoring and implementation. These findings demonstrate that devolving power and responsibility to elected local councils in India may not produce the improvements in service delivery anticipated by proponents of democratic decentralisation without commensurate improvements in local accountability. Rather, the authors highlight the value of close interactions between local self-help groups representing the collective interests of poor women and line department officials operating at the local level in which the scope for graft was minimised by the design of the programme and the type of benefits that accrued to the participants in the scheme.

Mohmand and Cheema analyse the extent to which decentralisation reforms introduced in 2001 have been effective in improving the magnitude and provision of health and education services in rural Pakistan. Survey data from four villages in Faisalabad district of Punjab province gathered two years after the introduction of the reforms reveal that while the provision of targeted sanitation and sewerage services has increased substantially, the vast majority of respondents in the sample villages report that the delivery of universal health and education services has either remained unchanged or has worsened. These results are confirmed by a national social audit that used a baseline survey to track improvements in service delivery. Utilisation of government health services has declined dramatically because of shortages in the availability of medicines and doctors while those who were able to afford to do so opted for private health provision on the basis of availability rather than considerations of quality. Mohmand and Cheema find a similar pattern with state-provided primary education, where the majority of

respondents report no improvement in teacher attendance or in school facilities since the decentralisation reforms. This is especially marked for girls' primary schools where teacher attendance is worse than for equivalent boys' schools, but where alternative options for private schooling are far less prevalent or accessible. An important consequence of the reforms is that quality and equity in the local provision of public services has worsened, and that smallholders and low caste citizens and their girl children are especially vulnerable as they cannot access alternative options. The authors locate these problems in accountability failures in the design of the new decentralised system and the consequent inability of citizens to hold local service providers to account for the shortcomings in the provision of universal services.

In the third Asian case considered in this *IDS Bulletin*, Spykerelle and Morrison examine the approach taken in Cambodia to the delivery of small-scale local infrastructure through newly empowered communes under the provisions of the 2001 legislative framework for devolved governance. A central objective of these reforms was to improve local infrastructure and access to services, as well as to promote participation and good governance at the local level. Based on successful experience with discretionary funding before the new legislation came into force, a special Commune Fund was established to which the communes submit bids for local infrastructure development in the form of funding for the construction and repair of roads, bridges, irrigation works, water and power supply, markets, schools and health centres, which in turn could improve the provision of basic services.

Since 2003, one third of Cambodia's population is estimated to have benefited from these investments. While it is too early to determine the effectiveness of these commune-level investments, Cambodia has laid the foundations for decentralised service delivery by establishing district-level planning and administrative arrangements to oversee local implementation and has created consultation mechanisms to ensure that the interests of the poor are represented in commune development planning processes. A key obstacle facing the successful decentralisation of service provision in Cambodia is the limited financial resources available to the communes for local infrastructure investments (a little over US\$1 *per capita*), capacity constraints at the

commune level, and the limited scope for mobilising local financing. The remit of communes in local service provision is also restricted in focus. Health and education still remain the responsibility of central line departments and the communes have no direct role in the implementation of these services under present legislative provisions. However, Cambodia has created the legislative and administrative foundations on the basis of which further devolution of responsibility for service provision could occur, provided that commensurate resources and capacity-building investments are provided by the central government.

Coming to the first of two Latin American cases, Salazar examines the lessons emerging from Mexico's experience of decentralisation for the delivery of essential public services since the late 1990s. There has been a major shift in responsibility from centralised government provision to the present-day situation in which state and municipal governments are responsible for providing the majority of services in health, education and social infrastructure. But the evidence on changes in the delivery of public services does not point to a positive picture from the perspective of equity and efficiency. In particular, there are horizontal imbalances in levels of provision and service delivery outcomes between the richer and more disadvantaged parts of the country and among different sections of the population. Education achievement has not improved with decentralisation while significant disparities remain among social groups in terms of years of schooling. Considerable inefficiencies arise from unclear demarcation of responsibilities between state and federal governments. In the health and education sectors there are significant disparities in the availability of resources for service provision between different states. Increased funds have been made available to finance social infrastructure in the municipalities but the evidence suggests that there is no discernable relationship between the resources expended and resultant improvements in service delivery. Salazar identifies two key problems that contribute to poor service delivery, namely the weak accountability of public officials responsible for service delivery and the high degree of fiscal centralisation, both of which inhibit the scope for improved outcomes.

The decentralisation of healthcare in Brazil is the focus of the contribution by Shankland and Athias,

with a particular focus on the role of indigenous peoples' movements in the delivery of health services. Indigenous peoples suffer from much worse health problems than the average Brazilian citizen, with higher rates of infant mortality and high rates of morbidity from infectious diseases. The Brazilian government's efforts to decentralise healthcare provision to municipalities and special indigenous health districts in the 1990s was designed to tackle problems of centralisation and exclusion. But despite improvements in immunisation coverage and other health indicators, efforts to subcontract the provision of healthcare services in indigenous health districts to non-governmental organisations (NGOs), church groups and indigenous organisations did not prove successful, with continued high rates of morbidity among indigenous peoples from preventable diseases. Shankland and Athias examine the experience of decentralised healthcare in a region mainly inhabited by indigenous peoples through a case study of the Rio Negro region in the far northwest of the Brazilian Amazon, where an indigenous peoples' movement assumed management responsibility for health services. However, the movement continued to operate within the technical parameters of state health provision, with priorities and resource allocations largely determined by non-indigenous health professionals in line with central government policies. While the efficiency of healthcare provision improved under indigenous management, it faced a series of difficulties caused by delayed financial transfers and was unable to preserve an adequate level of health services which resulted in problems with uneven drug supplies and erratic staff attendance in health centres. Hence, while the principle of decentralising healthcare delivery to indigenous management was initially viewed as a welcome development, it ultimately proved unable to achieve any significant impact on the nature of the decentralised service given the constraints operating in the wider healthcare system.

4 Lessons and implications

The implications of the various articles in this *IDS Bulletin* are of considerable significance for research and policy. These emanate from a remarkably consistent set of findings based on the empirical evidence gathered by the contributors from a range of countries and sectors. These are as follows: (1) the consequences of democratic decentralisation in terms of service delivery outcomes are largely

negative, (2) poor and marginalised people have not generally experienced improved access and service quality under democratic decentralisation; and (3) improved outcomes are contingent on a supportive set of conditions and mediating factors, some of which lie outside the control of elected local governments.

These findings raise important implications for research. The dearth of systematic, robust and comparative evidence on decentralised service delivery outcomes is a striking gap in knowledge. Existing research remains partial, limited and context specific. Knowledge on what works well, where, how and why is still fragmentary. The implications of decentralisation for service delivery in different sectors in a range of political and socioeconomic contexts are far from clear. There are fewer areas of development policy that are more in need of research than strengthening the evidence base to measure the impact of policies designed to deliver services to poor people through elected local governments.

The most immediate policy implication is an urgent need to reappraise what democratic decentralisation can realistically be expected to deliver in terms of improved service delivery. In some contexts, the expectations may simply be excessive, and limitations of resources and administrative capacity mean that elected governments may not be well placed to take on the increased responsibilities that have been devolved to them. Countries emerging from conflict and protracted civil war may not be in a position to rapidly devolve services to local governments. Equitable service delivery outcomes are unlikely to come about when power is deeply contested and powerful social groups control resources and dominate local politics, since these are precisely the conditions that give rise to elite capture in decentralised service delivery. Efforts to decentralise

service delivery in such environments are likely to fail, especially if they result from hasty and poorly designed interventions that are intended to generate rapid results in the form of improved equity and efficiency.

More stable political contexts accompanied by steady economic growth and with relatively capable local governments offer a more conducive environment for the devolution of power and resources which in turn are indispensable requirements for successful decentralisation of service delivery. Devolution of responsibility for service provision without strengthening local state capacity to produce or to coordinate delivery by non-state actors at the local level produces inefficient and negative outcomes. Inadequate resourcing of services through restricted fiscal transfers to local authorities from central governments and commensurate local tax-raising powers limits the scope and capacity to generate sufficient funds for adequate levels of service provision. Delegation of responsibility to non-state and private sector providers can make up for some of the shortfall in provision but this is not a substitute for enhanced local state capacity and adequate levels of resources. Political commitment, effective channels of accountability and effective oversight of service provisioning by local non-state actors are all recognised to be essential ingredients for efficient and equitable provision. Finally, even though concepts of devolution and local governance have a long pedigree, democratic decentralisation is still a relatively new phenomenon in most less-developed countries and positive results will take a long time to mature. As with other types of governance reforms, short-term and time-bound interventions will not bring about the desired improvements in service delivery outcomes. Steady, incremental and well-resourced initiatives that build capacity and increase accountability are the surest route to realising the promise of democratic decentralisation.

Does Decentralisation Improve Equity and Efficiency in Public Service Delivery Provision?

Mark Robinson

1 Introduction

Many claims are made in favour of decentralisation, ranging from the democratising potential of increased scope for participation and accountability through to poverty reduction and improved service delivery. Much of the literature and evidence centres on the intrinsic value of decentralisation as a desirable goal in its own right. But the arguments for the developmental significance of decentralisation rest principally on a series of assumptions and theoretical justifications. Proponents of decentralisation base their assumptions on widely differing criteria, ranging from expected improvements in allocative efficiency, welfare and equity, through to increased participation, accountability and responsiveness on the part of local authorities. Economists tend to frame their analysis in terms of the costs and benefits of decentralisation, while other social scientists and practitioners are generally concerned with processes and democratic aspects of the process (Blair 2000).

This article focuses on substantive development outcomes, centred on how far decentralisation produces improvements in service delivery for the poor, drawing on evidence concerning equity and efficiency and the political and institutional conditions which give rise to these outcomes. The literature on democratic decentralisation and service delivery generally falls into two distinct categories: opportunities for enhanced popular participation and increased accountability of local authorities, or on forms of service delivery involving a plurality of actors. A major problem with the empirical literature is that there is no systematic or comparative evidence on whether increased participation in decentralised local governance generates better outputs in terms of improvements in the provision of

health, education and drinking water and sanitation services for poor and marginalised people. The available evidence draws either on examples from single countries and sectors, or is anecdotal, temporally specific and highly localised, thus rendering the task of generalisation problematic. Similarly, efforts to measure development outcomes, in terms of reduced poverty or improved social indicators, and to attribute these to increased devolution and participation, are inconclusive and fraught with methodological problems (Crook and Sverrisson 2003; Dyer and Rose 2005).

These data constraints pose a serious challenge to advocates of participation and local governance, since the material benefits for the poor arising from improved service provision should be a key determinant of the effectiveness of democratic decentralisation. The intrinsic value of increased participation, accountability and responsiveness should not be underestimated, especially when political rights have been previously curtailed under centralised, authoritarian regimes. However, unless these process changes demonstrably translate into enduring improvements in service provision and material well-being, the claims made for the pro-poor potential of democratic decentralisation remain incomplete and cannot easily be sustained.

Some definitional issues are in order at this point. Decentralisation encapsulates three distinct elements: (1) fiscal decentralisation, entailing the transfer of financial resources in the form of grants and tax-raising powers to sub-national units of government; (2) administrative decentralisation (sometimes referred to as deconcentration), where the functions performed by central government are

transferred to geographically distinct administrative units; (3) political decentralisation where powers and responsibilities are devolved to elected local governments; this form of decentralisation is synonymous with democratic decentralisation. Our concern in this article is mainly with democratic decentralisation, but several experiments in decentralised service delivery have involved the transfer of financial or administrative powers to sub-national units of government that are not subject to democratic oversight through competitive elections. These variations in the form and content of decentralisation have an important bearing on processes of participation, accountability and responsiveness and in turn on service delivery outcomes.

The focus of this article is mainly on equity and social justice concerns, and some elaboration is required of the meaning and application of these terms with respect to service delivery. Equity outcomes have two main dimensions: access to services across different groups of the population on the basis of income, gender and other categories, and inter-regional equity in terms of disparities in access within and across local government jurisdictions (Litvack *et al.* 1998: 8). The provision of affordable, accessible and appropriate services to all categories of a population in equal measure is a universal standard for determining such outcomes, but a social justice perspective on service provision privileges the benefits that directly accrue to economically and socially marginalised groups (One World Action 1999, 2001).

Services are often equated with public goods like health, education, drinking water and sanitation and these tend to be the most common forms of services provided by local governments in developing countries. Police, fire, transportation, housing and social welfare services also fall under local government jurisdictions in many countries. Local governments are also given responsibility for a range of other public services, such as infrastructure in the form of roads and bridges, public buildings, and housing, especially in larger jurisdictions and urban authorities. In many countries, specialised services for low-income groups are the responsibility of local governments, such as social welfare, credit, and agricultural extension. Local authorities in rural areas often perform a range of functions directed at agriculture and rural development, environmental management, disaster prevention and rehabilitation.

Our focus in this article is principally on health and education as services that impact most directly on the well-being of the poor, as well as urban and rural infrastructure.

In most countries, public services are largely provided by the state, through government departments and specialised agencies, while private sector provision is becoming increasingly common in all areas of service provision as a result of state failure, and through privatisation and contracting-out that encourages market competition at the local level. Public service delivery is no longer the exclusive prerogative of state agencies in national and local governments, but involves combinations of state and private actors, and increasingly civil society organisations that are directly engaged in the delivery of services.

2 Decentralisation and service delivery outcomes

A leading rationale for decentralisation is that it can generate financial, efficiency and quality gains by devolving resources and decision-making powers to local governments for the delivery of services. It is financially attractive to national governments because part of the burden of financing services can be shifted to sub-national units and private providers which can produce these at lower cost. The allocative efficiency argument is that productivity of health, education and other services can be maximised by enabling local governments to take decisions on the allocation of scarce resources, since they have a better sense of local preferences. In the process, decentralised units of government can become more accountable in resource allocation decisions. It is further argued that the quality of service provision can also be enhanced by decentralisation since local governments will be more sensitive to variations in local requirements and open to feedback from users of services (Azfar *et al.* 2004: 21–4).

At the same time, the literature draws attention to the risks involved in decentralisation. First, there is no automatic assurance that increased political autonomy for local governments will lead to improvements in public services. Second, there is the well-known risk of capture by local political élites, which can worsen equity in the delivery of services. Third, the technical capacities of local government staff may be inadequate. Fourth, decentralisation can widen regional disparities in the provision of public

services. Fifth, decentralisation poses macroeconomic risks by increasing government vulnerability to financial deficits and over-expanding the size of the public sector (Burki *et al.* 1999: 3–4).

Governments of very different ideological hues in Latin America, Africa and to a lesser extent, Asia, have experimented with decentralised 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 involving a process of deconcentration to sub-national agencies operating under central line departments, and devolution of power and resources to elected local authorities. National governments have devolved responsibilities for different types of services across countries and jurisdictions accompanied by different degrees of fiscal decentralisation. It is therefore difficult to make generalisations across sectors and countries. For these reasons, the data on the impacts of decentralisation on service delivery outcomes are partial and incomplete, and some caution is required in the interpretation of available evidence in the absence of cross-national and cross-sectoral studies. In the remainder of this section, the available evidence from different parts of the world is reviewed, to determine whether any general lessons or patterns emerge on the relationship between political devolution and equity and efficiency outcomes.

2.1 Latin America

The decentralisation process has progressed furthest in Latin America, beginning with efforts in Chile and Colombia in the early 1980s, to delegate increased responsibilities to municipalities (sub-national administrations) for the delivery of health and education services. These reforms emanated from a variety of domestic circumstances that differed between countries in the region. In some cases, conditions of resource scarcity brought about by macroeconomic crisis spurred countries to devolve responsibility to lower tiers of government (Prawda 1993). Governments in Colombia, Argentina and Brazil devolved powers to elected municipalities as part of a wider process of political liberalisation, whereas the military regime in Chile favoured administrative deconcentration to municipalities under the control of non-elected administrators appointed by the military (Nickson 1995). In Chile, where the reforms were far-reaching, the transfer of

responsibility for primary and secondary education and primary healthcare to municipalities was accompanied by measures designed to expand private schools and healthcare facilities. According to Stewart and Ranis (1994), 'Municipal governments thus acted like "service delivery agents", providing local public services on a cost-effective basis, without having local governing power'.

Latin American municipalities deliver services in four ways: directly through municipal secretariats and departments; indirectly through municipally owned foundations; through enterprises owned by the municipalities or as joint ventures with the private sector; and through contracts to private companies or voluntary agencies (Nickson 1995). The absence of comparative data on the equity impact of decentralised service delivery in Latin America makes it difficult to derive well-founded conclusions, but there is some cross-country data available for particular sectors.

Prawda's comparative review of educational decentralisation in four Latin American countries in the 1980s – Argentina, Chile, Colombia, and Mexico – provides some insights into the equity and efficiency impacts of these reforms (Prawda 1993). From this comparative analysis Prawda concluded that decentralisation of education did not lead to discernible quality improvements, but rather produced negative equity effects, with the result that the gap between better off and worse off schools actually widened. Educational expenditures fell in three of the four countries (with the exception of Argentina) on account of sharp decreases in teachers' salaries, under conditions of fiscal austerity, which may well have impacted adversely on teaching quality.

Four key lessons arise from Prawda's review:

- (1) educational decentralisation does not automatically accomplish productivity, equity, and quality improvements;
- (2) it requires a lengthy gestation period before it starts producing benefits;
- (3) continuous changes of senior personnel in central and local administrations are inimical to reform; and
- (4) an expansion in private provision has widened the performance gap between schools and income groups (Prawda 1993: 262). He argues that fiscal incentives should be built into the decentralisation process to stimulate the performance of local governments by rewarding local revenue-raising efforts and penalising severe budgetary deficits.

Chile is the only Latin American country for which data is available on cognitive achievement in selected subjects, which serves as a proxy for determining the impact of the reforms on quality and equity in education provision. According to Prawda, 'as measured by cognitive achievement results, it is quite clear that quality did not improve in the 1982–1988 period. It is also clear that inequity widened significantly at that time' (Prawda 1993: 258). These findings are corroborated by Parry, who found that decentralisation and privatisation have exacerbated the negative consequences of educational decentralisation, resulting in greater inequity in expenditures and greater differences in the performance of students from different income groups (Parry 1997: 116–7). Declining real *per capita* expenditures and competition for students between municipal and private schools also had some negative consequences for equity in the 1980s but remedial measures introduced by civilian governments after 1992 counterbalanced these trends (Parry 1997: 128–9). Municipal councils and mayors are now elected and municipalities have been provided with additional funds to cover service outlays, but discretionary power to raise additional resources remains limited (Stewart and Ranis 1994).

Regarding healthcare, evidence from six Latin American countries indicates that the quality of service provision has worsened under decentralisation. Transfer of financial resources and staff to lower levels of government neither improved service delivery nor reduced the costs of care (Burki *et al.* 1999: 75–86). Chile provides some evidence on the equity effects of decentralisation and privatisation of healthcare provision under the military regime in the 1980s (Gideon 2001). One review concluded that 'In general, the transfer of primary care clinics to municipalities has not resulted in extending coverage or in improving the quality of services, largely because of a lack of professional supervision and poor health planning by the area health services' (Montoya-Aguilar and Vaughan 1990). Despite vigorous efforts to promote private health provision and to delegate responsibility for public healthcare provision to the municipalities, two-thirds of all medical consultations and 80 per cent of hospitalisations were still state-funded in the mid-1990s, supported by 7 per cent tax on earnings and pensions. Problems continued to affect the quality of public healthcare provision through municipalities, despite measures to improve targeting and resourcing: 'Although low-income

earners receive "free" healthcare, "access is difficult, waiting times are long, services are of poor quality, and facilities and provision of pharmaceuticals meager"' (Gillion and Bonilla, cited in Tankersley and Cuzán 1996: 113). However, since it is difficult to disaggregate the effects of decentralisation from privatisation and fiscal constraints the problems of public health provision under the municipalities cannot easily be attributed to local administrative arrangements alone.

Colombia is the one other Latin American country for which evidence on the impact of decentralisation on service delivery is available. 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 inter-governmental transfers and revenue-raising powers from the late 1980s (Forero and Salazar 1991: 122). Local governments assumed responsibility for the provision of services in education, health, water, sanitation, roads and agricultural extension. The evidence suggests that satisfaction levels with municipal governments increased after the introduction of direct elections for mayors in 1988. Case studies of individual municipalities and opinion surveys 'found evidence of increased service coverage, citizen satisfaction, attention to rural areas and the poor, cost consciousness and resource mobilization efforts' (Fiszbein 1997: 1030). There is some evidence from this research of a positive relationship between the strength of community participation and government performance: municipalities that followed a more open and inclusive approach to policymaking were positioned to achieve better outcomes. 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 reported 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 (Fiszbein 1997: 1035). Municipalities assumed responsibility for public education after 1991 with the formation of councils composed of teachers, parents and students to run local schools. Councils were given the right to elect principals, but hiring remained under the control of the Ministry of Education. Autonomous regions, communities and schools were given power to adapt curricula, raising concerns about fragmentation (Astiz *et al.* 2002: 75).

Comparative evidence on health and educational decentralisation in Latin America in the 1980s and 1990s points to several conclusions. First, it is difficult to derive hard and fast generalisations on the basis of partial and incomplete evidence. Second, the implications for equity have been negative, with divergences between poorer and wealthier groups in accessing health and educational services. This finding is consistent with the broader literature on educational decentralisation. In this respect, Dyer and Rose (2005: 107) state, 'The assumed benefits of decentralisation are ... contested in relation to equity, for which it is often found to have negative consequences. Decentralization can widen quality differences between schools, and performance gaps between students, in wealthy and poor areas'. Similar observations hold true for the health sector. Third, as the contrasting cases of Chile and Colombia demonstrate, political and institutional conditions have a significant bearing on decentralisation outcomes and levels of user satisfaction. This point is taken up at greater length in the concluding section of the article.

2.2 Sub-Saharan Africa

The evidence from sub-Saharan Africa is very limited and even more qualified as regards the equity impact of decentralised service delivery (Conyers, in this *IDS Bulletin*). Despite the inclusion of decentralisation 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). This stark finding is corroborated by Wunsch (2001), who attributes to failure of decentralisation in Africa 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 local governance and decentralised service provision from a number of countries in the region (Olowu and Wunsch 2004).

Uganda is one African country that has pursued a potentially far-reaching decentralisation experiment since the late 1980s, with increased availability of resources for national social service programmes,

especially for education, health and drinking water infrastructure channelled through local councils. But the evidence suggests that 'Decentralization has not been able to arrest the deterioration in agricultural services, and that 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: 333).

In Côte d'Ivoire, new opportunities were created for popular participation through the introduction of multi-party competition for local council (commune) elections, but the mayors continued to exert overriding control and influence. As a result, the preferences expressed by local people for roads, social facilities and water supplies did not correspond to spending priorities of the communes, which focused on municipal buildings and secondary schools. In any case, most commune development programmes collapsed in the face of public spending cuts during the financial crisis of the early 1990s. It is therefore unsurprising that only one-third of those interviewed in four sample communes felt that the communes addressed their development needs (Crook and Sverrisson 2001: 26). A similar finding emerged from Ghana, where survey evidence from two districts demonstrated that 70 per cent of respondents felt that the elected assembly did not respond to their needs. Expressed preferences for road repairs, health facilities, water supplies and electricity were not reflected in district assembly expenditure priorities which focused on commercial transport services, farming, manufacturing enterprises or markets, a situation exacerbated by the dominance of recurrent expenditures in district budgets (Crook and Sverrisson 2001: 32). In Nigeria, a study of primary healthcare in the early 1990s revealed a complete lack of real participation in decision making despite devolution of responsibility to elected local officials. Local residents saw primary healthcare as unreliable, ineffective and unresponsive to their needs, while councillors were unclear of the health needs of their constituents, and had little knowledge of health plans and activities (Crook and Sverrisson 2001: 32).

This brief review indicates that the evidence on the service delivery outcomes in Africa is even more slender than for Latin America. Moreover, from the limited evidence that exists, there is little to indicate that the various decentralisation experiments under

way across the continent are generating the expected development dividends and that citizens have yet to see any real improvement in service quality.

2.3 South Asia

Evidence from Asia is very limited, largely because decentralisation initiatives in countries of the region are more recent in origin, and because in most South Asian countries, health and education services have only been devolved to a limited extent. There are few comparative studies of service delivery outcomes resulting from decentralisation in the region, and limited insights from sector experience in particular countries. Recent country studies of healthcare spending under decentralisation in China, India, Indonesia and the Philippines point to a decline or stagnation after decentralisation started in these countries. In China and India, local governments were unable to fulfil their new responsibilities for healthcare provision in the absence of inadequate resource transfers from central government. But in contrast, health outcomes in Indonesia and the Philippines improved significantly during decentralisation, reflected in a sharp decline in the under-five mortality rate, largely because of reforms in healthcare funding (OECD 2006).

Drawing on survey data from 33,000 households in villages across India, Mahal *et al.* (2000) demonstrate that decentralisation of public service delivery in primary healthcare and education services is positively correlated with improved child mortality and school enrolment. However, health and education services in India are generally under the jurisdiction of state governments and local councils have limited influence over the use of resources or deployment of personnel. Elected councils have limited discretion over the use of resources for developmental purposes, which are largely earmarked for schemes and programmes determined by state and central governments. It is only in the Indian states of West Bengal and Kerala that decentralisation of expenditures for basic services has taken place on a significant scale, by placing substantial untied funds at the discretion of local village councils for developmental purposes. In the West Bengal case, sample evidence points to improvements in access to administrative and justice systems and water provision in some areas, amid an overall improvement in agricultural productivity and reduction in poverty levels in the 1980s, though it is difficult to attribute these outcomes to

decentralisation and increased powers and resources for elected local councils (Crook and Sverrisson 2003: 243). Preliminary evidence from Kerala's Popular Planning Campaign launched in 1996 indicates that local council expenditures more accurately reflected local preferences, and investments in infrastructure were more oriented towards the needs of the poor (Isaac with Franke 2000; Chaudhuri and Heller 2002).

By comparison, successive decentralisation schemes in Bangladesh have all failed to deliver improved services. According to Crook and Sverrisson (2001: 46), 'Material welfare, in terms of agricultural output, did not increase, there was little evidence of greater equity at grassroots level, and a number of studies indicated that the beneficiaries were the rich and the well-born. Instead, decentralization was generally seen as a means to channel development resources into the hands of the better off'. Responsibility for implementation of disaster relief programmes was devolved to local councils under the military government in the mid-1980s, but with negative impacts: flood rehabilitation programmes suffered from poor management, maldistribution, corruption and shortages of resources, while few very poor households received any benefits from rehabilitation schemes that tended to focus on roads, bridges and buildings.

This brief and partial review of the experience of decentralised service delivery leads to the following tentative conclusions. First, improved equity outcomes have generally not been realised for poor and socially marginalised people. Second, the quality of public service provision has not improved as a result of the devolution of power and resources to local governments. The gap in quality between wealthier and poorer areas has often increased under decentralisation. Third, efficiency gains have been realised, usually as a result of the delegation of financial responsibility for service provision from central to local governments, but resources have not been adequate to ensure effective coverage and quality.

3 Improving equity through decentralised service delivery

It is tempting to draw the conclusion that equity and social justice objectives are not well served by decentralised service provision, and that centralised provision through deconcentrated state agencies is a preferable approach (Johnson 2001;

Schneider 2003). At the same time, the available evidence confirms that increased participation and better accountability can result from democratic decentralisation, and that these substantive benefits should not be underestimated (Crook and Manor 1998; Blair 2000). A poor record on service delivery to date does not rule out the scope for improved equity and efficiency outcomes. Rather, the challenge is to identify the conditions under which increased participation in local governance is conducive to enhanced equity, quality and efficiency of services. This will almost certainly require further comparative research but it is possible to outline a schema in which the potential for improvement rests on a combination of political, institutional, financial and technical factors.

3.1 Political commitment and leadership

Political factors are of intrinsic importance to decentralised service delivery for several reasons. It is widely accepted that political commitment on the part of federal or state governments is a *sine qua non* of effective democratic decentralisation, and especially forms of decentralisation that are specifically geared to the interests of the poor (Crook and Sverrisson 2001; Blair 2000). Successful pro-poor decentralisation is associated with governing parties that are politically committed to the democratic empowerment of local governments (Heller 2001; Escheverri-Gent 1993).

The Indian state governments of West Bengal and Kerala evince a strong commitment to decentralisation, reflected in supportive legislation and a significant flow of resources to lower levels of government. In Colombia successive governments from the mid-1980s have systematically devolved powers and resources to municipalities, with positive consequences for service delivery. Brazilian experience demonstrates how political commitment at the level of individual municipalities can explain a propensity for pro-poor reform initiatives, such as the participatory budgeting process in Porto Alegre and other municipalities (Baiocchi 2001; Heller 2001). In contrast, evidence from Africa and other Latin American countries demonstrates that weak political commitment to decentralisation opens up the possibility of elite capture, limits the scope for participation, and results in ineffective outcomes (Smith 1985).

Political leadership also plays an important role in shaping service delivery outcomes, since politicians in

local governments do not respond with equal vigour to the opportunities presented by high-level political commitment to democratic decentralisation. This is especially important in local administrations with powerful, directly elected mayors who have the authority to effect or block change mandated by higher level political authorities. For instance, in the Colombian case, mayors committed to deepening the process of municipal decentralisation through public consultation, and enhanced resource flow registered higher levels of public satisfaction with service delivery outcomes. According to Fiszbein (1997: 1032), 'competition for political office opened the doors to responsible and innovative leadership that became the driving force behind capacity building. It was the combination of the added responsibilities, more resources and political reforms that created the environment conducive to the emergence of effective local governments'.

3.2 Political mobilisation of the poor

The political impetus for democratic decentralisation created by reform-minded political parties can create opportunities for collective action from below by mobilising constituencies that are traditionally excluded from national policymaking arenas. This can entail mobilisation of cadres and supporters by political parties in local constituencies, and mobilisation of the poor by civil society organisations (NGOs, trade unions and social movements) to take advantage of political openings from above and to articulate public protest and dissent.

Party-based mobilisation can assume two forms in the context of democratic decentralisation: mobilisation of people through local units of political parties for electoral purposes and mobilisation of supporters to ensure effective implementation of reform initiatives. Democratic decentralisation usually entails the devolution of power to elected local authorities, which in turn widens the scope of political participation at the local level (Robinson 1998). In many Latin American countries, municipalities were traditionally run by non-elected administrators appointed by military or authoritarian regimes. Legislation introduced from the 1980s led to the creation of elected mayors and local councils, providing opportunities for political mobilisation around competing policy agendas. However, political parties are not always allowed to contest local elections (e.g. Uganda, India and Pakistan), which must be contested on an individual or no-party basis,

thus limiting the scope for party-based mobilisation. However, in Brazil, Kerala and West Bengal, local government elections serve as a basis for party-based mobilisation around competing political agendas, though the extent to which these hinge on service delivery issues is not apparent.

Civil society organisations also mobilise constituencies in local government jurisdictions to take advantage of increased powers and resources, to mobilise people to take part in consultative arenas, and to engage in public protest over the quality of public services. In Kerala, a prominent social movement (Kerala Sastra Shitya Parishad – the People’s Science Movement) played a critical role in shaping and implementing the People’s Campaign for Decentralized Planning in the late 1990s, though this has not been replicated elsewhere in India (Isaac with Franke 2000; Chaudhuri and Heller 2002). Civil society mobilisation in response to increased powers to local governments is particularly marked in Latin America, which may reflect traditions of political resistance to authoritarian rule, but also resource availability at the local level. Social movements and trade unions played a part in mobilising protest over the state of municipal services in Colombia in the 1970s, which served as a catalyst for subsequent reform of local government. In the city of Cochabamba in Bolivia, civil society organisations helped to articulate public demonstrations over water privatisation and service charges, resulting in remedial measures by the municipal administration. Similarly, several South African municipalities have witnessed civil society-led protests over service standards and fees.

3.3 Institutionalised participation

Local authorities in different countries have experimented with institutional arrangements designed to facilitate public engagement, feedback and oversight in recognition of the latent power of organised civic protest. These include consultative bodies designed to provide citizen oversight over particular services, taking the form of health councils and school boards. Prominent Latin American examples include the local administrative boards in Colombia, local area boards in São Paulo and the neighbourhood councils of Montevideo, through to more ambitious exercises designed to elicit participation in decisions concerning priority setting and resource allocations, exemplified by the participatory budgeting exercises in Porto Alegre and other Brazilian cities (Nickson 1995: 86–9).

Critics argue that such bodies serve to undermine popular resistance and oversight, while their proponents claim that institutionalised participation facilitates and widens public engagement at the local level in policy deliberation, planning and implementation. However, in the absence of any comparative evidence it is difficult to ascertain either the prevalence of these bodies or their effectiveness in influencing resource allocations or service standards.

3.4 Adequacy of financial resources

The availability of financial resources is a critical determinant of the equity, quality and efficiency of public services, and the inadequacy of financial resources often contribute to poor service delivery outcomes. Devolution of responsibility for service provision to local governments is usually accompanied by some element of financial decentralisation through resource transfers, usually as a share of central taxation, or enhanced powers to raise revenues through a variety of local taxes (Bahl and Linn 1994; Bird and Vaillancourt 1999). Fiscal decentralisation often renders local governments vulnerable to macroeconomic shocks and remedial measures to control public expenditures and national budget deficits. Several Latin American countries experienced this phenomenon in the 1980s because of economic stabilisation measures, which sharply reduced spending on the social sectors and the value of transfers to local governments. The quality and reach of public services is bound to suffer in the absence of complementary measures to raise local resources. The financial imperative has been a key factor underlying municipal privatisation initiatives and the introduction of cost-sharing measures in the form of user fees in local governments around the world (Mawabu *et al.* 2001).

Another dimension of resource availability centres on the financial powers of local governments. Salaries and recurrent expenditures tend to account for a large share of local government outlays on services, especially in the health and education sectors, with more limited resources available for capital expenditures. Limited scope for discretionary allocations across budget heads further restricts the budgetary autonomy of local governments. Local governments may also receive financial transfers that are earmarked for certain programmes or pre-assigned categories of expenditure. In India, for example, local bodies receive grants-in-aid from state and central government that are tied to specific anti-

poverty and social welfare programmes, while recurrent expenditures account for a very high proportion of health and education budgets. The financial autonomy of local governments is thus highly constrained. A major exception is Kerala, where the elected local councils have discretion over 40 per cent of the state development budget, subject to broad guidelines on different categories of expenditure, which provides them with substantial scope to respond to locally determined development priorities.

3.5 Technical and managerial capacity

The provision of public services can be an enormously complex exercise, especially in urban municipalities with large populations, and often requires a high level of technical and managerial capacity. However, decentralisation of responsibility for service provision has not always been accompanied by measures to ensure effective capacity for planning, budgeting, implementation and monitoring in local governments, all of which have a critical bearing on service quality. Efforts to strengthen the professional and technical skills of local government employees and to improve the internal organisation and management style of local administration are often central to building such capacity (Fiszbein 1997; Dyer and Rose 2005).

Managerial and technical capacity is not only a key determinant of the performance of local officials in relation to service delivery, but also influences their behaviour towards users of services. Centralised service delivery through hierarchically organised line departments and deconcentrated agencies gives rise to behavioural norms that may not be conducive to participation and greater responsiveness. Creating an organisational culture in local government that is more citizen-friendly and receptive to active community involvement, as well as performance oriented, requires a combination of incentives and focused capacity-building measures to complement the strengthening of technical and managerial skills.

4 Conclusion

This article has sought to ascertain the impact of decentralised service delivery on equity and efficiency

outcomes. Subject to constraints of data availability, two main conclusions arise from a review of available evidence in less-developed countries: (1) the quality and equity of access have not improved with the decentralisation of health and education services; and (2) equity and efficiency outcomes are closely related to the availability of financial resources and local government capacity.

These insights tend to give rise to two types of policy prescription, neither of which is closely compatible with democratic decentralisation: (1) health and education services are better administered by deconcentrated public agencies working under the direct control of central line departments, and (2) expanding the role of private providers and introducing user fees can improve quality and efficiency of resource use. However, experience suggests that while efficiency gains may be realised, neither of these approaches is conducive to participation in local governance, nor are they guaranteed to produce outcomes that are more favourable to equity and social justice objectives.

The challenge for proponents of democratic decentralisation is to specify methods and approaches by which equity objectives can be realised under decentralised forms of service delivery. Successful interventions are not premised on participation and accountability alone, but require attention to political factors (such as commitment, leadership and mobilisation), institutional arrangements, financial resources and technical and managerial capacity. Greater emphasis should be given to measuring and monitoring service delivery outcomes under decentralised forms of provision, to ensure that participation in local governance produces real gains for the poor in terms of improved access and quality of services. Failure to do so will undermine the allure of democratic decentralisation and encourage policy alternatives that run counter to the ethos of participation in local governance and the potential for improving service provision for the benefit of the poor.

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Decentralisation and Service Delivery: Lessons from Sub-Saharan Africa

Diana Conyers

1 Introduction

As Robinson's article in this *IDS Bulletin* notes, decentralisation is frequently advocated as a means of improving public service delivery, but there is very little evidence to determine whether or not this is actually the case. Nowhere is this paradox truer than in sub-Saharan Africa. As Mutizwa-Mangiza (2000: 24) says, 'many African countries have jumped on the bandwagon of decentralisation and participation without even assessing their own experiences'. This article attempts to bring together the evidence that does exist about the impact of decentralisation on service delivery in the region and gives general lessons that can be learned.

This article is divided into five main sections. Section 2 provides a brief historical overview of decentralisation in sub-Saharan Africa. It notes that decentralisation has played an important role in many stages of the region's history, but that its form and objectives have changed significantly over time. Section 3 considers the relationship between decentralisation and service delivery. It points out that decentralisation's impact on service delivery is indirect, in the sense that it affects a number of intermediate factors (access to local information, locus of decision-making power, resource availability and administrative performance), which in turn affect service delivery. Section 4 provides an overview of the nature and extent of the evidence on the impact of decentralisation on service delivery in sub-Saharan Africa. It maintains that there is a dearth of information about its ultimate impact on service delivery in sub-Saharan Africa, but a considerable amount of data about its impact on the intermediate factors. Section 5 summarises the main findings that emerge from both types of data, while the final section draws some conclusions about the factors

that affect the impact on service delivery and the implications of this for policymaking. The main conclusion is that, although decentralisation has not yet had a significant positive impact on the quality of public services in the region, this is due primarily to the wider policy environment rather than to decentralisation *per se*.

Before proceeding with the analysis, three qualifications about the scope of the article must be made. First, any attempt to analyse the impact of a concept as broad and vague as 'decentralisation' is inevitably fraught with problems. The term is used to refer to anything from the deconcentration of administrative responsibilities within a single government agency to the devolution of power over all basic local services to semi-autonomous local authorities. It is also used to describe the transfer of power to a wide range of geographical levels, from the regional or state level to that of local governments or communities. Some restriction of focus is therefore necessary. This article thus, like other contributions to this *IDS Bulletin*, focuses primarily, although not exclusively, on devolution rather than deconcentration and on the intermediate 'local government' level. Second, sub-Saharan Africa is a large and diverse region, so any attempt to draw generalisations is equally problematic. The article focuses on those countries for which secondary data is most easily available,¹ and those of which the writer has personal experience, and it is biased towards Anglophone countries. Third, the article does not pretend to provide a comprehensive review of all relevant literature. It aims merely to define the nature and extent of the evidence about the impact of decentralisation on service delivery and summarise, with the help of examples, the main findings.

2 Decentralisation in sub-Saharan Africa: an historical overview

It is neither necessary nor possible to provide a detailed account of the history of decentralisation in sub-Saharan Africa.² However, in order to understand the relationship between decentralisation and service delivery in the region, some historical background is required.

At the risk of considerable oversimplification, six main historical periods may be noted:³

- 1 **Pre-colonial** During the pre-colonial period, African government was relatively decentralised, consisting either of small chiefdoms or of much larger but loosely organised kingdoms or states. However, within these administrative entities, there was an element of centralisation, in that individual leaders, such as chiefs or kings, held a considerable amount of personal power
- 2 **Colonial** Although there were significant differences between the various colonial powers, there were two common characteristics of colonial regimes: first, power was highly centralised in the colonial authority; and second, this power was exercised through some form of 'indirect rule',⁴ so elements of the decentralised pre-colonial systems remained
- 3 **Transition** During the last few years of the colonial period, Western-style local governments were established in many countries, particularly those under British rule, where local government was seen as a means of introducing people to Western concepts of democracy and thus preparing them for self-government
- 4 **Post-independence 1: Centralisation** In most countries the period immediately after independence was one of centralisation. This was justified (both by governments and by external funders and advisers) on the grounds that central policymaking and planning were necessary to bring about the rapid economic and social transformation required
- 5 **Post-independence 2: Deconcentration** After a few years, however, many governments began to adopt some degree of decentralisation, primarily as a means of improving the quality of local service delivery. During this period,

decentralisation tended to take the form of deconcentration rather than devolution, in that powers were transferred not to semi-autonomous local governments but to institutions over which the central government retained control. Particularly common, especially in the one-party states that characterised much of the region at the time, was the decentralisation of power to regional and local development committees, comprising a combination of centrally appointed and locally elected officials

- 6 **Post-independence 3: Devolution** Over the last two decades, decentralisation has maintained its popularity but there have been significant changes in both its objectives and its form. Although still advocated as a means of improving service delivery, decentralisation has also been seen (by governments, external actors and the increasingly influential civil society lobbies) as a means of enhancing democracy and citizen participation and (by governments and external actors) as a way of reducing the role, and in particular the expenditure, of the central government. This has been reflected in a change in emphasis from deconcentration to devolution (often known as 'democratic decentralisation') during this period.

It is evident, therefore, that decentralisation is not new to sub-Saharan Africa and that it has been an important part of the development agenda for much of the post-independence period. However, it is equally evident that there have been major variations in the forms that decentralisation has taken and in its objectives. Of particular significance is the fact that, in recent years, decentralisation has been advocated as a means of achieving three related, but significantly different, types of objective: improved service delivery, democracy and participation, and a reduction in central government expenditure. The implications of this in terms of its impact on the former are discussed below.

3 The relationship between decentralisation and service delivery

The theoretical relationship between decentralisation and service delivery is discussed in the article by Robinson in this *IDS Bulletin* (and in much of the literature on decentralisation that relates to sub-Saharan Africa).⁵ This section merely highlights two key points that affect the analysis in subsequent sections.

First, decentralisation does not affect the quantity, quality or equity of public services directly, but through its effect on the following intermediate (or 'process')⁶ variables:

- **Access to local information** Decentralisation has the potential to increase access to information about local needs, conditions and priorities, which are then incorporated into local development plans
- **Locus of decision-making power** Decentralisation should localise the power to make and implement decisions, and thus to translate plans into programmes of action
- **Resource availability** Decentralisation may increase the amount of resources available for implementing programmes, especially financial resources
- **Administrative performance** Decentralisation may enhance administrative performance and thus the effectiveness of programme implementation.

Second, decentralisation does not *necessarily* have the above effects. As Ludeki (2004: 19) says: 'A country can adopt decentralised ... structures but fail to realise development. Conversely, a country can achieve breakthroughs in development at the local level under highly centralised, even authoritarian, administrative structures'. There are two main reasons for this. One is that the actual effects of decentralisation depend on a number of factors, including the type of public service concerned, the detailed 'design' of the decentralisation, the way in which it is implemented, the capacity of the various individuals and organisations involved, and the wider economic, social and political environment. The other is that decentralisation is not the only factor that affects service delivery. Other government policies and the broader policy environment are often equally, if not more, important.

4 Decentralisation and service delivery in sub-Saharan Africa

There is a vast literature on decentralisation in Africa. Most of it consists of detailed studies of individual countries, often restricted in both temporal and topical scope. However, there are a number of comprehensive studies, which attempt to make comparisons between countries and draw broader conclusions. These are of three main types:

- **Collections of country studies** These consist of a number of country studies (some including countries from other regions), together with one or more synthesis chapters. The studies are often not strictly comparable and the quality of the synthesis varies considerably
- **Proceedings of regional conferences** There have been many conferences on decentralisation in Africa, organised by regional and/or international organisations and attended by delegates from a number of countries in the region.⁷ The proceedings vary considerably in terms of the depth and objectivity of analysis
- **Systematic cross-country studies** (e.g. Crook 2003; Crook and Manor 1998; Mehrotra 2006; Ribot 2002, 2003). These are potentially the most useful but they are relatively few in number and vary in focus; moreover, some include case studies from other regions.

Unfortunately, this vast and varied literature provides very little specific information on the impact of decentralisation on the quantity, quality or equity of public services in the region. Many studies do not try to analyse the impact of decentralisation, while others merely make broad generalisations about, or brief references to, the impact on service delivery. Examples of the latter are Crook and Manor (1998), Olowu and Wunsch (2004), Oyugi (2000a) and Ribot (2003), all of which are concerned with the wider impact on what Oyugi calls 'good governance and development', and Crook (2003),⁸ which focuses on the impact on poverty rather than service delivery *per se*.

The few studies that do provide detailed data on service delivery tend to be confined to specific sectors or programmes within particular countries. Examples include Mehrotra's (2006) analysis of health services in Benin, Guinea and Mali; Olowu and Wunsch's (2004) study of health services in Nigeria; Fass and Desloovere's (2004) account of education in Chad; studies of Kenya's Local Authority Transfer Fund by Mitullah (2004b) and Smoke (2004); and reports on Uganda's Local Government Development Programme by Kiyaga-Nsubugu (2004) and Onyach-Olaa (2003). Schroeder's (2003) analysis of the division of functions between the various levels of government in South Africa is somewhat different, in that it looks at all public services; but it focuses on the factors that should be taken into

account when allocating functions rather than on actual performance.

This dearth of information reflects the difficulty of obtaining detailed, systematic data about the impact on service delivery – or about many other outcomes of decentralisation (Crook 2003; Ribot 2003; Therkildsen 1993a). There are two sets of problem. One is the logistical complexity and cost of undertaking the necessary research, which ideally requires 'before' and 'after' studies in a number of different countries. The other is the complexity of the relationship between decentralisation and service delivery (discussed in the previous section), which makes it difficult to attribute any observed changes in the latter to decentralisation reforms.

Fortunately, however, there is a substantial amount of information about the impact of decentralisation on the intermediate variables – access to local information, locus of decision-making power, resource availability and administrative performance – which provide the hypothetical link between decentralisation and improved service delivery. It is not possible here to discuss the literature on these intermediate variables in any depth.⁹ However, there are three comparative studies that warrant particular mention. They are Crook and Manor's (1998) study, which, although covering only two countries in Africa (Ghana and Côte d'Ivoire), provides unusually detailed information; Olowu and Wunsch's (2004) collection of case studies, which are diverse in nature but are analysed in depth using a common analytical framework; and Ribot's (2003) comprehensive and detailed analysis of the theory and practice of democratic decentralisation in Africa.

5 Decentralisation and service delivery in sub-Saharan Africa: the findings

This section summarises the main findings concerning the impact of decentralisation on service delivery in the region. It is divided into five subsections. The first one summarises the limited evidence regarding the impact on service delivery itself, while the others consider the evidence about each of the main intermediate variables identified above, namely access to local information, locus of decision-making power, resource availability, and administrative performance.

5.1 Impact on service delivery

The main impression gained from the limited data on the actual impact on service delivery is that

decentralisation has done little to improve the quantity, quality or equity of public services in the region. For example, Walter Oyugi (2000b: 20), a veteran observer of decentralisation in Africa, concludes that decentralisation 'has failed to act as a spur to democratic development management and efficient and effective delivery of services', while Ribot (2003: 10) notes that 'evidence that decentralization or deconcentration leads to better service delivery is thin', and Crook (2003) and Mitullah (2004a) find little evidence that it has enhanced the position of the poor. Studies of public perception of the quality of local government service provision also tend to be negative. For example, Fjeldstad (2001: 294) found that at least two-thirds of people interviewed in two local authorities in Tanzania described council services as 'bad', while Crook and Manor (1998: 186, 255) found that 70 per cent of interviewees in Ghana and 54 per cent in Côte d'Ivoire considered their local authorities unable to 'satisfy the needs of their area'.¹⁰

The few documented cases of a positive correlation between decentralisation and service delivery are limited in scope and subject to qualification. Many come from the health sector, where decentralisation has been actively promoted at the international level for many years (Mills 1990). For example, Mehrotra (2006: 269, 278–9) reports that the decentralisation of primary healthcare services to locally elected health committees in Guinea, Mali and Benin and to local governments in Mozambique, has increased access to affordable health services, which has in turn increased immunisation rates and reduced infant mortality. Similar claims are made by Olowu and Wunsch (2004) in relation to the decentralisation of primary healthcare services to local governments in Nigeria between 1988 and 1995, and by Andrews and Schroeder (2003) in the case of Niger. However, all these writers report variations in performance from one area to another and many operational problems. Moreover, in all the cases decentralisation was confined to one sector and in only two (Mozambique and Nigeria) were powers decentralised to local governments. Another sector for which there is some information is road maintenance. Andrews and Schroeder (2003) quote evidence from the World Bank (1994: 74–8) that decentralisation of road maintenance responsibilities can improve both the speed and quality of service provision.¹¹ However, they emphasise that this is not necessarily the case and that, as with health services, the impact depends on

the extent and form of decentralisation and the way in which it is implemented.

A rather different example is Fass and Desloovere's (2004) account of community control over primary education in Chad. In this case, local residents in areas where the government had failed to provide primary education decided to take the matter into their own hands and organised and funded their own schools. However, one may question whether these are really an example of decentralisation, since the community involvement was a voluntary initiative that stemmed from the state's failure to provide services. Moreover, when the state found out what the communities were doing, it restricted their role by requiring that community schools meet minimum national standards.¹²

There are also reports of positive outcomes from the decentralisation of funds for capital development to local authorities. Two such examples are Uganda's Local Government Development Programme (Kiyaga-Nsubugu 2004; Onyach-Olaa 2003) and Kenya's Local Authority Transfer Fund (Mitullah 2004b; Smoke 2003). In this case, however, the impact is on infrastructure rather than service delivery *per se*; in fact, one could argue that the decentralisation of funds for the construction of infrastructure without comparable measures to improve operation and maintenance can create as many problems as it solves.

Uganda also illustrates a rather different type of 'success' story. Decentralisation of responsibility for provision of most local public services to district councils has been accompanied by significant improvements in the quantity and (albeit to a lesser extent) quality of service provision, particularly in the case of health and education facilities (Makara 2000; Uganda 2002a). However, it is difficult to prove a causal relationship between the two. In fact, it is quite likely that the increase is due primarily to the vast injection of donor funds that has been made during this period under Uganda's Poverty Alleviation Action Plan, rather than to decentralisation.

The Ugandan case illustrates the problem (noted in the previous section) of determining a causal relationship between decentralisation and service delivery. It is important to note that this problem works both ways. On the one hand, it means that, in cases like Uganda, it is very difficult to attribute

improvements in service delivery to decentralisation. But it also means that, in countries where decentralisation has coincided with decreases in the quality of public service provision, there is little or no evidence to suggest that this is due to decentralisation. In other words, one should not blame decentralisation for the poor quality of service provision in many African countries. As most commentators point out, the problems stem from more fundamental characteristics of African states, which hamper any form of service delivery, whether centralised or decentralised. This point will become clearer when we look at the evidence about the impact of decentralisation on the intermediate variables that in turn determine the impact on service delivery – in other words, when we examine the *process* of decentralisation.

5.2 Access to local information

There is a considerable amount of information about the extent to which and ways in which decentralisation enables information on local needs, conditions and priorities to be accessed and incorporated into local development plans. However, it is not always easy to extract this information from the broader debate about the relationship between decentralisation and popular participation, of which it is a part. Our concern here is with participation as a means of enhancing the quality and relevance of development plans – and thus potentially the 'allocative efficiency' of resource use, rather than as a democratic right or means of citizen empowerment.¹³

Several conclusions emerge from this information. First, the quality of information depends on *who* participates, which in turn depends on the composition of the institutions to which power is decentralised (Conyers 1999; Ribot 2003). Over the years, powers have been decentralised to a wide range of institutions in Africa, including central government field staff, 'arms-length' management bodies, political representatives of the central government, elected local authorities, 'traditional' leaders and a variety of community-based organisations, and also to 'composite' bodies (such as the regional and local development committees characteristic of 'one-party state models' of decentralisation) composed of any combination of the above.

Second, no one of these institutions is necessarily 'best' in terms of representing and responding to

local interests. Effectiveness depends not just on the type of institution but on its structure and composition, the motivation and capacity of the individuals involved, and local and national power structures. Of particular significance is the finding that devolution is not necessarily more effective than deconcentration. The move towards 'democratic decentralisation' in many African countries over the last two decades was initially welcomed both within the region and outside, since it had become evident that the earlier forms of decentralisation, which took the form of deconcentration rather than devolution, were little more than an instrument for national political control (Wunsch and Olowu 1995; Oyugi 2000b). In many cases, however, the results have been disappointing. The elected authorities have turned out to be little more representative or responsive than their predecessors and the central government has maintained much of its control over local development (Crook 2003; Olowu and Wunsch 2004; Oyugi 2000b; Ribot 2003).

The problem stems from the manner in which elected local government representatives achieve and maintain their political power, which in turn reflects the 'patronage-based' nature of both national and local politics.¹⁴ Most representatives obtain their support from a combination of two sources: the ruling political party, to which they will have to belong in order to stand for election, and local élites, who more often than not are also members of the ruling party. Consequently, they tend to be more concerned about maintaining their allegiance to these groups, which in effect means promoting the interests of the ruling party, than representing the majority of their constituents. In many cases, the situation is exacerbated by lack of pressure from civil society organisations, which are often weak and sometimes part of the same political patronage system (Kasfir 1998; Robinson and Friedman 2005). This problem is particularly well documented in Uganda (Francis and James 2003; Mwenda and Tangri 2005; Titeca 2005),¹⁵ but is prevalent in many other countries, including Kenya (Musyoki and Nyamu-Musembi 2005) and Ghana (Ayee 2004a,b). In Ghana, the problem is exacerbated by a high degree of central control over local governments, including the power to appoint one-third of the members.

Third, there is an important difference between 'participation' and 'influence'. The evidence from

Africa supports the point made so clearly by Blair (2000), that it is relatively easy to increase the number and range of people who participate in local government and administration, but much more difficult to increase the extent to which they influence decision making. Once again, the key factor is the local power structure, which determines how decisions are actually made at the local level. The impact is particularly evident in the case of deprived social groups, such as women, ethnic minorities, and the poor in general. For example, although several African countries (e.g. Mozambique, South Africa and Uganda) have introduced quota systems that guarantee women's representation in local government, evidence suggests that most women representatives have yet to have substantial influence over local decision making because they lack the authority and self-confidence to participate on an equal basis with men (Goetz 1998; Goetz and Hassim 2003; MDP-ESA 2003). Similar problems occur when power is decentralised to bodies composed of very different types of representatives, such as public servants and community representatives or national and local politicians. In such cases, the more powerful representatives (in the above examples, public servants and national politicians) tend to dominate decision making (Cornwall 2004; Ribot 2003).

Finally, and on a more positive note, there is evidence to suggest that, despite the many shortcomings identified above, the extent and quality of participation and representation are gradually increasing. For example, most of the critics cited above acknowledge that the establishment of democratic local government institutions does at least provide more space for participation than the former deconcentrated structures, and that the provision of quotas for disadvantaged groups is at least a step in the right direction. Furthermore, many efforts to promote more effective participation are under way.¹⁶ They fall into two main categories, each of which has a critical role to play in enhancing the quality of democratic decentralisation. One comprises attempts by local authorities (often supported by regional or international organisations) to establish more participatory forms of planning and budgeting.¹⁷ The other category consists of efforts, usually by non-governmental organisations (NGOs) and civil society organisations, to increase the capacity of local people to participate effectively.

5.3 Locus of decision-making power

Debates about the quality of participation in local level planning are only meaningful if local authorities have the power to make and implement decisions and thus translate plans into action. In this respect, the main conclusion that emerges from African decentralisation experience is that governments have, on the whole, been reluctant to decentralise sufficient power to local level governments to enable them to have significant impact on local service delivery.

This problem is manifested in several different ways (Conyers 1999). In some cases, decentralisation consists of no more than the decentralisation of planning powers. This is very common in countries embarking upon decentralisation for the first time. It was a characteristic of many of the early decentralisation efforts, when 'composite' bodies (such as regional and district development committees) were the main decentralised institutions and their principle role was to prepare 'integrated' development plans (de Valk and Wekwete 1990). In some countries, the limitations of this approach were recognised and led to the decentralisation of more substantial powers; examples include Tanzania's 1971 decentralisation reforms (Conyers 1981) and Kenya's District Focus Programme (Barkan and Chege 1989). But in many other cases, there was no further decentralisation and those involved in local level planning, frustrated by the inability to implement their plans, often lost interest in the planning process; this was the fate of Zimbabwe attempts at decentralised planning in the 1980s (Makumbe 1999; Mutizwa-Mangiza and Helmsing 1991).

In other cases, local institutions are given the power to make decisions – often over a wide range of public services – but are not given control over the resources needed to implement these decisions. Local government legislation typically includes a long list of local government functions but control over the resources needed to exercise these functions remains centralised. This problem, which is characteristic of many of the more recent devolution reforms, is well documented in Ghana (Ayee 2004a, 2004b; Crook and Manor 1998). Failure to decentralise financial control is particularly critical – and particularly common (Conyers 1999; Olouu and Wunsch 2004; Ribot 2003; Smoke 2003).¹⁸ Moreover, the limited resources that are made available tend to take the form of central government grants (most of which

are conditional) rather than revenue-raising powers. Uganda is one of the few countries where substantial financial powers have been decentralised, but even here, conditional grants constitute the main form of local government revenue.¹⁹ The other critical resource, and one that has received much less attention in the literature, is personnel. Very few countries have either decentralised control over the public servants currently engaged in service delivery or given local governments the authority and (more importantly) resources to recruit their own staff. The main exception once again is Uganda, where most public servants at sub-national level are responsible to district councils rather than national line ministries.

Another manifestation of the problem is long delays in implementing decentralisation reforms. There are often long time-gaps between the political decision to decentralise, the promulgation of the enabling legislation, and the implementation of this legislation. Moreover, the content of the decentralisation reform is often 'watered down' at each stage. Zambia is a good example of this. Decentralisation has been on the policy agenda since the 1960s, but each of the many decentralisation reforms has encountered implementation problems. Chikulo (2000) concludes that, although each reform makes more progress than the one before, the country remains highly centralised and there has been more deconcentration than devolution.

The final manifestation of the problem is a tendency for central governments to try to withdraw powers after they have been decentralised. Uganda illustrates this phenomenon. The decentralisation reforms implemented in the late 1990s involved the transfer of effective control over most local services to local governments, including control over financial and personnel resources. Subsequently, however, the central government has slowly but surely regained a significant amount of control. This is most obvious in the case of finance. The proportion of conditional grants has increased substantially (primarily due to the provision of large grants for primary service provision under a donor-funded national poverty reduction programme) and one of the main sources of local government revenue (the graduated tax) has been abolished.²⁰ However, there have also been attempts to reclaim control over district council personnel, most importantly by giving the central government the power to appoint chief administrative officers.

5.4 Resource availability

The hypothetical case for decentralisation suggests that it may increase the availability of resources (especially financial resources) in four main ways: (1) opening up new sources of tax revenue that cannot feasibly be exploited by a centralised administration; (2) improving the collection of existing taxes; (3) facilitating contributions from the general public (including both user fees and voluntary contributions of money, materials or labour); and (4) reducing the cost of service provision and thus generating surpluses that can be used for other purposes. Unfortunately, there is little substantive information about the extent to which decentralisation has achieved these objectives in sub-Saharan Africa. The information that does exist is piecemeal and consists largely of casual observation or 'hearsay', rather than objective statistical data. This section summarises the information that does exist regarding each of the hypotheses posed above.²¹

There have been relatively few cases where decentralisation has opened up new sources of tax revenue. There are probably three main reasons for this: the limited number of additional taxes that can feasibly be exploited, especially in poor and/or predominantly rural areas; the reluctance of both central and local governments to increase taxation for political reasons; and the tendency for central governments to want to retain as much control over, and access to, tax revenue as possible. Although local governments are often reluctant to increase taxation for political reasons, the central government is sometimes the main obstacle. For example, as already indicated, the Uganda Government recently abolished one of the main sources of local government revenue, despite strong objections from local governments. Similarly, in Zimbabwe in the late 1990s, local governments applied to the central government to introduce several new taxes (e.g. taxes on land), but were refused permission. However, there is evidence from both Zambia and Zimbabwe of local councils introducing new taxes when allowed to do so (Mellors 2006).

There is circumstantial evidence of improved collection of existing taxes following decentralisation in a number of countries; for example, Uganda, Malawi and Zimbabwe.²² The improvement appears to be due partly to increased motivation on the part of local government officials, but also to general improvements in administrative efficiency. However,

most of the evidence is less positive. Korsun and Meagher (2004) found the quality of revenue collection in Guinea, Mali and Senegal to be generally poor; Crook and Manor (1998) found similar problems in Côte d'Ivoire and Ghana; and Therkildsen (1993b) reported declining revenue collection in a number of countries. In many of these cases, the quality of revenue administration appeared again to reflect that of administration and governance in general, while in Côte d'Ivoire and Ghana many of the problems seemed to stem from central government controls over local government revenue raising. Some of the most detailed information about local revenue administration comes from Fjeldstad and Semboja's study of Tanzania's local development levy (Fjeldstad 2001). This suggests that council employees are more effective revenue collectors than local politicians or community-based tax collection agents, since the latter are sensitive to the negative impact of taxation on their political position and susceptible to corruption and bias. There are similar findings about the shortcomings of local politicians and tax collection agents in Uganda (Francis and James 2003; Uganda 2002a) and Senegal (Juul 2006). However, evidence from Zimbabwe suggests that, when councillors are fully involved in preparing the council budget, their attitude often changes (Mellors 2006).

Although increases in user fees have often occurred at the same time as decentralisation in African countries, there is little evidence to suggest a causal link between them. This is probably because policy on user fees is generally made by central rather than local governments, and tends to be determined by the state of the national economy and/or donor policy. For example, in the 1980s and early 1990s, user fees were introduced in many countries, but as part of structural adjustment policies rather than decentralisation reforms. Similarly, in Zimbabwe the government has decentralised control over some services and increased user fees in recent years, but both moves have been in response to its increasingly acute financial situation and have not been accompanied by improvements in the quality of service provision (Conyers 2003).

There is often a positive link between decentralisation and voluntary contributions by the general public, especially when decentralisation extends down to the community level (SNV 2006). It appears that, given a choice, most people would

prefer to contribute to specific projects from which they will directly benefit than to pay general taxes to a local authority. The case study of primary education in Chad, cited earlier, is an extreme example of the lengths to which people are prepared to go to obtain goods or services that they value highly (Fass and Desloovere 2004). Similar evidence comes from Senegal (Juul 2006). However, voluntary contributions are not only associated with decentralised government; well-organised central government campaigns and NGOs can both mobilise self-help efforts. Furthermore, there is not always a positive relationship between the amount of self-help and the quality of service delivery. Thus, in the case of Chad, it was a response to the government's inability to provide basic services and it was merely a case of 'some form of schooling is better than none'. Similarly, in Zimbabwe, the promotion of community-based maintenance of rural water supplies was in large part a response to the government's inability to fund those services itself, and was again accompanied by a general decline in the quality of service provision (Conyers 2003), while in Ghana, where the promotion of self-help by local governments was again a response to financial constraints at the national level, Crook and Manor (1998) found that the quality of self-help projects was often poor.

Turning to the final hypothesis, there is little if any information on the impact of decentralisation on the cost of service provision in Africa.²³ However, experience in Uganda (Mwenda and Tangri 2005) and elsewhere suggests that, except in cases where decentralisation has coincided with a drastic reduction in public expenditure and thus in the quality of services, as was the case in Zimbabwe (Conyers 2003) and Ghana and Côte d'Ivoire (Crook and Manor 1998), it is unlikely to result in significant cost savings. There are three main reasons for this. First, the transfer of functions to local governments is seldom accompanied by a significant reduction in central government staff. This is due partly to general problems of 'downsizing', but also to the fact that decentralisation often creates new functions for central government staff (such as monitoring) or means that jobs previously undertaken by one field officer now require two – one to undertake the central government component of the job and the other the local government component.²⁴ Second, even in relatively well-run local governments, decentralisation tends to result in an increase in overhead costs at the local level, because of the

additional administrative and political functions that have to be performed. And third, decentralisation often results in an increase in the number of local authorities, and thus in total overhead costs. In Uganda, for example, the number of districts has more than doubled since the decentralisation process began.²⁵

5.5 Administrative performance

The hypothetical link between decentralisation and administrative performance is based on a number of premises. Of particular importance are the claims that decentralisation may increase flexibility and therefore responsiveness, improve coordination between the various agencies involved, and encourage integrity and responsibility among local officials. Once again there is insufficient evidence to either support or refute the validity of these claims in sub-Saharan Africa. In this case, the problem is not merely the quantity and quality of data but also the difficulty of measuring the concept of 'administrative performance'.

The main impression from the literature is that administrative performance under decentralised systems of governance is poor in most countries of the region. For example, Crook and Manor (1998) found the quality of administration in their two African case studies (Côte d'Ivoire and Ghana) generally inferior to that in the two Asian cases. Olowu and Wunsch (2004) are critical of performance in all but one of the seven countries they studied (the exception being Botswana), and (as already indicated) Korsun and Meagher (2004) suggest that poor financial administration in the three countries they studied was largely a reflection of poor administration in general.

The potential benefits of decentralisation appear to have been undermined by a number of factors (Crook 2003; Crook and Manor 1998; Olowu and Wunsch 2004; Oyugi 2000b,c; Ribot 2003), in particular:

- Inadequate devolution of power, particularly over finance and staff
- Vague and/or inappropriate systems and procedures
- Inadequately qualified, underpaid and unmotivated staff
- Political 'interference', corruption and abuse of power
- Lack of 'downward' accountability.

However, there is a need to put these findings into perspective. There is, in particular, a need to ask whether administrative performance has actually deteriorated as a result of decentralisation and whether the quality of administration at the local level is worse than performance at the national level. In most cases, the answer to both these questions is probably 'no'. The main conclusion that emerges is that administrative performance at local level is, to a large extent, a mirror of that in the country as a whole. As Oyugi (2000c: 16) concludes, 'studies done on decentralization tend to suggest that more often than not, the problems that bedevil the national-level institutions and processes find similar expressions at the local level in any scheme of decentralization'.

The Ugandan experience illustrates this point. There is no doubt that administrative performance at the local level has improved dramatically in Uganda over the last two decades. In 1986, when the Museveni government came to power and the present decentralisation policy was born, there was no effective administration whatsoever at local level. However, it is difficult to determine how much (if any) of this improvement can be attributed to decentralisation, as opposed to improvements in the quality of public administration as a whole and a marked increase in financial resources. Furthermore, the many administrative problems that remain at the local level, of which corruption and other abuses of power are perhaps the most obvious, are also characteristic of the Ugandan administration as a whole.

Some evidence about the potential impact of decentralisation on administrative performance is available from the substantial number of pilot, donor-supported local government capacity-building programmes that have been implemented in a number of African countries over the last two decades (Conyers 2005; DIP 2002; Fjeldstad 2001; Romeo 2003; UNCDF 2003).²⁶ In most of these cases, there has been no national decentralisation reform, but unconditional grants for capital development projects have been made available to pilot local governments, together with capacity-building support in the form of training and organisational development. The short-term impact on administrative performance has generally been positive, including measurable improvements in the quality of coordination, planning, project

implementation, and both financial and general management. Three main factors appear to have been critical to this success: the provision of general-purpose development funds (especially if linked to performance criteria), which gave local authorities the incentive and the power to improve resource allocation procedures; the complementary capacity-building support, particularly if provided in a 'facilitatory' rather than didactic manner and focused on organisational change rather than just training; and the adoption of a flexible 'process' approach to programme implementation by donors. However, the longer-term results have been less positive. Difficulties have been experienced in 'scaling up' pilot projects into nationwide programmes, in sustaining benefits when capacity-building support is removed, and in replacing donor funds with permanent sources of local government revenue.

Finally, there is also positive evidence about the potential for enhancing administrative performance through increasing downward accountability. The importance of downward accountability is increasingly recognised and many attempts are being made to mobilise civil society organisations and community groups to hold local governments to account. Most of these are being promoted by NGOs (both national and international) but some by national and regional local government organisations.²⁷ Documentation of these efforts (see, for example, Conyers and Cumanzala 2004; Goetz and Gaventa 2001; Kajimbwa *et al.* 2005; Mushamba 2000; Musyoki and Nyamu-Musembi 2005; Robinson and Friedman 2005: 15; SNV 2006; Uganda 2002a) demonstrates that pressure from below can have a positive impact on performance and suggests a variety of possible techniques that can be used.

6 Conclusion

At first sight, the main conclusion to emerge from this brief overview may appear to be a negative one. It seems that, as far as one can tell from the limited evidence available, the many years of decentralisation experience in sub-Saharan Africa have failed to have a positive impact on service delivery. However, it is necessary to qualify this conclusion in four ways.

First, it is important to reiterate the problems of drawing any general conclusions about the relationship between decentralisation and service delivery, since so much depends on the type of

service, the type of decentralisation, the way in which it is implemented, and the broader policy environment. As Olowu and Wunsch (2004: 123) aptly put it, 'the devil is in the detail'.

Second, one could argue that, despite the many years of experience, decentralisation has not really had a fair trial in Africa because there have been very few countries where significant powers, especially over finance, have actually been decentralised to local governments. The problem of central governments' reluctance to decentralise is not unique to Africa. It reflects the fundamental nature of decentralisation. As Smith points out, decentralisation is the 'territorial dimension of the state' and the form that any decentralised system of government takes is 'the result of political forces in conflict' (Smith 1985: 201).

Third, it is not fair to blame decentralisation for the poor quality of service delivery in much of the region

because most of the weaknesses of local governments – including their lack of power – are a reflection of the problems of governance in general. Experience with decentralisation tells us a great deal about the nature of governance in many African countries, especially the high level of centralisation and relative lack of accountability, and suggests that the problems of decentralisation (like so many others) cannot be addressed in isolation.

Finally, and on a more positive note, it is important to note that the history of decentralisation has not been static. There have been a number of positive changes over the years, including the move to more democratic forms of local governance, recognition of the need for fiscal decentralisation, and the many recent attempts to increase citizen participation and downward accountability. This in turn suggests that there is a need to see decentralisation as part of a long, slow process of state building – and thus to be realistic about what it can be expected to achieve.

Notes

- 1 Those countries for which there is most information include Côte d'Ivoire, Ghana, Kenya, Nigeria, South Africa, Tanzania, Uganda and Zimbabwe (compare Crook 2003: 78).
- 2 For useful summaries, see Pasteur (1999); Olowu and Wunsch (2004, Ch. 2); Ribot (2003).
- 3 It is difficult to attach dates to these periods because the timing varies from country to country, depending in particular on the date of independence. There has been a tendency for countries that attained independence relatively late to go through the same post-independence phases as their predecessors, albeit often more quickly. This suggests that, although external factors have undoubtedly played a part, the evolution of decentralised systems of government is part of a wider process of 'state-building'.
- 4 That is, through pre-colonial administrative structures or, where such structures were weak or non-existent, through structures set up to replicate them.
- 5 See, for example: Andrews and Schroeder (2003); Conyers (1999); Kimenyi and Meagher (2004); Mehrotra (2006); Olowu and Wunsch (2004); Oyugi (2000a); Ribot (2003); Smoke (2003).
- 6 The term 'process variables' is used by Olowu and Wunsch (2004).
- 7 Three regional organisations have played a particularly important role in organising such conferences, and in promoting decentralisation and local government in the region. They are the African Union of Local Authorities, the Municipal Development Programme, and the African office of the United Nations Centre for Regional Development.
- 8 Much of the data in this article is based on a wider study, including countries in other regions; see Crook and Sverrisson (2001, 2003).
- 9 For a comprehensive bibliography, see Ribot (2003).
- 10 In the case of Ghana, a later survey by Ayee (2004b: 83) found that 52 per cent of people were satisfied with the level of service provision, suggesting that performance may have improved. However, Ayee is somewhat surprised by this, since his general conclusion is that 'decentralised government has fallen far short of reducing poverty'.
- 11 The World Bank findings do not relate only to Africa. They cover 42 developing countries and there is no breakdown of findings by region. However, the report includes a case study from Ethiopia, where road maintenance was successfully decentralised to a local community-based organisation.

- 12 For other interesting examples of community intervention when state service provision fails, see Goetz and Gaventa (2001: 24) and Lund (2006).
- 13 The 'allocative efficiency' argument for decentralisation, often used by economists, is based on the premiss that 'local governments will likely be better able to match public goods to local preferences', because they have better information about local preferences and are more likely to respond to local demands (Azfar *et al.* 2004: 22). For further explanation of this argument and discussion of its validity, see Azfar *et al.* (2004) and Mehrotra (2006).
- 14 The term 'patronage' refers to a situation where politicians achieve and/or maintain their position by giving favours (e.g. political positions, jobs, preferential treatment, local development projects, cash handouts) to their supporters. In Africa, it is often referred to as 'neo-patrimonialism', a term that suggests that it resembles and/or has roots in the pre-colonial 'patrimonial' relationship between chiefs and citizens. For various perspectives on its nature and impact in the region, see Hyden (1983), Bratton and van de Walle (1997) and Chabal and Daloz (1999).
- 15 Titeca's paper is particularly interesting. It provides a detailed case study of the way in which the National Resistance Movement, which operated for many years as a *de facto* ruling party, dominates most local institutions in western Uganda, including local authorities and civil society organisations.
- 16 See, for example: ACPDT (2002); Conyers and Cumanzala (2004); Goetz and Gaventa (2001); Kajimbwa *et al.* (2005); Mushamba (2000); Musyoki and Nyamu-Musembi (2005); SNV (2006).
- 17 The concept of 'participatory budgeting' has been introduced into Africa following the widespread publicity given to its adoption in the city of Porto Alegre in Brazil (Baiocchi 2003). It is being promoted by the Participatory Budgeting Knowledge and Action Support Facility for Africa, established by the Municipal Development Partnership for Eastern and Southern Africa (MDP-ESA), in collaboration with African local authorities and the World Bank Institute (for details, see www.asaaf.org.zw/asaaf.htm).
- 18 Data on 22 African countries compiled by Bahl and Smoke (2003: 13) revealed that in 15 countries, the proportion of government expenditure channelled through local governments was less than 6 per cent. It should, however, be noted that in some of the other countries the proportion was much higher and that in seven countries it was considerably higher than one would expect from comparative analysis of other countries with similar conditions.
- 19 Information on Uganda in this section of the article is based primarily on personal observations. For further information on recent fiscal decentralisation strategy, see Uganda (2002b).
- 20 Moves to reduce the degree of conditionality of the grants within sectors are currently under way, but they will remain conditional.
- 21 Where no references are given in this subsection, information is based on my own personal observations.
- 22 This assertion is based largely on unreported data, including personal visits to local authorities in these three countries and personal communication from colleagues working at this level.
- 23 This is part of a wider problem of lack of information on the cost of service provision in general, which, as Bahl and Smoke (2003) note, hampers any attempt at fiscal decentralisation.
- 24 An example of this is education, where general administration becomes a local government function, while inspection remains a central government function.
- 25 According to Mwenda and Tangri (2005: 457), the number of districts increased from 33 in 1986, when the NRM Government came to power, to 56 in 2003; and at the time of writing (2006) it had increased to 76 (Larok, pers. comm. 2006).
- 26 The countries concerned include Zambia and Zimbabwe (supported by the UK's Department for International Development), Malawi and Uganda (supported by the United Nations Capital Development Fund), and Tanzania (supported by the Netherlands Government).
- 27 An example of the latter is the Municipal Development Partnership for Eastern and Southern Africa (MDP-ESA), which has worked with local authorities in a number of countries to promote such activities.

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