AHANTA WEST DISTRICT
HUMAN DEVELOPMENT REPORT 2007

Vulnerability and the Attainment of the MDGs at the Local Level

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Forward

His Excellency, the President of the Republic of Ghana, in his sessional address to parliament in 2007, spelt out Government's development agenda for accelerated economic growth. The President's vision is to transform Ghana into a middle income country with GDP of at least 1,000 US dollars by 2015. The main pillars for achieving this growth are human resource development, private sector development and good governance. These are critical for attainment of good indicators for Human Development in the country.

Human Development is central to Government's development agenda. The traditional conceptualisation of well-being in Ghana does not focus only on the income of a person, but also on what a person is capable of doing, as well as, on the physical appearance of the person. The concept of human development may be considered as being well-suited to the average Ghanaian's concept of welfare and standard of living. While improving human health is intrinsically desirable, it is broadly recognised that health is a necessary prerequisite for socio-economic development since it improves human capital, productivity and wealth.

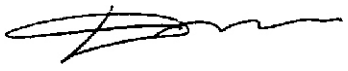
Ghana has produced National Human Development Reports in almost every year since 1997 which more often than not are national aggregation of the human development situation of the country. Useful as these indicators and figures may be, they do not present adequate and relevant micro information for district and local planning and decision making processes. Regional and district level indicators of human development are therefore needed to provide critical information for making decisions on how resources are to be judiciously allocated.

District Human Development reports can be useful to assist district administrations in tracking progress and feedbacks in their development efforts. In 2004, the first set of district human development report were prepared for three district, Atwima, Builsa and Tema Municipality with the support of UNDP.

The theme of this second set of district human development reports, "Vulnerability and the Attainment of Millennium Development Goal (MDGs) at the Local Levels", which is also supported by UNDP is very appropriate in view of the fact that, empowering the vulnerable and the excluded especially women to contribute to and share in the benefits of growth of the economy ensure sustained poverty reduction. Vulnerability of communities, households and the individuals to negative shocks can impact adversely on the attainment of the MDGs and improvement in human development.

I strongly believed that these district human development reports for the districts will critically unveil the interplay of vulnerability that communities, households or individual faces in order to prevent the occurrences of the negative events or to mitigate or to cope with the impact of the shocks.

I wish to acknowledge the contribution and commitment of all stakeholders in the development of these reports and call on all to acquaint themselves of the content and to realign their support for the implementation of the recommendations of the reports. Through such collective support, we shall achieve the objectives of the GPRS II and the MDGs.



HON. KWADWO ADJEI DARKO (MP)
MINISTER, LOCAL GOVERNMENT,
RURAL DEVELOPMENT & ENVIRONMENT

Preface

Since 1997 UNDP Ghana has been working with government to prepare and disseminate national human development reports. The prime objective of the reports is to offer guidance on policies and priorities required at different levels by different actors to keep development actions focused, coordinated and efficacious by presenting systematic account and assessment of social and economic developments in the country from the sustainable Human Development perspective.

In recent times, UNDP Ghana has taken the Human Development Report to the district level to capture more development issues from the grassroots to provide a more in-depth diagnostic analysis on key human development issues; raise awareness about the critical development challenges; inform planning and resource allocation; and strengthen the link between national and district development planning frameworks. To this end, three district human development reports were prepared in 2004 - on the pilot districts of Tema, Atwima and Builsa.

These current sets of the District HDRs cover another three (3) districts of Ahanta West, Offinso, and West Gonja in Western, Ashanti and Northern Regions respectively on the theme "Vulnerability and the Attainment of the MDGs at the Local Level". This year's theme is appropriate as it lends credence to the various shocks and risks communities and individuals are exposed to, and its subsequent contribution to the derailment of their efforts to live a meaningful and productive life. It is therefore hope that the reports would lend support to the district medium-term development plan, to further inform the on-going national development plan preparation, and to forge a closer link between these two documents and the GPRS II.

It is heart soothing to know that progress has been made in achieving most of the MDG indicators in health and education in the three districts. It is hope that efforts would be made to sustain the improvement made so far. Improvement in health and education infrastructure, fighting malaria and HIV/AIDS and reducing any form of vulnerability at all levels in the districts are worth undertaking. Increasing the income base of the districts by setting up more economic ventures would go a long way to mobilize revenue for the MDG activities in the districts. The MDGs can and should be achieved at the local levels for national attainment of the MDGs to be a reality. To that effect, all hands must be on deck for the betterment of humankind.

It is our fervent hope and effort that the report is extended to cover more districts, at least ten (10) at a time. With this, more development issues at the district levels would be brought to the fore for more appropriate actions to be taken.

I encourage all national development orientated entities (civil society, development partners, and the government at large) to continue to share their suggestions to the approach to this report as we continue in our efforts to fill the gaps in the design of programs and projects towards the improvement of lives at the district and community level.

DAOUDA TOURE
UNDP RESIDENT REPRESENTATIVE

ACKNOWLEDGEMENTS

This is the second sets of the District Human Development Reports, but a maiden one for Ahanta West District. It is a publication by the UNDP Ghana Country Office with collaboration from the Ministry of Local Government, Rural Development and Environment (MLGRDE), National Development Planning Commission (NDPC), Ahanta West District Assembly, and Institute of Statistical, Social and Economic Research (ISSER) of the University of Ghana.

The overall project was guided by Professor Ernest Aryeetey, Director of ISSER and coordinated by Ms. Abena D. Oduro of the Department of Economics, University of Ghana. We acknowledge Mr. William Baah-Boateng of the Department of Economics, University of Ghana, for his efforts and contribution as the consultant for the fieldwork and the writing of this report.

We appreciate the enormous contribution from the leadership of the Ahanta West District Assembly, particularly the District Chief Executive (DCE), Mr. Kwesi Binney, the District Coordinating Director (DCD) both present and immediate past, Directors and Heads of Departments of the district who worked in diverse ways to make the conduct of the household survey and the preparation of the report relatively easy. We are also grateful to the District Statistician, Mr. Louis Okine and Francis Nelson, who co-supervised the household survey. The contribution of chiefs, unit committee members and opinion leaders of various localities visited during the focal group discussions enriched the analysis. Our appreciation also goes to officers of the Ghana Statistical Service who provided useful assistance in extracting information from various datasets that enabled the report to be organised to suit the district-level analysis.

The ICT and Geography staff of the Ghana Statistical Service provided noteworthy assistance in extracting information from various datasets which enabled the report to be organised in a manner that is particularly meaningful for district-level analysis. The contribution of Mr. Nii K. Bentsi-Enchill as technical editor in the production of the report is highly appreciated.

The report was finalised with active participation and in consultation with members of the Economic Policy Unit of the UNDP namely Prof. Amoah Baah-Nuakoh, Messrs. Paul Derigubaa, Kordzo Sedegah, Emmanuel Otoo and Nicholas Amponsah, Ms. Simran Singh, and Ms. Mary Ankrah, particularly the Focal Point for Human Development Reports and Coordinator of the District Human Development Reports, Mr. Kordzo Sedegah. The personal attention given to the entire process by the Resident Representative, Mr. Daouda Toure, is very much appreciated.

DHDR 2007 Research Team

Ms. Abena D. Oduro	-	Coordinator and Researcher Responsible for Offinso District Report
Dr. Isaac Osei-Akoto	-	Researcher Responsible for West Gonja District Report
Mr. William Baah-Boateng	-	Researcher Responsible for Ahanta West District Report

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EXECUTIVE SUMMARY

This report on Ahanta West District is one of the three District Human Development Reports prepared by the Institute of Statistical, Social and Economic Research (ISSER) of the University of Ghana for the United Nations Development Programme (UNDP) in Ghana. This is the second set of District Human Development Reports in Ghana and has as its theme vulnerability and the attainment of the Millennium Development Goals (MDGs). The MDGs contain internationally accepted targets to be achieved by 2015.

Progress towards the realization of the MDGs can be impeded by vulnerability at the micro, meso and macro levels. At the micro level, for example, harvest failure caused by flooding, poor rains or pest invasion can influence the decision making of households or individuals. Vulnerability at the macro level in the form of declining international commodity prices that result in revenue loss to the government can have negative implications for the execution of programmes and projects designed to enhance human development. Obviously, the coping mechanisms employed by individuals or households when faced with negative shocks can reinforce their level of poverty and deprivation, depending on their circumstances.

Vulnerability of individuals, households or communities can also be compounded by the inability to attain the MDGs. For instance, a high incidence of food insecurity as a sign of the failure to eradicate hunger can adversely affect the health of schoolchildren, reduce school attendance, increase household spending and dislocate incomes, especially of those engaged in self-employment. Conversely, progress towards attainment of the MDGs will tend to reduce the level of vulnerability of individuals and households.

Profile of the District

Ahanta West is basically a rural district in the Western Region with a current estimated population of about 115, 385 people. The district is located at the southernmost point of the country and is very close to the regional capital. It is endowed with natural resources including forest and minerals, and possibly oil (commercial viability is yet to be ascertained). The people are predominantly Ahanta though there are a considerable number of inhabitants of Fanti and Nzema origin. Christianity is the dominant religion, accounting for over three-quarters of the population.

The district has basic infrastructure such as roads (some of which are untarred), electricity, pipe-borne water and boreholes, schools, health centres, telecommunications and police stations. However, the number of financial institutions to advance credit to promote economic activity in the district is inadequate. Ahanta West is observed to be among the safe and peaceful districts in the country with a very low crime rate. This makes the district less vulnerable to insecurity.

Economic Activity

The main economic activities are farming and fishing, accounting for about 40 percent of the workforce, followed by manufacturing and wholesale and retail trade. Farming practices are generally based on the traditional system of shifting cultivation and/or rotational bush fallow. With no irrigation facilities in the area, agriculture is basically rain-fed and productivity depends on the fertility of the soil. The major food crops grown in the district are cassava, plantain, cocoyam, yam, maize, rice, coconut and vegetables while oil palm remains the main cash crop. Food crop production is generally undertaken on subsistence basis while oil palm is partly grown on a large scale. Lack of finance has been identified as the major problem confronting agriculture and other economic activities such as manufacturing and commerce. Low prices of farm produce and marketing problems as well as shortages of inputs were also mentioned as constraints facing farming and fishing in the district.

The district has had a consistent increase in the unemployment rate from 8.4 percent in 2000 to 17.6 percent in 2007 although the rate among the youth declined from 53.9 percent to 50.9 percent between 2003 and 2007. The rate is higher among women than men and higher in urban than in rural areas. The main reason for the high and increasing unemployment rate in Ahanta West is the lack of job opportunities as over three-quarters of adult unemployed (aged 15 years and above) and 96 percent of young people aged 15-24 years find it difficult to obtain jobs.

The underemployment rate is reasonably low and the incidence of child labour has declined considerably from the 2000 level of 14.7 percent of children aged 7-14 years to 2.7 percent in 2007. A greater proportion of girls are engaged in economic activity than boys and most of the children are engaged on farms.

Poverty

The poverty situation in Ahanta West appears better than the national average using the UNDP Human Poverty Index (HPI) and is higher among rural populations than urban. In addition, the percentage of households without access to health services and the percentage of underweight children are lower in the district than the national average. Surprisingly, a higher percentage of people in the urban areas are without access to safe water, with most urban dwellers resorting to purchasing water from water tanker operators. The gender disparity in the poverty indicators is due in part to higher adult illiteracy rates among women. In addition, using the percentage of underweight children as a proxy for child poverty, girls are found to be at a disadvantage compared to boys.

A subjective assessment of the poverty situation points to a decline in poverty in the district with a fall in the proportion of poor or very poor from 30 percent in 2003 to 23 percent in 2007. At the same time the proportion of non-poor or somewhat non-poor increased from 4 percent to 24 percent over the same period. The food situation in the district appears to have neither worsened nor improved. The reported

decline in the proportion of households that had never experienced a food shortage suggests a slip in the effort of the district to eradicate extreme hunger, whereas a drop in the proportion of households that sometimes, always or often face a food shortage suggests an improvement in the food security situation in the district.

Education and Literacy

The rate of expansion of the provision of education by both the private and public sectors has been generally slow in the district. There are 561 trained and 556 untrained teachers for 33,174 pupils and students in 198 basic, secondary, and technical and vocational schools. A greater proportion of the trained teachers are in public primary and junior secondary schools. The pupil-teacher ratio, which is a critical factor in assessing school quality, is higher in pre-schools and public primary schools. Access to good sanitation and safe drinking water in schools has improved since 2002 but the observed decline in the number of core textbooks per pupil could adversely affect the quality of teaching and learning and hence the performance of schoolchildren in certificate examinations.

The district has had a significant improvement in school enrolment. The net primary enrolment rate of 78 percent realized in 2007 is already higher than the district's 60 percent target for 2009. This suggests that with consistent effort, the district could achieve the goal of universal primary education by 2015. Though there was improvement in enrolment rates among both sexes, greater improvement was recorded among boys than girls, leading to a wider gender gap. School attendance is quite regular and was marginally higher among boys than girls. Ill-health was the major reason for about 24 percent of pupils and students aged 3-24 years missing some days of classes. The relatively low proportion of people registered with the National Health Insurance Scheme, coupled with the problem of affordability, may impede access to health services by many poor people.

Adult literacy rates have increased remarkably between 2000 and 2007, particularly among men, thereby widening the gender gap in favour of men. This tends to undermine the progress of ensuring gender equality and promotion of women's empowerment as contained in the MDGs. Educational attainment of the population aged 3 years and above has also improved, with a declining proportion of the population at lower levels and an increasing proportion at higher levels. This suggests that the population is now striving for higher education more than before which could translate into improved literacy rates and productive skills among the population. The rise in literacy and enrolment rates in the district generally indicates improvement in the knowledge component of human development.

Health and Sanitation

Access to health facilities in the district seems to have deteriorated, judging by the decline (from 60 percent to 30 percent) in the proportion of households that claim to be

less than 30 minutes away from the nearest health facility between 2003 and 2007. This definition of access, however, does not take into account the range of quality of health services provided and affordability for the patient as well as the time it takes to obtain transport to reach the health facility. Hospital attendance has improved, given the increase in the number of admissions and outpatients at hospital and clinics.

Malaria is reported to be the leading cause of morbidity and death in the district. There has been a gradual decline in child and infant deaths, indicating some improvement in life expectancy. Broad coverage and patronage of child immunisation programmes and the consequently good child health have partly accounted for the improved child and infant mortality. It is also a positive sign of progress towards attainment of MDG 4 in the district and of enhanced human development. However, the less satisfactory performance in terms of the maternal mortality ratio constitutes an impediment to the realisation of the fifth MDG. The observed increase in the number of supervised deliveries by health personnel and high pre- and post-natal hospital attendance has not had any positive effect on maternal mortality.

Availability of and access to good drinking water is high due to the fact that 72 percent of households have access to pipe-borne water, boreholes and protected wells. This is confirmed by the absence of waterborne diseases in the district. The remaining 28 percent draw water from rivers/lakes/ponds, unprotected wells or purchase from vendors/tankers. A higher proportion of urban households have access to safe drinking water than households in rural areas. Sanitary practices of many households are a source of worry due to their adverse environmental and health implications. Over 96 percent of sampled households in 2007 resort to throwing liquid waste onto the street, compound or into the gutter without regard for environmental consequences. In addition, a considerable proportion of households do not have access to toilet facilities, compelling them to use the bush or the beach. These are among the unorthodox waste management practices that provide breeding grounds for disease vectors such as mosquitoes, thereby undermining the effort towards malaria prevention and progress on the sixth MDG.

Vulnerability

The level of security of households in times of crisis such as ill-health and loss of economic opportunity in 2003 was better than the national situation, based on evidence that about 29 percent of households in the district felt very secure or somewhat secure enough to survive crisis, as against 23 percent nationwide. More urban households were found to consider themselves secure than their rural counterparts. Compared with five years ago, about 30 percent of households in the district claim to be less confident of surviving in times of need compared with 38 percent in the country.

The ISSER Household Survey elicited information on various types of shocks experienced by households over a period of 12 months and the results show that price-related shocks due to increases in food, utility and fuel prices were the most frequently reported human-related or man-made shocks. The second most frequently

reported man-made shocks were security-related shocks such as theft of cash, livestock, crops and other properties as well as loss of property due to fire, flooding and riots. Natural shocks such as poor rain and pest invasion resulting in harvest failure as well as flooding and plant disease that caused harvest failure were also reported by a considerable proportion of households. A higher proportion of rural households faced shocks of all kinds than did urban households. Households headed by farmers, fishermen or community service workers were the worst affected.

To alleviate the impact of shocks, households adopted various coping strategies. Interestingly, about 54 percent of households that experienced one shock or the other were helpless and reported doing nothing to cope with the shocks. The most frequently used coping strategy adopted by the remaining 46 percent was informal insurance through borrowing or securing assistance from friends and relatives or delaying payment obligations. The second most frequently used coping strategy was market insurance, which involves credit purchases or drawing down on savings. Many households also reduced food and non-food consumption as a means of dealing with the crisis. Self-help or self-insurance strategies such as sale of livestock, land and other property as well as engaging in additional income-earning activity were employed by some households to overcome the shocks.

Most of the shock-affected households reported having recovered from the shock. The rate of recovery was higher among female-headed households than male-headed ones and higher among households that experienced human related shocks than all other shocks. The recovery rate was also higher among urban households than rural.

Challenges and the Way Forward

There are a number of critical challenges confronting the district which require serious policy intervention. They include rising unemployment rates, high incidence of malaria, poor waste management and sanitation practices, and widening gender gap in school enrolment and literacy rates. Lack of adequate finance, shortage of inputs, and lack of demand and low prices of farm produce continue to beset the agricultural sector, making it less attractive to the youth.

The district's Medium-Term Development Plan outlines a number of policy initiatives on agriculture, education, health and sanitation, and governance. Nonetheless, there are critical areas of concern that need priority attention. Policy measures aimed at providing affordable credit to farmers and fishermen through micro-finance schemes, improving agricultural extension services, increasing processing and marketing of agricultural produce would promote agricultural growth and improve incomes of farmers and fishermen. This would make agriculture attractive to the youth, provide alternative sources of employment and reduce unemployment.

One critical area of policy intervention is the expansion of school infrastructure, provision of teachers and basic tools such as text books and furniture to match the rise in school enrolment. This requires serious collaboration between the District Assembly, central government and NGOs in the provision of these facilities to ensure that quality teaching and learning do not suffer. The widening gender gap in enrolment and literacy rates requires pragmatic measures in collaboration with parents to curb the seemingly high dropout rate among girls and ensure progress toward the MDG of achieving gender equality and women's empowerment.

The reported decline in physical access to health services is largely an indication of the need for expansion of health facilities in the district. In addition, intensification of the educational campaign on health insurance by officials of the scheme to enrol new members would improve the access of inhabitants to affordable health care. In spite of the limited information on HIV/AIDS, the educational campaign on the prevention of the disease must be pursued continuously to avert the spread of the disease.

The deterioration of forest cover through human activities such as farming, charcoal burning, collection and use of firewood for cooking could be reversed through a massive tree planting exercise. This may be complemented by well-designed educational campaigns and policy interventions to shift from the use of charcoal and firewood to gas and kerosene as alternative sources of energy for cooking.

The inadequacy of informal sector coping mechanisms such as informal insurance, self-help insurance, and consumption reduction calls for appropriate formal sector mechanisms to rescue affected households from dropping deeper into poverty and deprivation.

CHAPTER ONE

INTRODUCTION

Human Development

The traditional conceptualisation of well-being in Ghana does not focus only on the income of a person, but also on what a person is capable of doing as well as on the physical appearance of the person. Indeed, an increase in body weight is looked upon with favour and seen as an indication of improvement in one's situation in life. The concept of human development, therefore, may be considered as being well-suited to the average Ghanaian's concept of welfare and standard of living. This is because the UNDP's concept of human development aims to extend the measure of living standards or well-being beyond income to incorporate other important dimensions of living or being. Although income is an important determinant of a person's access to food, clothing and the other basics of life, the correlation between well-being and the income level of a person is not perfect. This is because poor people in assessing their circumstances in life do not focus only on the purchasing power of their incomes. According to Sen (2000), "income may be the most prominent means for a good life without deprivation, but it is not the only influence on the lives we can lead. If our paramount interest is in the lives that people can lead the freedom they have to lead minimally decent lives then it cannot but be a mistake to concentrate exclusively only on one or the other of the means to such freedom".[1] Building on Sen's analysis of poverty and capability, UNDP defines human development as a process of enlarging people's choices. The most critical of these choices are: the option to lead a long and healthy life, to be knowledgeable and to enjoy a decent standard of living.

UNDP has since 1990 provided a quantitative measure of human development. The measure focuses on the three dimensions identified as critical to enlarging people's choices. Longevity is measured by life expectancy at birth. Knowledge is a composite of adult literacy and gross primary, secondary and tertiary enrolment rates. Standard of living is measured by income per capita in purchasing power parity dollars. The Human Development Index (HDI) is a composite of these three variables (Box 1.1). Ghana's HDI is estimated to have risen from 0.515 in 1990 to 0.537 in 1995. It rose to 0.560 and 0.568 in 2000 and 2002 respectively and declined to 0.532 in 2004.

These national aggregate figures mask critical information on regional and district level disparities. They do not provide information on progress made, or the lack of it, by different groups in the country. The gender-related development index, also

[1] Sen, A. (2000), pp. 3.

produced by UNDP, aims to reveal the gender dimensions of the three components of human development.[2]

1997. Regional and district level indicators of human development are needed to provide Information critical for making decisions on

Box 1.1. Calculating the Human Development Index

Calculating the Human Development Index

The Human Development Index (HDI) is a summary measure of human development. It measures the average achievements in a country in three basic dimensions of human development:

- *A long and health life, as measured by life expecta ncy at birth.*
- *Knowledge as measured by the adult literacy rate (two -thirds weight) and the combined primary, secondary and tertiary gross enrolment ratio (one - third weight)*
- *A decent standard of living, as measured by GDP per capita (PPP US$).*

Before the HDI is calculated, an index needs to be created for each of the dimensions. To calculate these dimension indices, minimum and maximum values (goalposts) are chosen for each underlying indicator.

Performance in each dimension is expressed as a value bet ween 0 and 1 applying the following general formula:

$$\text{Dimension} = \frac{\text{actual value} - \text{minimum value}}{\text{maximum value} - \text{minimum value}}$$

The HDI is calculated as a simple average of the dimension indices

Goal Posts for calculating the HDI

Indicator	*Maximum Value*	*Minimum Value*
Life Expectancy at Birth	*85*	*25*
Adult Literacy Rate (%)	*100*	*0*
Combined Gross Enrolment Ratio (%)	*100*	*0*
Gross Domestic Product per capita (PPP US$)	*40,000*	*100*

Source: UNDP Human Development Report, 2004, New Yo rk

Ghana has produced a National Human Development Report almost every year since

how resources are to be allocated. District human development reports can be a useful tool to assist district administrations in

[2] This is a composite index that adjusts the average achievement of each country in life expectancy, educational Attainment and income to take into account the disparity in achievement between women and men.

tracking progress in their development efforts. It was only in 2004 that the first set of district human development reports were prepared for three districts, namely, the then Atwima District, Builsa District and Tema Municipality.

The second set of district human development reports has also been prepared for three districts: Ahanta West, West Gonja and Offinso in the Western, Northern and Ashanti regions respectively. The theme for this year's reports is vulnerability and the Millennium Development Goals (MDGs). Vulnerability was one of the five themes of the first Poverty Reduction Strategy Paper. The overall goal of Ghana's development agenda is to attain middle-income status by 2015. In addition, the social protection policy being developed aims at "empowering the vulnerable and excluded, especially women to contribute to and share in the benefits of growth of the economy, thus ensuring sustained poverty reduction" (Republic of Ghana, 2005). In contrast to the first poverty reduction strategy that included vulnerability as one of its five thematic areas, the second poverty reduction strategy puts vulnerability into the mainstream of each of the thematic areas.

Millennium Development Goals (MDGs)

The adoption of the Millennium Declaration by Heads of State in September 2000 formally introduced the MDGs onto the development agenda. The MDGs were the result of the thinking that began in the mid-1990s on strategies to improve aid effectiveness. The MDGs consist of 8 goals, 18 targets and 48 indicators (Table 1.1) and have become an integral part of Ghana's development strategy. The 2006-2009 Growth and Poverty Reduction Strategy (GPRS II) "...seeks to operationalise various international agreements which are relevant to the poverty reduction objectives and of which Ghana is signatory. Principal among these is the Millennium Development Goals (MDGs)..." (Republic of Ghana, 2005). A synergy has been created between the Heavily Indebted Poor Countries (HIPC) initiative and the MDGs by the transformation of the latter "into the mandatory framework of domestic economic policy in return for the grant of debt relief" (Republic of Ghana, 2005). As a result of this, in both the GPRS II and the district development plans, there is a matrix indicating the link between identified priorities and the MDGs.

There is some overlap between the human development, human poverty and gender development indices on one hand and the MDGs on the other. However, the MDGs do not include dimensions such as human security and participation. The MDGs place great emphasis on targets while the human development concept, although concerned with improving well-being, does not have any explicitly stated goals or targets.

[3] The three thematic areas of the second GPRS are private sector-led competitiveness, human resource Development and good governance.

Table 1.1: Millennium Development Goals and Targets

Goal 1: *Eradicate extreme poverty and hunger*	***Target 1*** *: Halve Between 1990 and 2015, the proportion of people whose income is less than one dollar a day* ***Target 2:*** *Halve Between 1990 and 2015, the proportion of people who suffer from hunger*
Goal 2: *Achieve universal primary education*	***Target 3*** *: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*
Goal 3: *Promote gender equality and empower women*	***Target 4*** *: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.*
Goal 4: *Reduce child mortality*	***Target 5:*** *Reduce by two -thirds, between 1990 and 2015, the under-five mortality rate*
Goal 5: *Improve maternal health*	***Target 6:*** *Reduce by three -quarters, between 1990 and 2015 the maternal mortality ratio*
Goal 6: *Combat HIV/AIDS, malaria and other diseases*	***Target 7*** *: Have halted by 2015, and begun to reverse the spread of HIV/AIDS* ***Target 8*** *: Have halted by 2015 and begun to reverse the*
Goal 7: *Ensure environmental sustainability*	***Target 9:*** *incidence of malaria and other major diseases Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources* ***Target 10:*** *Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation* ***Target 11:*** *By 2020, to have achieved a significant impr ovement in the lives of at least 100 million slum dwellers*
Goal 8*: Develop a Global Partnership For Development*	***Target 12:*** *Develop further an open, rule-based predictable, non-discriminatory trading and financial system* ***Target 13:*** *Address the special needs of the least developed countries* ***Target 14:*** *Address the special needs of landlocked developing countries and small developing States* ***Target 15:*** *Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term* ***Target 16:*** *In cooperation with developing countries, develop and implement strategies for decent work and productive work for youth* ***Target 17:*** *In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries* ***Target 18:*** *In cooperation with private sector, make available the benefits of new technologies, especially information and communications*

Vulnerability

The vulnerability of communities, households and individuals to negative shocks has adverse implications for the attainment of the MDGs and improvement in human development. Vulnerability is the interplay of shocks that the community, household or individual faces in connection with community, household or individual assets and the ability to manage those assets in order to prevent the occurrence of negative events or to mitigate or cope with the impact of shocks.

The desire of poor households to have security of income and to protect consumption levels from declining below the critical minimum influences their production and investment decisions. Being risk averse and lacking the means to manage risk (e.g. access to credit), poor households will choose activities that have low but certain returns. Thus, vulnerability elicits from poor households actions that can keep them at low income levels and put the local and macro-economy on a lower growth trajectory than otherwise would be the case if the poor households had more income, political and social security. The death of a breadwinner can result in a child being withdrawn from school, thus increasing the probability that the child will not complete school. Droughts or floods that destroy harvests can force households to reduce consumption to levels that compromise the growth and development of children, thus making them vulnerable to illness, poor learning abilities that undermine their interest in attending school, and even premature death. Vulnerability analysis is crucial for understanding poverty and, by extension, human development and for the development of strategies to attain the MDGs and GPRS targets.

The vulnerability of individuals, households or communities can also be compounded by the failure to attain the MDGs. For example, a high incidence of food insecurity can adversely affect the health of school children, reduce school attendance, increase household spending and dislocate incomes, particularly of self-employed people. Indeed,

Box 1.2: Preparing for the Implementation of the Study

The choice of Ahanta West District was determined by the UNDP. Prior to the commencement of the study, a visit was made to the district to meet with the officials of the District. The meeting essentially provided the officials with background information on the study and a discussion of the needs of the research team. Present at the meeting were representatives of several of the decentralized ministries, departments and agencies in the district.

Letters were sent out to the District Chief Executive and copied to the heads of several of the decentralised ministries, departments and agencies in the district informing them of the actual date when the data collection would begin. Attached to the letter were the data requirements that the team hoped the District Administration could assist it with.

progress towards the attainment of the MDGs can also bring about a reduction in the level of vulnerability of individuals and households.

The Report

The Ahanta West District Human Development Report is one of the three human development reports prepared by the Institute of Statistical, Social and Economic Research (ISSER) of the University of Ghana for the United Nations Development Programme (UNDP) in Ghana. The report analyses the human development situation and assesses the progress of the district towards the realisation of the MDGs. It also discusses the level of vulnerability of individuals and households in the district and the possible effects on the attainment of MDGs and improvement in human development. The report also examines how the findings could influence the implementation of the District Medium-Term Development Plan for the period 2006-2009.

Methodology and Data

Both quantitative and qualitative methods were applied to gather data from three different sources for the preparation of this report. Information was obtained from official documents such as various censuses conducted in Ghana, and the district-based Core Welfare Indicators Questionnaire (CWIQ) survey that was conducted in 2003. ISSER also conducted a socio-economic survey in the district in March and April 2007 and consulted various stakeholders to ensure that their interests were addressed and technical omissions minimised.

Secondary Data Sources

Some aspects of the district's profile were obtained from documents that had been prepared by the District Assembly for their programmes, particularly the Medium-Term District Development Plan (2006-2009) prepared for the implementation of the Growth and Poverty Reduction Strategy. In addition, various departments of the Assembly provided information on their activities over the last five years. This provided insights into the economic and social conditions in the district and the strategies adopted and implemented, including in relation to issues of human development.

An important source of additional secondary data was the census. Data from the 2000 Population and Housing Census were used extensively to obtain district-level information on population dynamics, housing characteristics, employment and education.

Primary Data Collection

Interviews were conducted in the district using qualitative and quantitative techniques, principally to gather information on various dimensions of the MDGs and human development indicators and also for the assessment of the vulnerability component of the report. Three main questionnaires were used for this purpose: the opinion leaders' questionnaire, community questionnaire and household questionnaire. The opinion leaders' questionnaire contains a check-list of available services and infrastructure and a detailed discussion on development issues. The questionnaire was completed through direct interviews with one or two opinion leaders by the Lead Researcher. The community questionnaire was completed during focal group discussions with traditional leaders of the communities, members of the District Assembly resident in a community and opinion leaders. The objective of the questionnaire was to obtain information about the socio-economic development of the communities visited, land tenure arrangements, trends in crime, and shocks that the communities have experienced, and actions taken by the community to deal with shocks.

The household questionnaire is separated into different modules that are answered by different members of the household. This was done to address issues concerning different targets of the measurable MDGs at the district level. The questionnaire also covered information on the different types of shocks that households have been subjected to, the risk-management strategies adopted by households and the effect of the shocks on households.

Sampling Techniques

In order to ensure comparability with the CWIQ 2003 data, a two-stage sampling procedure was employed with the objective of generating results that are representative of the district. The approach was multi-stage probability sampling, clustered, and stratified with probability proportional to the size of the population of the district.

The Lead Researcher randomly selected well defined enumeration areas (EAs) from the Ghana Statistical Service (GSS) database of the district. The enumerations areas were properly described by the cartography section of GSS and had well-defined boundaries, identified on maps, and were relatively of small sizes having clusters of households. These enumeration areas are demarcated along the lines of the proven process used by the GSS in its implementation of Ghana Living Standard Surveys (especially III, IV and V) and Core Welfare Indicators Questionnaire I and II. The selected EAs or communities were listed fully to know the total number of households that served as sampling frame from which an appropriate sample size was selected systematically for each stratum in the district. This was done to facilitate manageable interviewer workload within each sample area and also reduce the effects of intra-class correlation within a sample area on the variance of the survey estimates.

An enumeration team (consisting of the Lead Researcher, a supervisor who is the District Statistician and a number of interviewers chosen and hired from the district) listed all households in each of the chosen enumeration areas. This was important because some of the enumeration

areas had changed in size since the 2000 Population and Housing Census was conducted and the sampling approach at this stage did not consider their sizes before the selection. An equal number of households in each enumeration area (EA) were also selected. The listing information was needed to compute appropriate weights for proper estimation at the analysis stage.

Stratification

The technique of stratification was employed in the sample design to enhance precision and reliability of the estimates. The stratification of the frame for the survey was based on the size of the locality the enumeration area was chosen from: i.e. whether the locality is urban, semi-urban or rural. Sampling within each stratum was done independently of others and the approach of picking the number of enumeration areas in each stratum was proportional to the population size in each stratum. This was followed by systematic sample selection within each stratum. In all, a minimum of 200 households were chosen from 10 out of 162 EAs in the district. The EAs from which the households were selected are shown in Table 1.2. In the report, the rural and semi-urban households were grouped in the rural category to ensure harmonization with the CWIQ 2003 and 2000 census.

Focal group discussions were carried out in five of the communities and 10 opinion leaders' questionnaires administered in all the 10 communities covered by the survey.

Table 1.2: Enumeration Areas (EAs) and Localities Covered by the Household Survey

Locality	Name of EA	Category	Sample size	Average HH size
Apowa	St. Mary's Sec. School	Urban	82	4.10
Agona Nkwanta	Hospital	Urban	83	4.15
Abura	12 Apostle Church	Semi-urban	100	5.00
Beahu	Ewuradze Kasa bar	Semi-urban	69	3.45
Princess Town	Hospital	Semi-urban	78	3.90
Akwidaa Newtown	Pastor Boadi's House	Semi-urban	71	3.55
New Amanful	Meth Primary & JSS	Semi-urban	96	4.80
Alabiza	Alabiza	Rural	92	4.60
Asemkow	Asemkow	Rural	96	4.80
Apimenim No. 2	Apimenim	Rural	96	4.80
Total			**863**	**4.32**

Source: 2007 ISSER Household Survey

Outline of the Report

The Report has seven chapters. After the introductory chapter, the profile of the Ahanta district is outlined in chapter two and covers physical features, demographic characteristics, socio-economic infrastructure and housing characteristics, human security in the district and local governance. Economic activity and poverty including employment, unemployment and underemployment, child labour and objective and subjective assessments of poverty in the district are discussed in chapter three. Chapter four focuses on education and literacy by analysing school enrolment, number and quality of school Infrastructure, school attendance as well as educational attainment and adult literacy. In chapter five, the report assesses the health, water and sanitation situation in the district in relation to the MDGs and vulnerability. The chapter examines the trends in infant, child and maternal mortality rates and the incidence of HIV/AIDS, malaria and other major diseases as well as household access to safe drinking water and basic sanitation. The sixth chapter discusses vulnerability and the MDGs and examines the type and frequency of shocks or risks experienced by households and the coping mechanisms employed. It also touches on the link between shocks and the MDGs. The concluding remarks and the way forward are presented in chapter seven.

CHAPTER TWO

THE PROFILE OF AHANTA WEST DISTRICT

Introduction

The Ahanta West District in the Western Region was carved out of the Shama Ahanta Metropolis (formerly, Sekondi-Takoradi Metropolitan Authority) in 1988. It covers a land area of 591 square kilometres representing about 2.5 percent and 0.26 percent of the surface area of the Western Region and of Ghana respectively. The district is located at the southernmost point of the country. It shares boundaries with three districts and a metropolis: Nzema East on the west, Wassa West and Mpohor-Wassa East districts in the north and Shama Ahanta East Metropolis on the east. It is bordered on the south by the Gulf of Guinea. The district doubles as a constituency and has six area councils.

Picture 2.1: Main Administrative Block of Ahanta West District Assembly

It is a predominantly rural district and has over 123 settlements, with Agona Nkwanta as the district capital. Other large settlements include Apowa, Dixcove, Abura and Ewusiejo. The district is easily accessible given its closeness to the regional capital and the Trans-African highway which passes through the district.

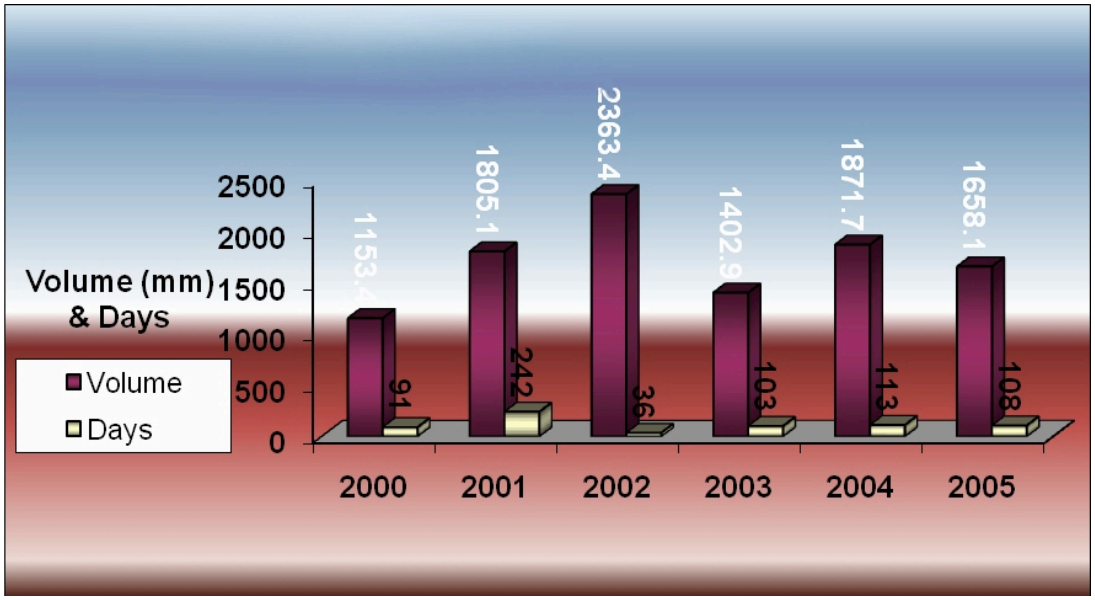
Physical Features

The seventh goal of the MDG focuses on ensuring environmental sustainability and requires that countries integrate the principles of sustainable development into their policies and programmes and reverse the loss of environmental resources. Consequently, a considerable proportion of land area covered by forest is critical in assessing the outcome of policies towards the realisation of this goal. In response to the seventh goal of the MDGs, the principle of sustainable development has been integrated into the GPRS II and the Guidelines for the preparation of the District Medium-Term Development Plan.

Climate and Vegetation

The Ahanta West District is located in the wettest region of Ghana. It lies between latitude 4^0.45''N and longitude 1^0.58''W and within the south-western equatorial climatic zone marked by a double-maximum rainfall with a mean annual rainfall of over 1,700mm. The district has not had any significant improvement in the rainfall situation since 2000. The district recorded average annual rainfall of 1,691mm over an average of 132 days a year between 2000 and 2005. Along the coast, however, rainfall was above average. Furthermore, the volume and pattern of rainfall has not been consistent. As shown in Figure 2.1, the volume of rainfall has fluctuated considerably, ranging from a low of 1,153.4mm in 2000 to a high of 2,363.4mm in 2002.

Fig. 2.1: Total Annual Volume and Days of Rainfall in the District



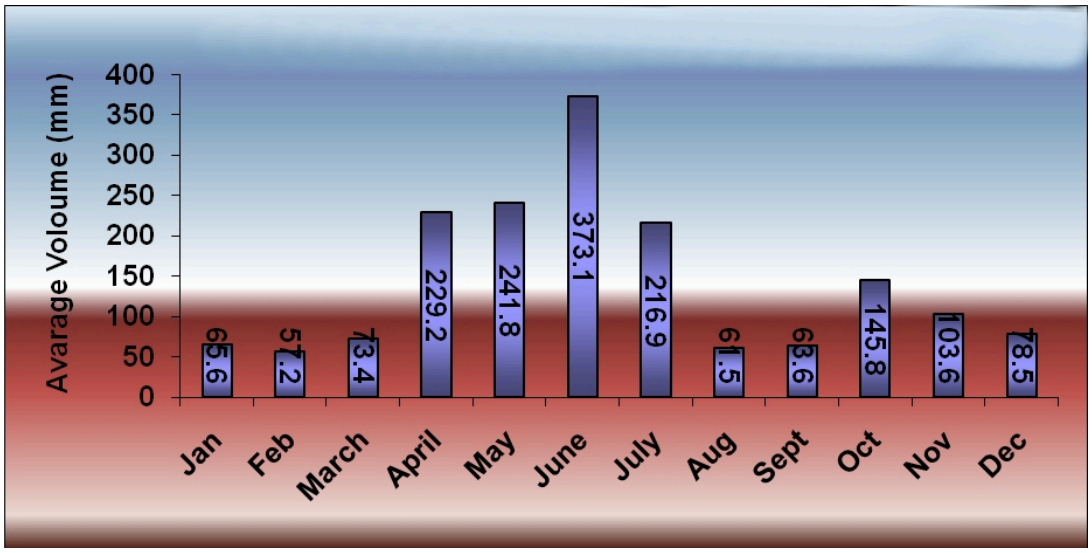
Source: Climatorological Station Princess Town

As in many other parts of the country, the rainfall pattern in the district is seasonal. The rainy season falls between the months of April and September, with the greatest volume recorded between April and July. Consequently, most farming activities are undertaken within this period. For example, between 2000 and 2005, the highest average rainfall was recorded in June and the lowest in February (Figure 2.2).

The deterioration of vegetation cover was confirmed by four out of five communities during community discussions. They attributed the problem to persistent tree felling for charcoal burning and by illegal chainsaw operators, and farming activities.

The soil types in Ahanta West range from loose sand to clay and are suitable for crops such as oil palm, rubber, cocoa, coffee, citrus,

Fig. 2.2: Monthly Pattern of Rainfall in the District(2000-2005)



Source: Climatorological Station Princess Town

The mean temperature of the district ranges from a high of 34°C between March and April, to a low of 20°C, observed in August. Relative humidity is quite high, averaging between 75 percent and 80 percent during the rainy season and 70 percent to 80 percent in the dry season.

The district is largely within the high rain forest vegetation zone. However, extensive human activities (including farming, mining and charcoal burning) have reduced the rain forest vegetation to secondary forest. These activities, including coastal sand-winning, have consequently caused soil erosion and deterioration in soil fertility in the district.

Maize, vegetables, coconut, sugar cane, rice, legumes and other food crops. The pattern of land usage is skewed in favour of large-scale plantations, with about 40 percent of the district's land under cultivation by the National Oil Palm Plantation and the Ghana Rubber Estates Limited (GREL) as well as some plantations owned by individuals. These plantations cover an extensive area in the western part of the district. Small-scale farming accounts for about 30 percent of the district's land, with 20 percent occupied by forest settlements, wasteland, roads and water bodies. The Cape Three Points forest reserve which occupies about 51 square kilometres, or 10 percent of the total land

area of the district, constitutes the only primary vegetation. The declining vegetation cover and soil erosion largely as a result of human activities have the potential to undermine the realisation of MDG 7 in the Ahanta West District.

There are also considerable lagoons such as Ehonle, Mabowodindo, Akpluho, Mfuma and Nana Pete. The district also boasts of prominent hills between 20 and 40 metres high around Banso, Egyambra and Cape Three Points. Some of these hills are the

Picture 2.2: Oil Palm Plantation of Norpalm Ghana Ltd in Ahanta West

Relief and Drainage

The district lies within the coastal belt of the country at an elevation ranging between zero and 121 metres above sea level. The drainage pattern is basically dentritic. There are seasonal flowing rivers including Butre, Apesuro, Whin, Suoni, Nyila, Yani and Nyame which pass through the district. Sources of some of the rivers in the district. There is also a plateau in the district at Egyambra. The coastline has features such as capes and bays especially at Cape Three Points. As a result of the sandy nature of the coast, it has attracted beach resorts along the coastline.

Geology and Minerals

The district is underlain by Precambrian upper Birimian rock series containing minerals deposits such as gold, diamond and manganese. The commercial viability of these mineral deposits is yet to be ascertained. Substantial clay deposits which could be developed for ceramics can also be found in parts of the district, notably around the Beahu area.

and national population densities of 80.5/km^2 and 79.3/km^2 respectively (Table 2.1). This represents a density 56.6 percent greater than the 1984 figure. The high population density of the district indicates population pressure on land and other limited facilities and services within various settlements.

Table 2.1: Basic Demographic Indicators

Indicator	Ahanta West		Western Region		Ghana	
	1984	2000	1984	2000	1984	2000
Population	60,754	95,140	1,157,807	1,924,577	12,296,081	18,912,079
Intercensal growth rate (%)	---	2.8	---	3.2	---	2.7
Population Density (pop/km^2)	90.3	141.4	52.0	80.5	51.6	79.3
% of population aged 0-14 years	---	43.1	---	42.4	45.0	41.4
% of population aged 65+	---	5.1	---	4.5	4.0	5.3
% of urban	---	20.0	22.6	36.3	32.0	43.8
Males to 100 Females	94.6	93.7	102.3	103.4	97.3	97.9

Source: Author's calculation from the 1984 Population and 2000 Population and Housing censuses

Demographic Characteristics

The population of Ahanta West District rose from 84,071 to 95,140 between 1984 and 2000, representing an intercensal growth rate of 2.8 percent, lower than the regional average and marginally above the national average. Based on this intercensal growth rate, the total population of the district is estimated at 115,385 in 2007. The district is characterised by high population density of 141.4/km^2 in 2000 compared with regional

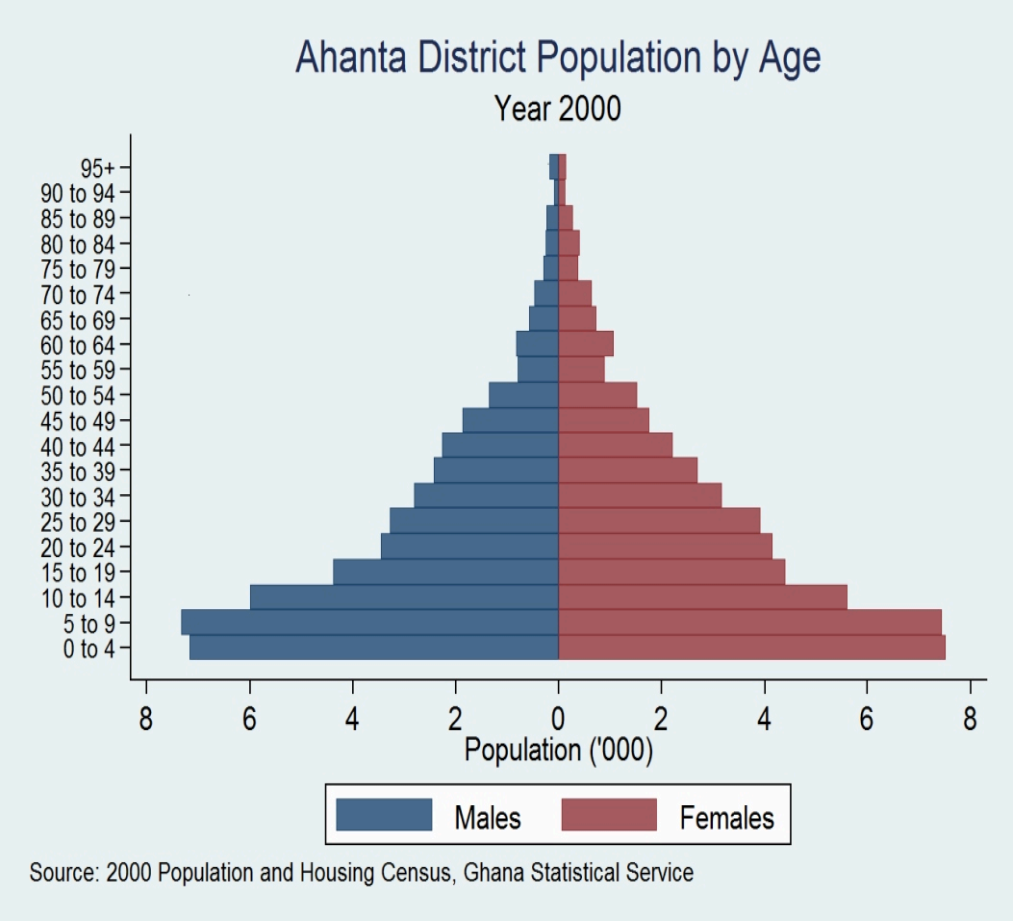
In 2000, there were 23,090 households in the district yielding an average household size of 4.2. A large proportion (80 percent) of the populace lives in rural settlements making Ahanta West a rural district despite its closeness to the regional capital of Sekondi-Takoradi. The two urban localities, namely Agona Nkwanta and Apowa, accounted for about 20 percent of the population (Table 2.1).

Sex and Age Distribution

The sex distribution of the population of the district puts the number of women above men. The proportion of women increased marginally from 51.4 percent in 1984 to 51.6 percent in 2000, yielding a male to 100 females ratio of 94.6 and 93.7 respectively (Table 2.1). This is in contrast with the regional sex ratio which shows that there are more men than women. The dominance of women in the district cuts across all age groups with the exception of 10-14 years (Figure 2.3).

The age structure of the population of the district is not much different from the regional and national pattern. It is typical of developing countries which are characterised by a large proportion of the population under 15 years and a small proportion over 64 years. The population of the district is fairly young, with children under 15 years constituting 43.1 percent of the total population. This implies a potentially sizeable labour force that could be tapped in future for the development of the district. At the same time, however, this youthful proportion also puts some pressure on the District Assembly to provide educational, health and other relevant infrastructural facilities in order to build the skills and potential of these children to make them economically useful in future.

Figure 2.3: Distribution of Population of Ahanta West by Age and Sex



Source: 2000 Population and Housing Census, Ghana Statistical Service

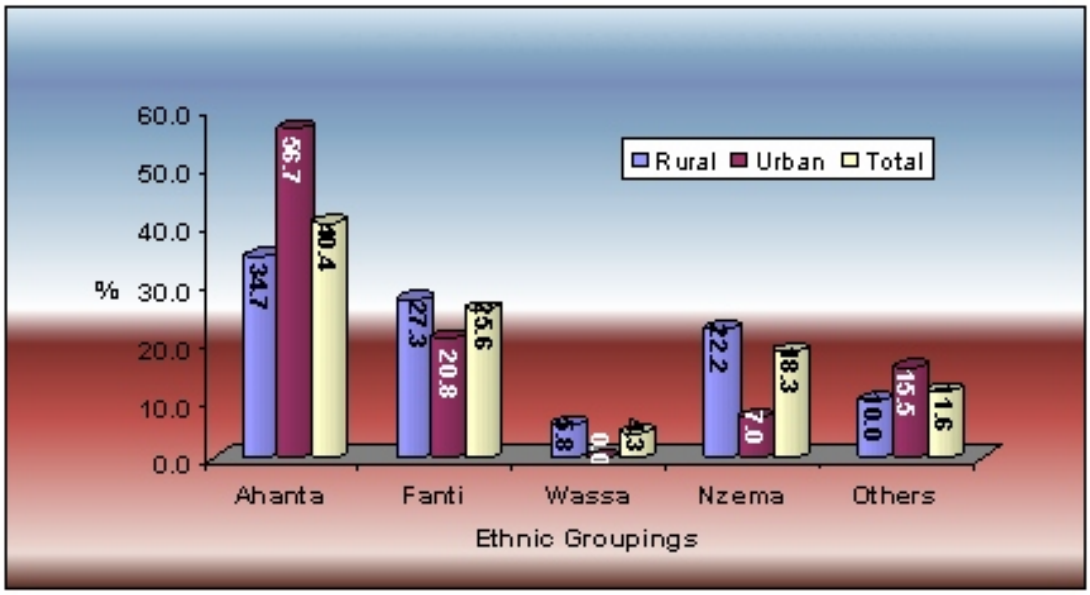
The dependency ratio of the district is higher than the regional and the national ratio. The proportion of the elderly at 5.1 percent together with 43.1 percent of the population below 15 years yields a dependent population of 48.2 percent for the district as against 46.9 percent and 46.7 percent for the region and nation respectively. This implies that 52 percent of the population is required to work to cater for the 48 percent that is dependent.

Ethnic and Religious Composition

The district is quite homogenous in terms of broad ethnic classification of the population. About 93 percent of the population in 2000 was Akan, with Ewe forming 3 percent and other ethnic groups constituting the remaining 4 percent. A further classification of the Akan based on the ISSER survey reveals a more diverse ethnic composition of the district, with the Ahanta as the dominant group constituting 40.4 percent of the sampled population, followed by Fanti who account for 25.8 percent (Figure 2.4). The Nzema constitute 18.3 percent with the Wassa accounting for 4.3 percent. The other ethnic groupings (Ewe, Hausa, Asante, Akwapim, Other Akan, Grusi-Frafra, Ga and non-Ghanaians) constitute the remaining 11.6 percent.

The rural population is composed of Ahanta (34.7 percent), Fanti (27.3 percent), Nzema (22.2 percent) and other ethnic groupings (10.0 percent). In the urban areas, over half of the sampled population are Ahanta while Fanti and Nzema constitute 20.8 percent and 7.0 percent respectively. The other ethnic groupings account for the remaining 15.5 percent.

Fig.2.4: Ethnic Distribution of the Population of the District (%)



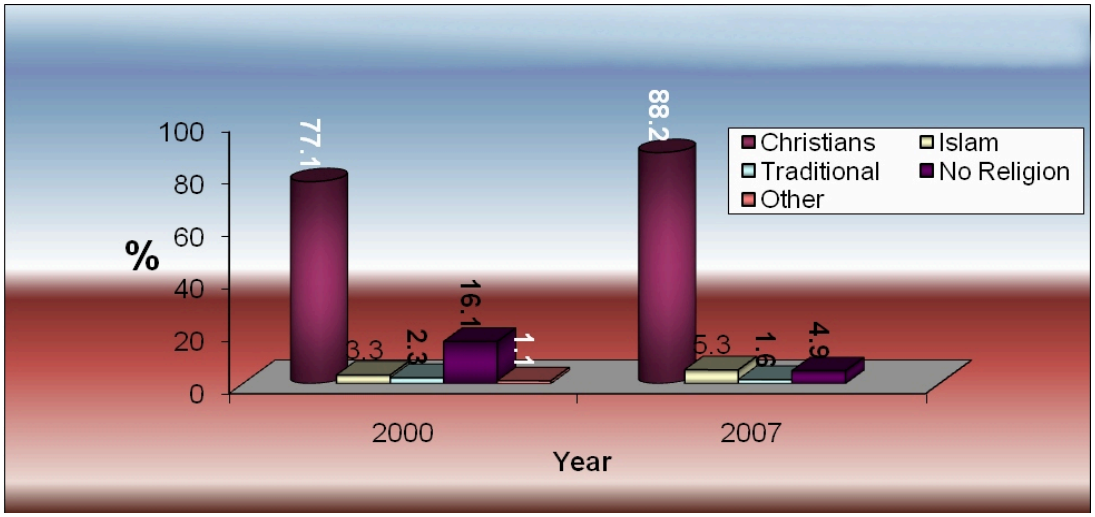
Source: 2007 ISSER Household Survey

Christianity is the dominant religion in the district, accounting for at least 77 percent of the population in 2000 (Figure 2.5). This is made up of Pentecostals (34 percent), Protestants (20 percent), Catholics (17 percent) and other Christian sects (29 percent). Muslims account for 3.3 percent while 16 percent claim to belong to no religion. About About 2.3 percent

worship in the traditional religion, with 1.1 percent belonging to other religions. The results of the ISSER survey put the Christian and Muslim population at 88 percent and 5.3 percent respectively in 2007, indicating a significant increase in their population.

men and 27 percent of women were not born in their current place of residence. Those who were not born in their current place of residence also constitute 19.6 percent and 35.1 percent of the rural and the urban population respectively.

Fig. 2.5: Distribution of Population by Religion in the District(%)



Source: 2000 Population and Housing Census, GSS & 2007 ISSER Household Survey

Migration

Migration refers to the movement of people for various reasons from their birthplace within or outside the district to their current place of residence.

In terms of the distribution of those whose place of birth is different from their current residence by location, about 39 percent are

Table 2.2: Population of Indigenes and Migrants by Sex, Location and Ethnicity (%)

		Sex		Location		Ethnic Groupings				
Status	Total	Male	Female	Rural	Urban	Ahanta	Fanti	Nzema	Wassa	Other
Indigenes	76.3	79.4	73.2	80.4	64.9	88.6	72.3	73.0	78.3	48.9
Migrants	23.7	20.6	26.8	19.6	35.1	11.4	27.7	27.0	21.7	51.2
Sample size	858	425	433	631	227	347	220	157	37	97

Source: ISSER, 2007 Household Survey

At least three-quarters of the inhabitants reside at their place of birth, with about 24 percent living in a locality different from their birthplace (Table 2.2). About 21 percent of

in urban areas as against 61 percent in rural communities. The majority of the major ethnic groups (Ahanta, Fanti, Nzema and Wassa) were born in the district while a little

over 51 percent of other ethnic groups migrated from other areas to their present settlement. A critical analysis of migrants shows that Fanti people constitute a third of the migrant population followed by Nzema and Ahanta people who account for 21 percent and 19 percent respectively. The Ewe form 9 percent, Asante and other Akan, 8 percent, Wassa 4 percent and the remaining 10 percent from other ethnic groupings.

Various reasons account for the migration of about 24 percent of the sampled population. About 34.5 percent claimed to have moved to the present settlement to work/farm while 54.2 percent moved into the area with or to join parents, spouse or relatives. About 3 percent, mostly from New Amanful, claim to have been ejected from Takoradi, while 6 percent moved to attend school, retire or to marry.

Socio-Economic Infrastructure and Housing Characteristics

The availability of household assets and amenities are important determining factors of the general socio-economic status of the population. Socio-economic infrastructure such as electricity, pipe-borne water, roads and telecommunications infrastructure, education and health facilities and financial institutions are critical in facilitating economic activity in households. In addition, access to safe drinking water and safe sanitation influence the health status of the population.

Road Infrastructure

A good road network is critical in the development process of any community, region or country. The importance of a good road network to the economic lives of the people of Ahanta West district is reflected in the sentiments expressed during a community interview about the poor condition of the road from Anyano to Alabiza.

The total length of roads in the district is about 200 kilometres, comprising an 80-kilometre stretch of trunk roads and 120 kilometres of feeder roads. The trunk road traverses the district in an east-west direction and forms part of the Trans-African Highway. The trunk road which stretches from Apowa to Anyano is completely tarred and is in good condition. The condition of feeder roads in the district is mixed. An assessment by the district Feeder Roads Office grades 25 percent as good, 50 percent as fair and 25 percent as poor. Currently, 24.5 kilometres of feeder roads are completely tarred while 11.4 kilometres are being tarred. This indicates that over half the length of feeder roads in the district are not tarred, some of which become almost impassable during the rainy season, making it difficult for farmers and fishermen to convey their products to market centres.

Other facilities

The proximity of the district to the regional capital enables inhabitants to enjoy essential facilities such as telecommunications and electricity. Most localities are able to access mobile telecommunication services on account of the extended coverage of some of the mobile communication networks beyond Sekondi-Takoradi. The results of the 2003 CWIQ and 2007 ISSER household survey show an increase in the proportion of the population that owns a mobile phone in the district from 0.3 percent in 2003 to 36.3 percent in 2007. The district, however, lacks an adequate number of facilities such as post offices and financial institutions. At present, there are only three post offices in the two urban localities (Agona Nkwanta and Apowa) and one rural community (Dixcove). There is only one rural bank and it has three branches in Agona Nkwanta, Abura and Apowa.

Housing Conditions

The 2000 Population and Housing Census puts the number of houses in Ahanta West District at 13,367 and these were occupied by 23,090 households, yielding an average of 1.73 households per house. The rural areas accounted for 85.6 percent of housing stock and were occupied by 18,476 households. Most of the households (54.3 percent) live in detached houses. About 27.7 percent lived in compound houses and 15.8 lived in semi-detached houses. The dominant form of housing among urban dwellers is compound houses (48.9 percent) while detached houses account for a greater proportion (55.8 percent) of housing in the rural areas.

The condition of housing in the district is fairly good. Over 50 percent of the structures were built with cement or concrete with a considerable proportion (about 45 percent) made with mud or mud bricks. The roofs of most of the houses (54 percent in 2003 and 44 percent in 2007) were made with metal sheets while the floors of 98.5 percent of houses in 2003 were made with cement or concrete.

Household Amenities

Sustainable access to basic facilities such as safe drinking water and basic sanitation by the majority of citizens as well as the type of energy used are the main concerns of MDG 7 (ensuring environmental sustainability). Table 2.3 shows the main source of lighting, drinking water, energy use and access to sanitation.

Most communities draw electricity from the national grid while the district is supporting 10 communities under the government's Self-Help Electrification Project to be connected to the national grid. Access to electricity for lighting in the district has consistently improved since 2000 in both urban and rural areas. Consequently, about 59 percent of households used electricity as the main source of lighting in 2007 compared with about 41 percent who use kerosene lamps. A greater proportion of

urban households rely on electricity for lighting than rural households. As shown in Table 2.3, over 90 percent of urban dwellers rely on electricity for lighting as against about 51 percent in rural areas.

river/lake/pond/dam category. However, there was a drop in the proportion of households that relied on water from boreholes to 38.6 percent in 2007 while there was an increase in access to pipe-

Picture 2.3: A borehole at Akwaidaa New Town

Boreholes have remained one of the major sources of drinking water for the people of Ahanta West particularly in 2003. In 2000, about 28.6 percent of households obtained their drinking water from boreholes and this increased significantly to 54.3 percent in 2003. This could be attributed largely to the increased number of boreholes constructed in 2003 which caused households to shift from drawing water from wells and the borne water from 7.5 percent to about 35 percent. The decline in the proportion of households that drew drinking water from boreholes between 2003 and 2007, which occurred mostly in rural areas, was largely on account of the reported breakdown of a number of boreholes and the saltiness of water from the boreholes. This came up during community discussions at New Amanful and Alabiza.

Table 2.3: Household Housing Characteristics (% of Population)

	2000 Census			CWIQ (2003)			ISSER Household Survey		
Household Characteristics	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Source of Lighting									
Electricity	38.8	62.5	43.5	55.2	85.0	58.6	56.0	93.9	65.9
Kerosene Lamp	60.2	36.4	55.5	44.3	15.0	41.0	43.5	6.07	33.7
Gas Lamp	0.22	0.24	0.23	---	---	---	0.51	---	0.37
Solar Energy	0.04	---	0.03	---	---	---	---	---	---
Other	0.77	0.65	0.75	0.49	---	0.43	---	---	---
Source of Drinking Water									
Pipe-borne water (inside)	1.49	8.57	2.90	1.46	2.47	1.57	0.75	31.8	8.88
Pipe-borne water (outside)	9.79	33.1	14.4	6.35	2.52	5.92	25.1	25.7	25.8
Purchase from vendor etc	2.43	1.33	2.21	6.07	71.6	13.5	13.5	15.7	14.1
Wells	22.1	54.2	28.5	14.1	15.0	14.1	11.8	---	8.71
Borehole	35.4	1.20	28.6	60.1	8.35	54.3	42.8	26.8	38.6
River/Lake/Pond/Dam	21.8	0.57	17.5	12.0	---	10.7	6.04	---	4.46
Spring/Rain water & other	6.96	1.09	5.79	---	---	---	---	---	---
Fuel for Cooking									
Firewood	74.7	34.7	66.8	69.3	31.5	65.1	59.7	22.9	50.1
Coconut husk	1.40	0.11	1.14	---	---	---	---	---	---
Charcoal	17.3	52.5	24.3	27.5	55.2	30.6	38.6	64.3	45.3
Kerosene	1.08	1.93	1.25	---	1.69	0.19	0.62	---	0.46
Gas	0.78	3.50	1.32	3.18	9.08	3.84	1.06	12.9	4.14
Electricity	0.48	1.02	0.59	---	2.52	0.28	---	---	---
Other	4.23	6.22	4.63	---	---	---	---	---	---
Toilet Facility									
None/beach/bush	48.4	14.2	41.5	38.7	22.5	36.9	19.8	---	14.1
Flush toilet	1.14	6.72	2.25	0.24	9.08	1.24	12.7	38.5	19.4
Pan/Bucket	1.50	2.76	1.75	0.49	---	0.44	1.07	---	0.80
KVIP	6.27	5.22	6.06	48.2	48.6	48.3	42.8	42.5	2.70
Pit Latrine	12.6	18.3	13.8	12.3	19.9	13.2	24.4	18.9	23.0
Public toilet (WC, KVIP, Pan)	25.2	46.6	29.5	---	---	---	---	---	---
Other	4.86	6.20	5.12	---	---	---	---	---	---
Solid Waste									
Collected	1.75	1.30	1.66	---	---	---	---	---	---
Burned by household	4.59	9.80	5.63	2.63	9.86	3.45	8.44	21.1	11.7
Public Dump	62.7	63.9	62.9	70.4	85.2	72.1	55.9	58.6	56.6
Dumped elsewhere	27.2	20.3	25.8	26.1	2.47	23.4	28.9	8.93	23.6
Buried by Household	2.83	3.89	3.04	0.93	2.47	1.10	6.81	11.4	8.02
Other	0.94	0.78	0.91	---	---	---	---	---	---
Liquid waste disposal									
Through sewerage system	0.81	2.93	1.24	---	---	---	1.49	---	1.00
Thrown onto street/outside	40.5	27.9	38.0	---	---	---	37.7	20.7	35.7
Thrown into gutter	10.4	40.4	16.4	---	---	---	26.2	52.2	23.6
Thrown onto compound	46.6	28.3	42.9	---	---	---	31.6	26.0	37.2
Other	1.72	0.48	1.47	---	---	---	3.01	1.10	2.51
Number of Households	18,464	4,600	23,064	360	45	405	158	42	200

Source: 2000 Population and Housing Census, 2003 CWIQ (GSS) and ISSER Household Survey, 2007

The main source of drinking water for urban dwellers in 2000 was covered and uncovered wells, but this has declined consistently in favour of pipe-borne water (which rose from about 42 percent of households in 2000 to about 58 percent) and water supply by vendors (from 1.3 percent to 16 percent in 2007). Generally, availability of and access to good drinking water does not seem to pose a big challenge and this is confirmed by the absence of water-borne diseases in the district. This suggests that the level of risk or vulnerability in terms of access to safe drinking water is quite low.

Energy use among citizens appears to have a high detrimental effect on the environment and could expose the community to environmental risks or vulnerability and thus undermine the realisation of MDG 7. While the proportion of households that use firewood for cooking has been declining since 2000, indicating a positive development for the environment, the use of charcoal for cooking has been increasing. Charcoal is predominantly used by urban households while firewood remains the main source of fuel for rural households. In all, about 93 percent of households in Ahanta West used firewood and charcoal for cooking in 2000 and this increased to about 96 percent in 2003 and fell to 95.4 percent in 2007.

The availability of toilet facilities and the mode of disposal of liquid and solid waste have a direct bearing on the health condition of citizens. The dominant method of disposal of human waste is the KVIP, which is used by about 43 percent of sampled households in 2007 as against 48 percent in 2003. In urban areas, the flush toilet is the second most common means of human waste disposal, amounting to 38.5 percent in the ISSER 2007 survey. This suggested a major increase in the use of flush toilets since the CWIQ 2003. In rural areas, the pit latrine is a major mode of human waste disposal besides the KVIP. Nonetheless, a significant proportion of households defecate in the bush or at the beach, with adverse environmental consequences. The proportion of households disposing off human waste in the bush or at the beach has declined from 48 percent to 14 percent between 2000 and 2007. Obviously, this decline is an indication of the improved means of human waste disposal and, therefore, a decline in the level of vulnerability to certain health hazards.

Refuse or solid waste in the district is disposed of mainly at public dump sites. The proportion of households using this method of solid waste disposal has declined considerably since 2000, however. As seen in Table 2.3, about 56 percent of households dumped solid wastes at public sites in 2007, a decline from 72 percent in 2003. This method of solid waste disposal is marginally more common among urban households than their rural counterparts. Households that dump their refuse elsewhere account for 23.6 percent in 2007 while 11.7 percent and 8 percent respectively burned or buried their solid waste. Clearly, the increasing dumping of refuse elsewhere or at public dump sites without regard for how it is burned, exposes people to health risks such as air pollution thereby raising the vulnerability level of households in Ahanta West.

The main method of liquid waste disposal by households in the district does not appear to be environmentally friendly over 96 percent of sampled households in 2007 throw liquid waste onto the compound, outside or into the gutter. Only 1.1 percent of households use the sewage system for liquid waste disposal,

a drop from 1.24 percent in 2000. About 3 percent of urban dwellers used the sewerage system in 2000 compared to less than 1 percent in the rural areas. The 2007 ISSER survey reports a lower proportion (1.5 percent) of urban households that use the sewage system to dispose of liquid waste than in 2000 while none of the rural households was reported to be using this means of liquid waste disposal.

While access to improved means of human waste disposal has increased, the methods of disposing of solid and liquid wastes are not environmentally friendly. This, coupled with the continuing use of firewood and charcoal by a significant proportion of households, threatens the realisation of MDG 7 (environmental sustainability) in Ahanta West District.

Human Security

The development of any community or country largely depends on the peaceful atmosphere that prevails among the citizenry and how secure households are in going about their daily social and economic activity. Human security is one basic way of assessing the level of vulnerability of households in every community. Data on crime from the District Police Administration in Agona Nkwanta indicates a surge in the number of reported cases of crime from 141 in 2000 to 168 in 2001 followed by a drop to 117 the following year. The number rose again to 219 in 2004 before declining consistently to 153 in 2006. In addition, there were only two chieftaincy disputes recorded between 2000 and 2006.

The district has only 18 police personnel scattered among three police stations in Agona Nkwanta, Dixcove and Abura and the number has remained the same since 2000. This puts one policeman in charge of an estimated 6,400 people in the district. According to 92 percent of households, there is inadequate policing or neighbourhood watch systems in many communities in the district (CWIQ, 2003).

The CWIQ 2003 indicates a very positive human security situation in spite of the limited number of police stations and personnel in the district. This is based on the response from 92 percent of households that they feel very safe compared with only 1 percent that feels unsafe. A higher proportion of households claim to be very safe in the urban than the rural areas, probably due to the greater police presence in urban settlements. About 95 percent of households claim that there is no tension and different groups live together peacefully while about 97 percent claim to have never used force or experienced violence.

The low level of crime and violence in the district was corroborated by community leaders during focal group discussion. The only disputes which were reported by the community between 2000 and 2005 were one involving religion, one involving land and three election disputes which were free of violence. Three out of five communities

believe that the level of crime has remained the same over the past five years. Community and opinion leaders of one community claim an increase while those of another, a decrease in crime levels. The low incidence of crime as gathered from the 2003 CWIQ even with the low numbers of police stations and personnel could be explained by the closeness of the district to the regional capital, which implies easy deployment of security personnel in times of need.

Local Governance

The Ahanta West District Assembly is responsible for governance of the district. The Assembly is the highest political, administrative and planning authority in the district. It has deliberative, legislative and executive functions under the Local Government Act of 1993. The Assembly is also responsible for the formulation of development programmes and policies which are normally coordinated by the National Development Planning Commission (NDPC).

There are 26 decentralised departments, 6 area councils, and 95 Unit Committees in the district. The Assembly is composed of 46 people, made up of 30 elected members, 15 appointees by the President including the District Chief Executive (DCE) and the local Member of Parliament who is an ex-officio member. Women constitute 20 percent of Assembly members, an improvement over the 13.3 percent during the 2002 to 2005 period. The Executive Committee, which comprises chairmen of the sub-committees and area councils, is chaired by the DCE. There is also a complaints committee of the Assembly which addresses issues concerning misapplication of community resources, misconduct of Assembly members and poor performance of technocrats. This committee is headed by the Presiding Member of the Assembly.

The DCE is the political and administrative head of the District Assembly and is assisted by the District Coordinating Director (DCD). As a representative of the central government in the district, the DCE is responsible for the execution of the central government's programmes. It also addresses issues of human rights and civic responsibility in collaboration with institutions such as the Commission on Human Rights and Administrative Justice, District Magistrate's Court, Police Service, Department of Social Welfare, and the National Commission on Civic Education.

Composition of Expenditure and Revenue

The revenue trend between 2003 and 2005 has been quite erratic and this has forced expenditure to follow a similar trend. After a 72 percent increase in revenue in 2004, there was a 9 percent decline the following year. This forced the district to cut its expenditure by about 15 percent in 2005 after an increase of about 117 percent in 2004 which resulted in a deficit of over ¢225 million during that year.

Picture 2.4: Ahanta West District Assembly Hall and Finance Office

Although the Local Government Act of 1993 empowers District Assemblies to mobilise revenue internally, the Ahanta West District continues to rely on aid and grants as the main source of revenue. As seen in Table 2.4, aid and grants including funds from the central government in the form of the District Assembly Common Fund (DACF) constituted about 93.7 percent of total revenue in 2005, an increase of about 2 percentage points over the 2003 figure. Internally generated funds (IGF) accounted for the remaining 6.3 percent which includes 1.9 percent from fees/fine, 2.2 percent from rates and licenses, and 1.5 percent from lands and rents. Revenue from investment constitutes only 0.1 percent of total revenue or 0.6 percent of IGF. All sources of IGF except rent and licenses suffered a decline and this largely accounted for the drop in IGF between 2003 and 2005.

Most of Ahanta West District revenue went into capital expenditure and personnel emoluments. Capital expenditure accounted for 82.2 percent of total expenditure in 2003 and this rose to 89.3 percent the following year before dropping marginally to 87.1

[4] The DACF constitutes a major financial inflow to District Assemblies. Constitutionally, District Assemblies are entitled to 5% of national tax revenue which has recently been raised to 7.5% based on a formula determined By Parliament.

percent in 2005. The share of personnel emoluments declined from 9.6 percent in 2003 to 7.3 percent in 2005. Clearly, the weak internal resource mobilisation effort of the district implies that any shortfall in the resource inflows from aid and grants including DACF would cause development programmes to suffer. Appropriate measures to raise resources internally must be exploited by the district to minimise its dependence on aid and grants to finance its development programmes.

mainly on undertaking programmes and projects that will promote growth, reduce poverty and improve the quality of life.

Various strategies have been outlined to pursue the goals set out in the District Medium- Term Development Plan. In the area of private sector competitiveness, crop and livestock farmers are expected to receive training on the use of improved seeds and planting materials as well as safe handling and proper use of agro-chemicals to help

Table 2.4: Classification of Revenue and Expenditure by Head Item, 2003-2005

		Share of Head Item (%)		
	Item	2003	2004	2005
Revenue Item	Rates	2.7	0.8	1.1
	Lands	1.1	0.8	1.0
	Fees/Fines	2.1	1.1	1.9
	Licences	1.0	1.0	1.1
	Rent	0.2	0.7	0.5
	Grant in Aid (including DACF)	91.6	92.3	93.7
	Investment	0.2	1.0	0.1
	Miscellaneous	1.1	2.3	0.7
Expenditure	Personal Emoluments	9.6	5.4	7.3
	T & T Expenditure	2.3	1.0	1.7
	General Expenditure	2.3	1.4	2.5
	Maintenance Rep Renewals	0.3	0.1	0.1
	Miscellaneous	3.3	2.8	1.3
	Capital Expenditure	82.2	89.3	87.1

Source: Finance Department of the Ahanta West District Assembly

Development Policies and Challenges

Within the context of the Growth and Poverty Reduction Strategy (GPRS II), the vision of the Ahanta West District is "to create an enabling environment that will lead to improvement in the literacy rate and the reduction in poverty levels of all manner of people in the district, ensuring that they have access to basic services and are empowered to participate in decisions that affect them". The development focus of the district is

increase production in the district. Measures to facilitate the promotion, packaging, and strategic marketing of export commodities will be adopted.

In terms of health care, the focus is on strengthening and building human resource capacity, improving the working environment and collaborating with the Ahantaman Mutual Health Insurance Scheme to promote greater access to health delivery and register more people.

Other measures include reactivation of regular, community-based disease surveillance and the intensification of outreach programmes to improve reproductive and child health care. In education, the plan emphasises provision of access to education, provision of infrastructure and involvement of communities in offering quality education in the district. The plan seeks to promote science, technology and mathematics education by choosing 200 pupils from various levels of education to undergo training in these areas.

To achieve the goal of good governance, the plan aims to strengthen the delivery capacity of the District Assembly and ensure effective participation of all people in the decision-making process. In addition, measures will be taken to strengthen decentralised and effective administration and strengthen the magistrate court to ensure improved administration of justice.

There are obvious challenges that confront the district in the execution of the developmental agenda. These include low internally generated funds and overdependence on external sources of finance, particularly from the central government. There are often delays in the release of such funds and this may constrain project execution. The continuous decline in forest cover due to illegal tree felling, charcoal burning and farming activity has long-term implications for environmental sustainability and vulnerability. Furthermore, the latest discovery of oil deposits at Cape Three Points poses developmental challenges in the district in the form of a potential influx of people and the resulting pressure on the limited facilities in the district.

During community discussions, members catalogued a number of development challenges facing them. These include poor access roads (in Alabiza and New Amanful),

Box 2.1: Ahanta West District Development Goals 2006-2009

Themes	***Policy Goals***
▪ *Private Sector-Led Competitiveness*	➢ *Create enabling environment for the private sector to be more vibrant in order to generate more employment opportunities* ➢ *Adopt modern agricultural techniques to ensure job and wealth creation*
▪ *Human Resource Development*	➢ *Improve quality of life of the people in the district by* ✓ *Ensuring a literate population for sustainable development* ✓ *Improving the performance of the health system* ✓ *Improving access to safe water and good sanitation* ✓ *Ensure orderly ho using development and reduce conflict in the district*
▪ *Good Governance*	➢ *Provide efficient and effective services to improve the quality of life of the people*

Source: Ahanta West District Medium-Term Development Plan

absence of adequate health facilities, lack of access to credit, sea erosion, poor drainage, lack of farming and fishing inputs, lack of jobs (particularly the white-collar type for youth and women), and lack of library facilities for school children. In Asemkow (one of the fishing communities), opinion leaders were concerned about the apparent domination of fishing grounds by some big Chinese boats which were depriving them of their livelihood.

The Role of NGOs

The Ahanta West District, like many other districts, has benefited from the activities of many non-governmental organisations (NGOs). Six out of ten communities covered by the 2007 ISSER survey reported a number of activities undertaken by NGOs during the previous five years. The presence of these NGOs has been felt in the areas of education, health, water and sanitation. World Vision International has consistently provided assistance to five communities in terms of credit, education, health, technical support in agriculture, water reservoirs, relief services, food aid and toilet facilities for households. The Ahantaman Foundation provided assistance in health services, while ABC Bruecke offered to pay school fees, uniforms and books for children. The Conservation Foundation also provided some households toilet facilities while others have been involved in the preservation of the forest and better sanitation.

Participation and Consultation

Participation and consultation are essential ingredients in ensuring transparency in the political and economic governance of a country or community. The participation and consultation of people in matters of national and local interest is an important dimension of development. Participation refers to the process through which the individual or group contributes to the political, social and economic life of their community or country. Through participation, the public contributes to setting up general goals for society, becomes aware of available opportunities and challenges and takes part in seeking solutions for achieving goals. Indeed, the involvement of the public in the decision-making process at the national and local levels facilitates its access to resources.

The level of consultation of the public on development projects in the district is quite high, with over 60 percent of members of sampled households stating that they had been consulted prior to the execution of projects (Table 2.5). Less than 7 percent of household members in the community were members of the Unit Committee. The level of consultation is reported to be higher in rural areas than urban and marginally higher for women than for men. However, very few people in the sampled communities know how much money was allocated to the district through the District Assembly Common Fund (DACF) in the previous year.

During discussions in five of the communities, it became evident that none of the communities was informed about the revenue generation and expenditure of the District Assembly. However, four of the five communities said they obtained information about decisions taken by the Assembly through the Assemblyman.

Indeed, one major way of involving the general population in political and economic decision making is through local and national elections. Elections provide the public with the opportunity to influence decisions that affect their lives. The level of participation in the district is quite high. About 86 percent of adults took part in the 2004 national polls and about 85 percent in local elections in 2006 (Table 2.5). The proportion of women who voted in the two polls was higher than that of men while a greater proportion of urban adults exercised their franchise in these elections compared to rural adults.

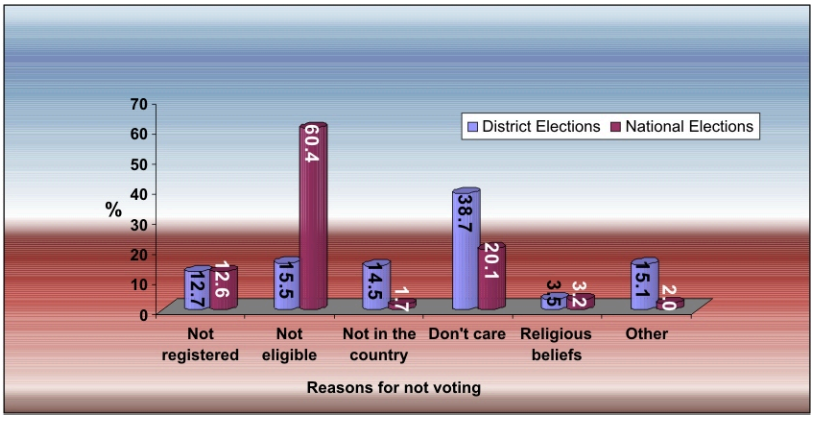
About 15 percent of adults who did not participate in the local and national polls gave reasons ranging from non-eligibility to religious beliefs. Overall, apathy was the main reason given by about 39 percent of those who did not participate in local elections, followed by non-eligibility which was cited by 15.1 percent (figure 2.6). About 18 percent were either out of the country or did not register while 3.5 percent and 15 percent did not vote on religious grounds and other reasons respectively.

Table 2.5: Political Participation and Resource Allocation

		Sex		Location	
	All	Male	Female	Rural	Urban
2006 District Election	84.7	83.2	86.2	83.6	87.6
2004 National Election	85.5	84.8	86.1	84.1	89.3
Consulted on Projects	62.8	62.2	63.4	65.2	55.9
Member of Unit Committee	6.7	7.6	5.9	6.6	7.1
Know about DACF allocation	4.7	3.8	5.6	5.6	2.1

Source: ISSER Household Survey, 2007

Fig. 2.6: Reasons for inability to vote in the District and National Elections (%)



Source: 2007 ISSER Household Survey

For the national elections in 2004, over 60 percent of those who did not vote did not do so because they were not eligible, compared to 15.5 percent in the 2006 local elections. The difference is largely due to the fact that those who were 16 years in 2004 and therefore not eligible to vote had attained 18 years in 2006, making them eligible to vote and thus reduced the number of ineligible people in 2006. Apathy, another reason for non-participation in the 2004 national elections, was cited by about 20 percent of adults while only 3 percent mentioned religious reasons (Figure 2.6). The greater proportion of eligible voters who were apathetic in the district elections relative to the national elections is an indication of the higher premium placed on national elections.

Conclusion

The proximity of the district to the regional capital and the abundant resources including forest, mineral deposits and the recent discovery of oil at Cape Three Points, create development challenges and opportunities in the district. The influx of people into the district will call for an expansion of basic infrastructure such as schools, health facilities, water and sanitation facilities as well as security. Such an influx may also increase the level of economic activity, thereby generating more revenue for development. Whether the population expansion due to the closeness of the district to Takoradi and the latest oil discovery will be a blessing or a curse will depend on how the local authority exploits the economic opportunities to the benefit of the district.

CHAPTER THREE

ECONOMIC ACTIVITY AND POVERTY

Introduction

The 1990s saw a considerable reduction in the incidence of poverty in Ghana, from 52 percent in 1992 to 40 percent in 1999. The incidence has further declined to about 28 percent in 2005.[5] However, the trend is not uniform across sex, region and economic activity. Essentially, the incidence of poverty is higher among food crop farmers and in rural areas where most people in Ahanta West live. Indeed, eradication of extreme poverty and hunger by 2015 is one of the MDGs. In the Ghana Poverty Reduction Strategy (GPRS I), Ghana pursued the anti-poverty objectives of the MDGs.

The GPRS II, covering the period 2006-2009, seeks to accelerate the growth of the national economy towards the realization of middle-income status. Within this framework, the focus of the Ahanta West District Assembly is mainly to pursue strategies that will promote growth, reduce poverty and improve the quality of life. The district's Medium-Term Development Plan for agriculture is to adopt modern techniques to ensure job and wealth creation. The plan seeks to ensure food security, reduce post-harvest losses, facilitate an increase in the production of non-traditional exports and promote effective and efficient output processing and marketing systems.

Box 3.1: Human Development and MDGs on Poverty and Hunger

Millennium Development Goals (MDGs)

- *Eradicate Extreme Poverty and Hunger*
  - *Reduce by 50 percent of the 1990 level the proportion of people whose income is less than one dollar a day by 2015*
  - *Reduce the proportion of people who suffer from hunger by 50 percent between 1990 and 2015*

Human Development

- *Ensure a decent standard of living*

[5] This is based on preliminary findings of the Fifth Ghana Living Standards Survey (GLSS 5)

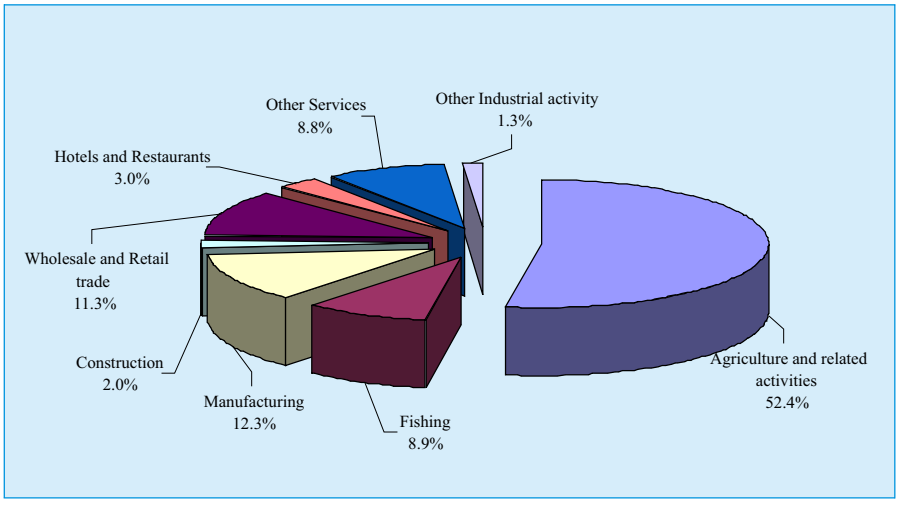
Structure of Economic Activity

Agriculture and related activities such as forestry and hunting are the main economic occupation in the district, although the share of labour force in agriculture and fishing has dwindled since 2000. Over 50 percent of the economically active population aged 7 years and above is engaged in farming (Figure 3.1) with more women engaged in agriculture than men. According to the 2000 census, agriculture was the main source of livelihood for 12,053 women aged 15 years and above (representing 56.3 percent of the female labour force) as against 9,068 men (or 46.8 percent of the male labour force). However, according to the 2003 CWIQ and 2007 ISSER survey results, the proportion of women in wage or regular employment in non-agricultural sectors increased from 2.2 percent to 6.0 percent, possibly indicating an improvement in terms of women's economic empowerment as contained in MDG 3.

The district witnessed a decline in the proportion of labour force in agriculture in favour of manufacturing, trade and community services. Between 2000 and 2007, the share of agriculture in total economically active population drooped from 51.8 percent to 35.4 percent compared with the surge in share of manufacturing, trade, construction and community services in total economically active population from 28.5 percent to 56.1 percent (Table 3.2).

The major food crops grown in the area are cassava, plantain, cocoyam, yam, maize, rice, coconut and vegetables, while oil palm remains the main cash crop. Food crop production is generally on subsistence basis while oil palm is mainly large scale. In recent times however, rubber cultivation appears to be gaining ground as a major cash crop in the district. The rubber is mostly grown on a large scale within the rain-belt area close to Axim, to feed the Ghana Rubber Estates Limited. One notable challenge, however, is that the increasing use of land for rubber plantations may deprive food crop farmers of access to land for cultivation.

Figure 3.1: Classification of Economically Active Population 7+ by Industry (%)



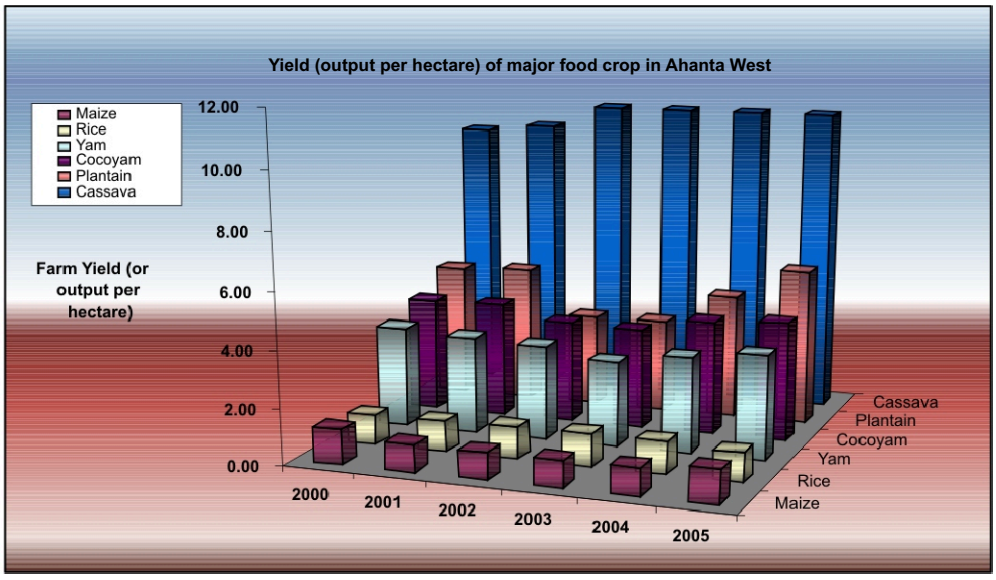
Source: 2000 Population and Housing Census, Ghana Statistical Service

Picture 3.1: Rubber plantation belonging to the Ghana Rubber Estates Limited

Farming practices in the district are generally based on the traditional system of shifting cultivation and/or rotational bush fallow. With no irrigation facility in the area, agriculture is rain-fed and productivity in terms of farm yield (defined as output per hectare) largely depends on the volume and timing of rainfall and the fertility of the soil. As seen in Figure 3.2, the district managed to halt and reverse the continuous decline in yield of plantain, cocoyam, yam and maize in 2004 while cassava yield has consistently improved since 2000. The reduced yield of plantain, cocoyam and yam particularly in 2002 may be attributed to flooding that occurred as a result of heavy rainfall of about 2,300 mm within 32 days (Figure 2.1). In contrast, rice farmers benefited substantially from the heavy rainfall as indicated by the increased yield that year.

Discussions with community leaders revealed that soil fertility has diminished considerably on account of continuous land use for cultivation. Unaffordable prices have constrained the use of fertiliser by many farmers. In addition, the majority of farmers use simple tools such as cutlasses and hoes, as tractor services are beyond the pockets of many poor farmers in most communities. The limited number of agricultural extension officers is also a major constraint to higher production in the district. Available data from Agriculture Extension Service in the district reveal an increase in the number of farmers under the care of one extension officer from 1,183 in 2000 to 1,800 in 2005. The combination of these factors constitutes the major impediments to productivity growth in agriculture in the district.

Figure 3.2: Farm yield of major food crops in the district



Source: Ahanta West District Directorate of Food and Agriculture

Generally, agriculture production in the district has been mixed. While total production of cassava, plantain and cocoyam has been on a consistent increase since 2000, rice and yam production suffered a decline in 2005 and 2004 respectively after experiencing continuous improvement since 2000 (Table 3.1). Maize production has not been consistent over the period. The district managed to recover from a decline in maize production in 2001 to record a continuous rise in production for two consecutive years before dropping again by 291 tonnes in 2004. Production then shot up by 1,081 tonnes the following year.

Fishing largely takes place along the coast and provides employment for about 9 percent of the workforce in the district in 2000. Sea fishing is a male-dominated activity while women are mostly fishmongers. The majority of fishermen use basic tools such as nets and canoes. The few who are able to use outboard motors are normally constrained by the high cost of pre-mix fuel.

Table 3.1: Production of Major Food Crops in Ahanta West (tonnes)

Year	Maize	Rice	Cassava	Plantain	Cocoyam	Yam
2000	1,840	79	35,445	860	436	64
2001	1,524	87	37,572	912	445	65
2002	1,750	140	42,102	985	454	90
2003	1,760	150	42,240	990	460	90
2004	1,469	131	42,703	1,349	489	88
2005	2,550	60	43,780	4,519	489	91

Source: Ahanta West District Directorate of Food and Agriculture

Discussions with two of the fishing communities (New Amanful and Asemkow) indicated that over the past few years, the fish catch has gone down considerably as a result of the presence of big fishing boats operated by some Chinese. According to the communities, the fishing activities of the Chinese along the coast are depriving them of their source of livelihood. This may partly explain the drop in the share of fishing in total economically active population from about 9 percent in 2000 to 4 percent in 2007 (Table 3.2).

Informal sector employment is pervasive in the district, with the proportion of women engaged in the sector higher than that of men. Data from various sources including the ISSER survey suggest that over 80 percent of the entire workforce in the district is engaged in informal activity, with the majority of them in agriculture. About 8 percent of the labour force is employed by the government in 2007 as against 7 percent engaged in the private formal sector (Table 3.2).

Picture 3.2: A group of young men weaving nets at Akwaidaa Old Town

Table 3.2: Distribution of Economically Active Population Aged 15+ by Industry, Status and Type

		2000	2003	2007
Industry	Agriculture	51.8	50.7*	35.4
	Fishing	8.5	---	3.8
	Manufacturing	12.8	6.3	20.3
	Construction	2.1	5.5	2.6
	Wholesale & Retail Trade	11.2	25.4	17.4
	Other Service	10.3	4.1	4.1
	Community Service	2.4	7.3	15.8
	Other Industrial Activity	1.1	0.8	0.5
Status	Self-employment	73.1	74.6	75.1
	Wage Employment	17.7	13.6	18.3
	Family Worker	5.5	1.9	1.7
	Apprentice/Student	2.7	5.0	1.0
	Other	1.0	4.9	3.9
Main Employer	Public	5.1	5.2	11.6
	Private Formal	12.8	6.8	5.0
	Private Informal	80.8	84.1	78.8
	Others	1.3	3.9	4.6

* Includes fishing
Source: Ghana Statistical Service, 2000 & 2003 and DHDR/ISSER Household Survey, 2007

In terms of status of employment, self-employment in the informal sector remains the dominant type, increasing from 73 percent in 2000 to 77 percent in 2007 (Table 3.2). I accounts for at least 77 percent of women and 69 percent of men. Wage employment in the district has consistently declined from 17.7 percent in 2000 to 9.4 percent in 2007 Access to wage employment is higher among men than women while a higher proportion of women Are engaged in unpaid family jobs than men. Most of the unpaid family workers probably help their parents and husbands on the farm.

A number of challenges were reported to be confronting the working population in Ahanta West. Lack of finance tops the list of problems and was mentioned by about 60 percent of farmers, 85 percent of traders and 81 percent of manufacturers as a major constraint in their activities (Table 3.3).

Table 3.3: Problems faced by working population with regard to work

Industry	Finance	Marketing Problem	Low price of products	High cost of inputs	Shortage of inputs	Erratic Weather	Access to land	Poor Health
Agriculture	60.2	14.4	17.1	---	1.7	8.0	21.7	2.4
Fishing	30.3	17.6	9.5	---	13.2	8.8	4.4	13.2
Manufacturing	80.6	1.2	4.3	6.1	1.9	---	4.4	---
Trade	84.5	17.5	0.9	7.0	3.5	1.3	---	5.4
Comm. service	56.4	3.4	---	---	---	---	3.4	3.9

Source: 2007 ISSER Household Survey

Similarly, about 30 percent of fishermen and 56 percent of workers in community service identified finance as a major problem in their economic activities.

This brings to the fore the urgent need to establish more micro-financing schemes for farmers, fishermen and fishmongers, traders and manufacturers, among others, to enhance economic activity and increase production. Lack of access to land, low output prices and access to markets were the other major problems facing farmers in the district while problems of marketing, shortage of inputs and poor health were identified by fishermen as some of the obstacles they face in their fishing activities.

Unemployment

The incidence of joblessness is one of the critical indicators for assessing the state of economic and social development in any community or country. According to the International Labour Organisation (ILO), a person is said to be "unemployed" if he/she is available but does not have a job and is actively looking for work. The rate is measured by the proportion of the economically active population who are unemployed.

Table 3.4 : Estimates of Unemployment Rates (%) for Ahanta West District

	Adult (15+)			Youth (15 -24 years)	
	2000	2003	2007	2003	2007
Ghana	10.4	5.5	---	---	---
Men	10.1	---	---	---	---
Women	10.7	---	---	---	---
Ahanta West District					
Men	6.8	10.0	12.7	35.0	30.3
Women	6.7	7.9	15.3	26.7	27.1
All	6.7	8.9	14.1	30.3	28.4
Rural					
Men	6.3	9.5	14.5	33.8	32.6
Women	6.4	6.8	11.0	22.7	14.4
All	6.3	8.0	12.5	27.8	21.6
Urban					
Men	8.8	15.0	9.4	54.9	23.4
Women	8.1	16.7	27.9	53.6	72.1
All	8.4	16.0	17.6	53.9	50.9

Source: 2000 Census & 2003 CWIQ (GSS) and 2007 ISSER Household Survey

Different estimates of the unemployment rates for different periods for the Ahanta West District and the entire country (2000 census, 2003 CWIQ, and ISSER 2007 Survey data) are presented in Table 3.4.

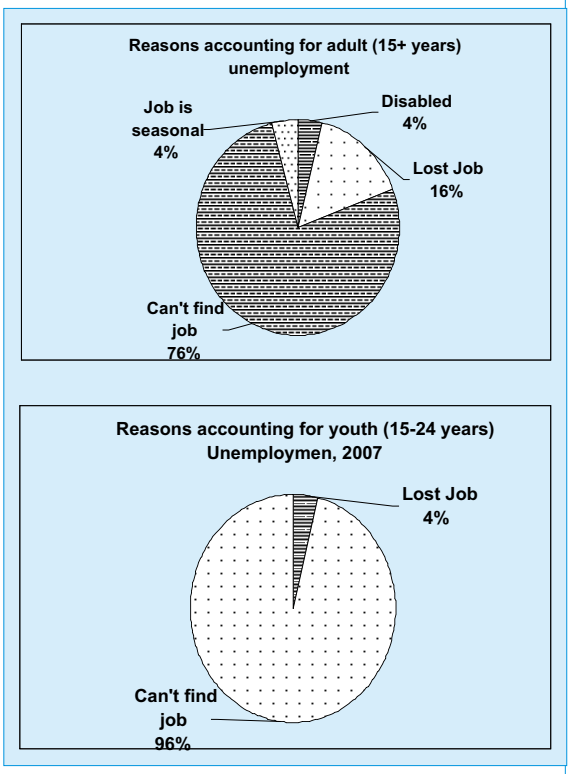
Based on the three sources, the unemployment rate has been on the increase in the district since 2000. From being lower than the national average in 2000, the rate rose sharply above the national level in 2003, suggesting that on average, more people were finding it difficult to secure jobs in the district than in the entire country. The rate rose from 9 percent in 2003 to 14 percent in 2007.

While the jobless rate was higher among men than women in 2000 and 2003, this was reversed in 2007. In 2000, the adult unemployment rate in the entire country was 10.1 percent among men as against 10.7 percent among women while 6.8 percent of men and 6.7 percent of women in the district were found to be unemployed. Similarly, the unemployment rate among men in 2003 was higher than the rate among women by 2.1 percentage points but in 2007, the situation was reversed with the rate becoming higher among women than men by 2.6 percentage points.

The rural-urban dimension of unemployment also confirms the assertion that unemployment is an urban phenomenon. The urban unemployment rate was higher than the rural rate by 2.1 percentage points in 2000 and further widened by 8 percentage points in 2003. The results of the 2007 ISSER survey put the urban-rural unemployment rate gap at 5.1.

Unemployment rates among the youth aged 15-24 years are reported to be higher than other age groups in district. The rate declined marginally in the district between 2003 and 2007 suggesting that more young people who are not in school are working than in 2003. Joblessness increased substantially among urban young women, from 54 percent to 72 percent (Table 3.4) indicating that young women are finding it more difficult to secure jobs in the district.

Figure 3.3: Reasons for being unemployed, 2007



Source: 2007 ISSER Household Survey

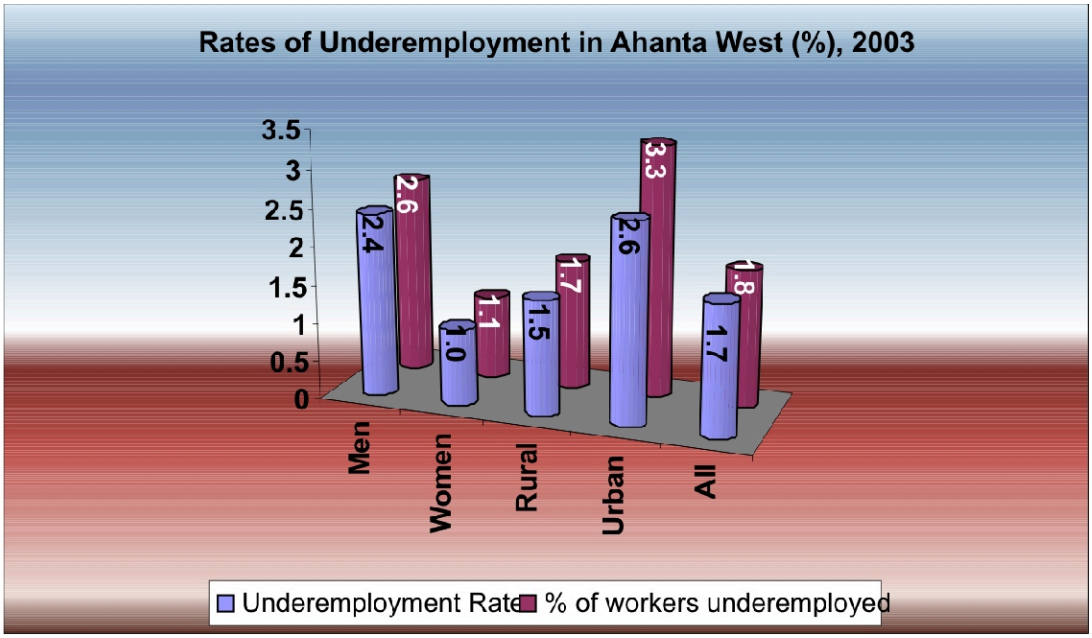
A lack of job opportunities has been observed as the main reason for the increasing incidence of unemployment in Ahanta West District. The results of the ISSER survey reveal that about 76 percent of unemployed adults claim that they could not find jobs while 16 percent were unemployed because they lost their jobs (Figure 3.3). Seasonality of jobs and disability rendered 8 percent of adults unemployed. Lack of jobs was the main reason why 96 percent of the youth were unemployed, with the remaining 4 percent attributing their jobless situation to the loss of their previous job.

Underemployment

The incidence of underemployment among adults in the district is an indication of the fact that more people are working but are willing to take additional work. The underemployment rate in the district is quite low as represented in Figure 3.3, such that only 12 adults, representing 1.7 percent of the labour force aged 15 years and above, did one type of work or the other in the last 7 days preceding the survey date and were ready to take on additional work. This figure also represents 1.8 percent of the economically active population aged 15 years and above in 2003 who did any type of work in the last seven days preceding the survey (Figure 3.4).

The rate is evidently higher among the urban workforce than in the rural workforce. This could be attributed partly to the fact that, given the higher cost of living in urban areas compared to the villages more urban workers are likely to want to take up additional jobs for additional income to supplement their main source of income. The rate is also higher among adult males than their female counterparts largely on account of their role as breadwinners in most households in the district.

Figure 3.4: Rates of Underemployment in Ahanta West (%), 2003



Source: 2003 CWIQ (GSS)

Table 3.5: Underemployed Persons by Industry, Employment Status and Economic Sector

Industry		Employment Status		Sector	
Agriculture & Related Activities	60.0	Self-Employed, no employees	61.7	Public	20.0
Manufacturing	7.0	Casual employee	12.0	Private Formal	20.5
Construction	6.0	Regular employee	21.6	Private Informal	59.5
Wholesale & Retail Trade	11.6	Domestic Employee	4.7		
Community/Social Services	14.8				

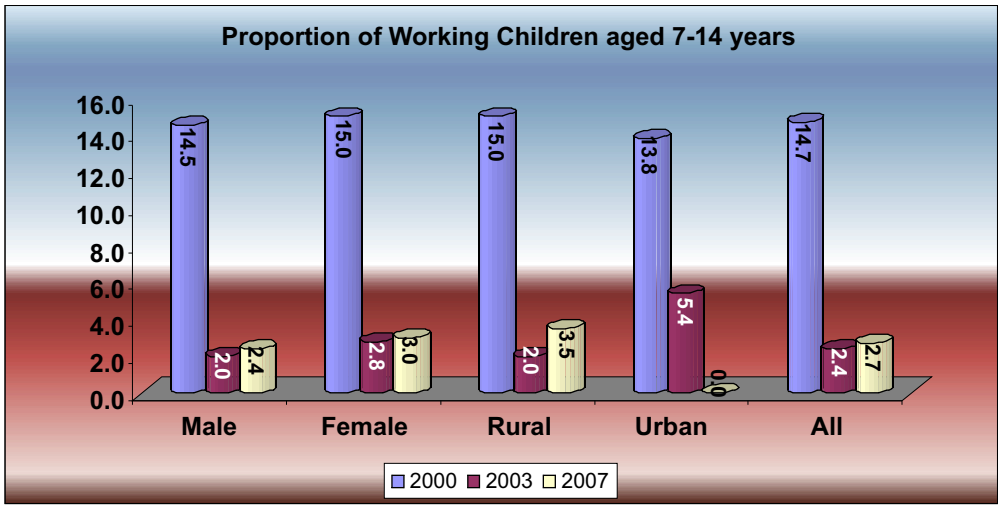
Source: 2003 CWIQ, GSS

Agriculture and related activities account for about 60 percent of the underemployed, followed by community/social services and wholesale and retail trade (Table 3.5). Most of the underemployed operate in the informal sector as self-employed without employees, with about 40 percent working in the formal sector. These developments confirm the popular perception that underemployment is generally high among informal sector operators who are mostly self-employed with no employees, and in the agricultural sector.

Child Labour

Child labour in this report refers to children aged between 7 and 14 who are engaged in paid work. According the 2000 Population and Housing Census, 3,006 children (1,504 males and 1,502 female) were engaged in various kinds of jobs for pay or profit in Ahanta West District. Most of these working children (about 81.5 percent) were in rural areas and accounted for at least 14.7 percent of children aged between 7 and 14 years.

Figure 3.5: Proportion of Working Children within the Age Category of 7-14 years



Source: 2000 Population & Housing Census, 2003 CWIQ & 2007 ISSER Household Survey

The proportion of working children has declined considerably since 2000, dropping from 15 percent in 2000 to 2.7 percent in 2007 (Figure 3.5). A greater proportion of girls than boys were engaged in economic activity.

Table 3.6: Distribution of Child Labour by Industry

Industry	2000	2003	2007
Agriculture	61.5	69.5*	44.4
Fishing	13.4	---	41.0
Wholesale & Retail Trade	13.0	30.5	14.6
Others	12.1	---	---

* Include fishing
Source: 2000 Population & Housing Census, 2003 CWIQ & 2007 ISSER Household Survey

No child was reported to be engaged in economic activity in urban areas in 2007. About 62 percent of the children were engaged in agriculture, probably as farm labourers, with fishing and trade accounting for 13.4 percent and 13.0 percent of these working children in 2000 (Table 3.6). In 2007, however, whereas the proportion of working children in agriculture declined to 44 percent, the proportion of children in fishing increased substantially to 41 percent. Working children engaged in commerce also declined dramatically from 31 percent in 2003 to 15 percent in 2007.

Poverty

The first goal of the United Nations' MDGs is the eradication of extreme poverty and hunger (Box 3.1). Poverty in Ghana is observed to be relatively high among food crop farmers. Being a predominantly rural district with farming and fishing as the main economic activities, Ahanta West has a direct link with the national poverty situation.

Objective Poverty

In assessing the situation in Ahanta West, the report uses a number of indicators to capture the incidence of poverty and deprivation. Using the headcount measure of poverty based on 2000 census data and the fourth Ghana Living Standards Survey (GLSS 4), about 44 percent of the population in Ahanta West were reported to be poor, made up of about 51 percent of the rural population and 15 percent of the urban population areas confirming the assertion that poverty in Ghana is a rural phenomenon.

Another objective measure is the human poverty index (HPI) established by the United Nations Development Programme (UNDP). The HPI is used to measure deprivation in three different dimensions. The first dimension is survival, which is vulnerability to death and is measured by the proportion of the population that will not live to see their 40th birthday.

The second dimension is knowledge and is measured by the adult illiteracy rate to capture the degree of exclusion of the population from the world of reading and communication. The third component of the human poverty index is the ability to have a decent standard of living and is measured by the proportion of the population without access to safe drinking water, health services and the proportion of underweight children below five years.

to have done better relative to the national situation in terms of knowledge, access to health services and the proportion of underweight children. About 48 percent of adults in the district compared to 46.6 percent nationwide are illiterate while 36.8 percent of people in the district are without access to health services as against 42.4 percent nationwide. In addition, compared to the national average, a lower proportion of children in the district are underweight. The

Table 3.7 : Poverty Indicators, 2003

	National	Ahanta West District
Human Poverty Index		
All	41.8	40.6
Rural	---	41.2
Urban	---	37.3
% Adult Illiteracy		
All	46.6	48.0
Male	34.2	32.2
Female	57.7	62.1
% without access to health services		
All	42.4	36.8
Rural	57.7	37.7
Urban	21.5	29.8
% without access to safe water		
All	25.9	26.0
Rural	37.0	20.2
Urban	12.7	71.6
% underweight children		
All	25.8	18.4
Boys	24.4	16.2
Girls	28.4	20.2

Source: 2003 CWIQ (GSS)

Using CWIQ 2003, the poverty situation in the district is captured by the relevant indicators presented in Table 3.7. The estimated HPI suggests that poverty in Ahanta West is marginally lower than the national level. Overall, the district is observed

proportion of people without access to safe Water in the district is not different from the national rate. Quite clearly, the level of deprivation in the district appears in some respects to be somewhat better than the national average.

The estimated HPI and other poverty indicators provide evidence to suggest that the incidence of poverty and the level of deprivation are higher among rural households than their urban counterparts. About 38 percent of the rural population is without access to health services compared with 30 percent in urban areas, while the rural HPI is higher than the urban index by about 4 percentage points. Surprisingly, however, a higher percentage of people in urban areas are without access to safe water, with most urban dwellers resorting to purchasing water from water tankers. The gender disparity in the poverty indicators is seen in the higher adult illiteracy rate among women. In addition, using the percentage of underweight children as a proxy for child poverty, girls are found to be at a disadvantage compared to boys. In effect, therefore, there is evidence for expressing concern about the higher level of vulnerability among women than among men and in rural areas compared to urban.

Table 3.8: Household Perception about Poverty by Location and Sex of Household Head (%)

	2003					2007				
	Male	Female	Rural	Urban	All	Male	Female	Rural	Urban	All
Non-Poor	0.3	---	0.2	---	0.2	2.9	3.7	0.6	9.9	3.1
Somewhat non-poor	2.6	2.4	2.6	1.7	2.5	21.3	20.5	17.7	30.0	21.0
Neither poor nor non-poor	70.6	61.8	66.8	73.3	67.5	51.4	55.5	56.3	42.8	52.6
Poor	20.8	17.8	19.4	22.5	19.7	19.0	17.8	20.6	13.6	18.7
Very Poor	5.7	18.0	11.0	2.5	10.0	5.5	2.5	4.9	3.7	4.6

Source: CWIQ 2003 (GSS) and ISSER Household Survey 2007

Subjective Poverty

Subjective poverty is an alternative means of assessing poverty based on the value judgement on the part of respondents. In 2007, a lower proportion of households considered themselves to be poor or very poor compared to 2003. As reported in Table 3.8, whereas 30 percent of households described themselves as poor or very poor in 2003, the proportion declined to 23 percent in 2007. Similarly, the proportion of households identifying themselves as neither poor nor non-poor declined from 67.5 percent to 52.6 percent over the same period. Indeed, the proportion of households that considered themselves non-poor or somewhat non-poor surged from a low of 2.7 percent to 24.1 percent between 2003 and 2007.

Essentially, a higher proportion of rural households considered themselves poor or very poor compared with urban households. This is not surprising because urban households are more endowed with basic utilities and have better access to socio-economic infrastructure. The worrying aspect is the rural-urban gap which widened from 5.4 percent to 8.2 percent between 2003 and 2007. Thus, about 30.4 percent of rural households claimed to be poor or very poor compared with 25 percent of urban households in 2003 and this dropped to 25.5 percent and 17.3 percent of rural and urban

households respectively in 2007 (table 3.8). A higher proportion of female-headed households reported themselves to be poor or very poor in 2003 compared with male-headed households. This was reversed in 2007 with a lower proportion of female-headed households claiming to be poor or very poor. The decline in poverty among female-headed households was also evident in the surge in the proportion of female-headed households claiming to be non-poor or somewhat non-poor from 2.4 percent in 2003 to 24.2 percent in 2007.

Using the level of happiness of households to capture their perception of poverty reveals a contrary outcome. Although about 30 percent of households in 2003 considered themselves to be either poor or very poor, poverty did not adversely affect their happiness since over 60 percent claimed to be very or quite happy (Table 3.9) The level of happiness was higher in urban than in rural areas considering the fact that about three-quarters of urban households compared with about three-fifths of rural households felt happier than before. Households headed by men claimed to be happier than female headed households.

Table 3.9: Household Perception of their Economic Situation, 2003 (%)

Variable	Response	Location		Sex of Household Head		
		Rural	Urban	Male	Female	All
Level of happiness	Very happy	14.1	21.5	16.9	11.4	15.0
	Quite happy	46.3	53.4	47.7	46.1	47.1
	Not very happy	28.4	14.2	28.0	24.5	26.8
	Not at all happy	11.1	10.8	7.4	18.0	11.1
Financial situation of Households	Very satisfied	1.9	2.5	2.8	0.6	2.0
	Satisfied	9.4	7.5	12.0	4.0	9.2
	Somewhat satisfied	31.4	45.8	32.4	34.3	33.0
	Somewhat dissatisfied	27.1	32.6	28.1	26.9	27.7
	Very dissatisfied	30.1	11.6	24.7	34.2	28.0
Overall economic situation of household against previous year	Much worse now	49.9	15.9	41.7	54.2	46.1
	A little worse now	25.6	32.4	29.9	19.9	26.4
	Same	17.2	40.2	21.4	16.8	19.8
	A little better now	7.2	11.5	7.0	9.1	7.7
Overall economic situation of community against previous year	Much worse now	36.0	25.7	34.9	34.9	34.9
	A little worse now	20.3	31.6	23.3	18.5	21.6
	Same	36.9	33.4	35.5	38.3	36.5
	A little better now	2.9	1.7	2.0	4.3	2.8
	Much better now	0.6	---	0.4	0.7	0.5
	Don't know	3.3	7.5	4.0	3.3	3.7

Source: CWIQ 2003 (GSS)

The majority of households in the district were quite dissatisfied with their financial situation in 2003 and this was reflected in their assessment of the overall economic situation against the previous year. Specifically, about 56 percent of households claimed to be somewhat or very dissatisfied with their financial situation as against 44 percent who considered their financial situation to be at least somewhat satisfactory (Table 3.9). Similarly, over 72 percent of households in 2003 felt that their overall economic situation was either a little or much worse than the previous year. As expected, compared with urban households, a higher proportion of rural households felt very or somewhat dissatisfied with their financial situation and also saw their overall economic situation as being worse than the previous year. The financial situation of male-headed households was found to be better than households headed by women based on the evidence that about 53 percent of male-headed households were very or somewhat dissatisfied with their financial position compared with 63 percent of households headed by women. Consequently, over 74 percent of female headed households compared with about 62 percent of male-headed households found the overall economic situation much worse or a little worse than in the previous year.

The overall assessment of the economic situation of the community by households suggests that communities were worse off than in the previous year. This is based on the claim by at least 56 percent of households that the economic situation of communities was much or a little worse in 2003 than in the previous year against only 3.3 percent who considered the economic situation to be a little or much better (Table 3.9). Surprisingly, 57.3 percent of urban households rated the economic situation of the community in 2003 to be much or a little worse than before as against 56.3 percent of rural households.

During community discussions however, four out of five communities indicated that life in the community was better than 10 years before. They gave a number of reasons for the improvement in their life. Several communities had been provided with electricity, water, schools and clinics which were lacking in the past. Increased commercial activities, the capitation grant for schools and free primary education, vocational education for the youth and improvement in literacy rates were other reasons cited for their perception of improved conditions of life in the communities.

Food Insecurity

The eradication of hunger is one of the primary concerns of the MDGs (Box 3.1). In this report, the proportion of households that faced difficulty in meeting food needs is used to capture the progress made in eradicating extreme hunger in the Ahanta West District. Table 3.10 presents a picture of the hunger situation in the district in 2003 and 2007. Generally, food security does not seem to be a major challenge in the district. About 63 percent of households never encountered any difficulty in satisfying food needs in 2007 compared with about 70 percent in 2003, suggesting progress in the effort to eradicate hunger in the district. Similarly, the significant surge by over 18 percentage points in the proportion of households that seldom faced a food crisis and a substantial decline in the proportion that sometimes faced difficulty in meeting food needs from 24.6 percent to

11.5 percent could be interpreted to mean an improvement in the overall food situation in the district.

The food situation appears better among urban households compared with rural counterparts. While the proportion of urban households that never faced a food crisis increased from 67 percent to 80 percent between 2003 and 2007, the proportion declined from 70 percent to 57 percent among rural households (Table 3.10). However, the proportion of households that seldom or sometimes experienced food shortages increased among both rural and urban households. The food situation was marginally better among male-headed than female-headed households the proportion of households that never or sometimes faced difficulty in meeting food needs was higher among households headed by men than those headed by women in 2003 and 2007.

sometimes faced a food crisis and an increase in the proportion that seldom faced food difficulties. However, it is also important to raise a concern over the increased proportion of households that often suffer food difficulties over the period, particularly among rural households.

A number of reasons accounted for the difficulty in meeting food. As reported in Table 3.11, the major reason was high food prices, according to 62 percent and 49 percent of urban and rural households respectively that experienced food difficulties. About 24 percent and 17 percent of rural households blamed poor harvests and problems with storage respectively as the cause of food difficulties, compared with 19 percent among urban households. About 20.4 percent of rural households sold most of their products right after the harvest and did not get good prices, thus exposing

Table 3.10: Difficulty in Satisfying Household Food Needs in the Past 12 Months (%)

	2003					2007				
	Rural	Urban	Men	Women	All	Rural	Urban	Men	Women	All
Never	69.8	66.6	69.6	69.2	69.4	57.0	80.2	65.0	59.8	63.4
Seldom	4.4	3.4	5.1	2.7	4.3	26.9	11.2	21.2	26.0	22.6
Sometimes	24.1	28.4	24.8	24.2	24.6	12.6	8.5	12.1	10.2	11.5
Often	1.3	1.7	---	4.0	1.4	3.4	---	1.8	4.0	2.5
Always	0.4	---	0.5	---	0.3	---	---	---	---	---

Source: CWIQ 2003 (GSS) and ISSER Household Survey 2007

Generally, the food situation does not seem to have deteriorated in the district, considering the fact that no household reported having always suffered difficulties in meeting food needs in 2007 compared with 4 percent in 2003 (Table 3.10). This is against the reported decline in the proportion of households that never or

themselves to a food crisis. Job loss of an income-earning member also caused about 38 percent of urban households to experience food shortage as against 11 percent in rural areas, while death of an income-earning member was the reason why 12.4 percent of rural households encountered food difficulties in 2007.

Table 3.11: Reasons for Food Shortage, by Household

Reason	Rural	Urban	All
Death of income-earning member	12.4	---	10.6
Income-earning member left	8.1	19.0	9.7
Additional member joined household	1.5	---	1.3
Income-earning member lost job	10.7	37.9	14.8
Income-earning member not working due to illness	3.2	---	2.7
Remittances no longer received	10.4	19.0	11.7
Reduction in remittances received	5.0	---	4.3
Poor harvest	24.0	19.0	23.4
Problem with storage	16.8	19.0	17.2
Sold products right after harvest	20.4	---	17.4
High food prices	49.3	62.1	51.2
Reduced access to land	6.7	---	5.7

Source: ISSER Household Survey 2007

The food situation raises issues of vulnerability for at least 36 percent of households that experienced food shortage at least once during the year preceding the ISSER survey for various reasons. This means that a number of households in the district are vulnerable to high food prices, poor harvests, and death or job loss of an income-earning member of households among other factors. This calls for efforts by the District Assembly to implement policies outlined in the District Development Plan to raise agricultural production and minimize the household risk of experiencing some of these shocks.

Conclusion

The concentration of economic activity in farming and fishing exposes the district to a high level of vulnerability since these two activities are among the most risky. The continued use of traditional methods of rain-dependent farming exposes the livelihood of many to the weather. This is in addition to a number of challenges facing farmers and fishermen including finance, inadequate numbers of extension officers, shortages of inputs, access to land, low prices and lack of markets for farm produce.

The reported decline in the youth unemployment rate is an indication of the progress the district is making in this area. However, the rise in the adult unemployment rate (due largely to increased unemployment among adults above 24 years) coupled with a greater percentage of the unemployed complaining about the difficulty in finding jobs suggests that the lack of adequate employment opportunities still remains a challenge in the district. The increased unemployment rates among women also indicate that women are finding it difficult to break into the job market.

The observed fall in the incidence of child labour since 2000 may suggest that more children are being enrolled in school than before, with positive implications for the adult literacy rate in future.

The poverty situation in the district appears to be better than the national average as measured by the HPI. Clearly, efforts to step up food and fish production by minimising constraints facing agriculture would help improve the food security and livelihood of the majority of people in the district.

CHAPTER FOUR

EDUCATION AND LITERACY

Introduction

In Ghana, the fundamental goal of the education sector is to provide quality and relevant education for all inhabitants to make them functionally literate and enable them to acquire employable skills and be productive in the economy. Education is one of the major pillars of the Millennium Development Goals (MDGs). The MDG on education is to ensure universal primary schooling, and equal enrolment for boys and girls at primary and secondary levels. Human development has as its indicators on education the adult literacy rate and the gross primary, secondary and tertiary enrolment rates. The Growth and Poverty Reduction Strategy (GPRS II) also seeks to ensure increased access of all children and youth to a defined minimum basic education regardless of the particular economic circumstances of their parents or guardians. This chapter assesses the progress made by Ahanta West District in the knowledge component of human development and in realizing the educational objectives of the MDGs and GPRS II.

The education system in Ghana has undergone restructuring and reform since independence. A major education reform occurred in 1987 that sought to introduce vocational and technical training at the basic level and also shorten the number of years spent in school. The system of formal education born out of the 1987 reform is based on a three-tier system six years of primary education, followed by three years of Junior Secondary School (JSS), and a further three years of Senior Secondary School (SSS) before admission into tertiary institutions (including university, polytechnic and other professional educational institutions). After 20 years of this system, another reform commenced in September 2007. The new reform makes compulsory two years of pre-school for all children before entering primary one and puts more emphasis on science, mathematics and information technology (IT) in the basic school curriculum. It also seeks to promote technical and vocational education and increases the number of years at senior secondary school (now, senior high school) from 3 to 4 years.

Box 4.1: The MDGs and Human Development Indicators on Education

Millennium Development Goals	*Human Development*
❖ *Achieve universal primary education* - *By ensuring that children everywhere, boys and girls, complete a full course of primary schooling by 2015* ❖ *Promote gender equality and empower women* - *Through elimination of gender disparity in primary and secondary education at all levels by 2015*	❖ *Adult Literacy Rate* ❖ *Gross Primary Enrolment Rate* ❖ *Gross Secondary Enrolment Rate* ❖ *Gross Tertiary Enrolment*

The system of formal education prior to the 1987 reform was based on six years of primary education after which pupils had the option of pursuing five years of secondary education upon passing the Common/Late Entrance Examination or going through at most four years of middle school. Successful candidates after the five-year secondary education were obliged to complete a two-year pre-university education before gaining admission to university. There were other alternative education opportunities such as vocational, technical, polytechnic and professional education available for those who were unable to make it to the university.

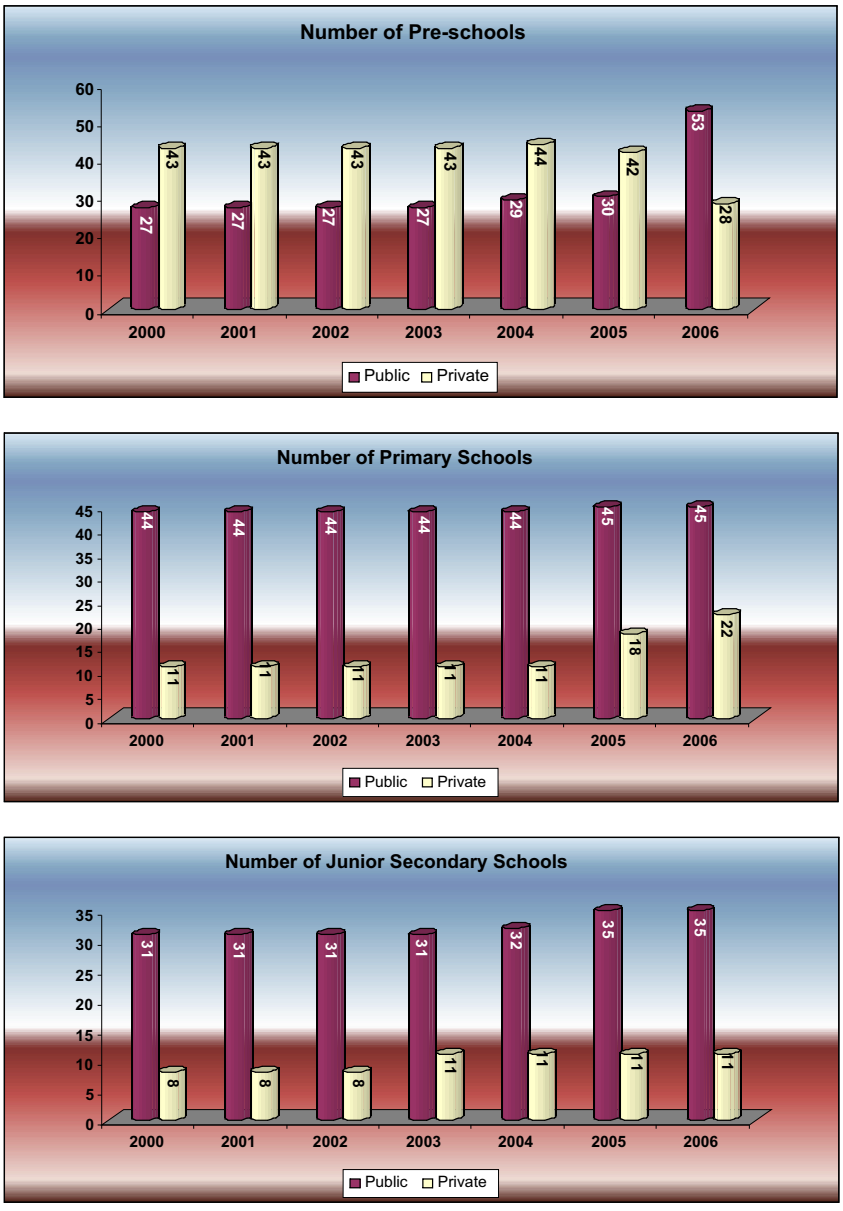
Number of Schools

One of the fundamental inputs towards the realisation of the MDG for education is children's access to education which depends largely on the number of schools available. The Ahanta West District has a number of basic and second-cycle institutions. Currently, there are 81 pre-schools, 67 primary schools, and 46 junior secondary schools. The district also has two senior secondary schools and one technical/vocational institute.

Picture 4.1: District Council Basic School, Agona Nkwanta

The rate of expansion of education provision by the private and public sectors has been generally slow at best. The number of pre-schools in the district remained at 70 from 2000 to 2003 before inching up to 73 in 2004 and 81 in 2006. The trend was similar in primary and JSS as shown in figure 4.1. The number of primary schools rose marginally from 55 for the period 2000-2004 to 63 and 67 in 2005 and 2006 respectively. Similarly, the number of junior secondary schools rose from 39 in 2000-2002 to 42 and 47 in 2003 and 2005-2006.

Figure 4.1: Number of Pre-schools, Primary and JSS in Ahanta West District



Source: District Education Directorate, Ahanta West

The contribution of private schools is most evident at pre-school level. The number of private pre-schools exceeded the number of public schools from 2000 until 2006 when the number of public pre-schools shot up significantly (Figure 4.1) as a result of the takeover of community pre-schools by the Ghana Education Service. At the primary and junior secondary level, however,, the number of public schools has remained higher than the number of private schools. Nonetheless, the contribution of the private sector in the establishment of primary and junior secondary schools has been quite impressive. This is evident in the increased number of private primary and junior secondary schools from 11 in 2000-2004 to 22 in 2006 and 8 in 2000-2002 to 11 in 2006 respectively.

School Quality

School quality depends greatly on the availability of basic tools and infrastructure such as textbooks, seating and writing places, access to safe drinking water and sanitation as well as the availability of quality teachers. GPRS II sets a target of three textbooks per pupil and Ahanta West is far from attaining that target. However, an assessment of pedagogical tools and basic utilities suggests improved provision of basic facilities and deterioration or at best stagnation in the provision of basic tools for schools.

Generally, junior secondary schools are better provided with toilet facilities than primary schools (Table 4.1). The proportion of primary schools with toilet facilities increased from 47 percent to 64 percent between the 2002/2003 and 2004/2005 academic years. There was, however, a dip the following academic year on account of new primary schools, most of which were without toilet facilities. The proportion of junior secondary schools with toilet facilities also increased from 66.7 percent in 2002/2003 to 69.8 percent the following academic year before dropping to 67.4 percent in the 2004/2005 and 2005/2006 academic years.

Table 4.1: Pedagogical Tools and Availability of Basic Utilities

Year	Proportion of Schools with Toilet Facilities			Drinking water	Core Textbooks per pupil	Chairs per pupil
	Prim.	JSS	All	Primary	All	All
2002/2003	47.3	66.7	55.7	52.7	3:1	1:1
2003/2004	61.8	69.8	65.3	65.5	3:1	1:1
2004/2005	63.5	67.4	65.1	63.5	1:1	1:1
2005/2006	59.7	67.4	62.8	59.7	1:1	1:1

Source: Author's calculation based on data from the District Education Directorate

The district has also witnessed an improvement in the proportion of primary schools with drinking water since the 2002/2003 academic year. The number with drinking water increased from 29 in 2002/2003 to 40 in 2005/2006, representing an improvement in the proportion of schools with drinking water from 53 percent to 60 percent. Every pupil in the district has a seating place, with one chair per pupil reported in Table 4.1. However, the number of core textbooks dropped significantly from 3:1 in 2002/2003 and 2003/2004 to 1:1 in 2004/2005 and 2005/2006. The observed decline in the number of core textbooks per pupil could adversely affect the quality of teaching and learning and hence the performance of school children in certificate examinations.

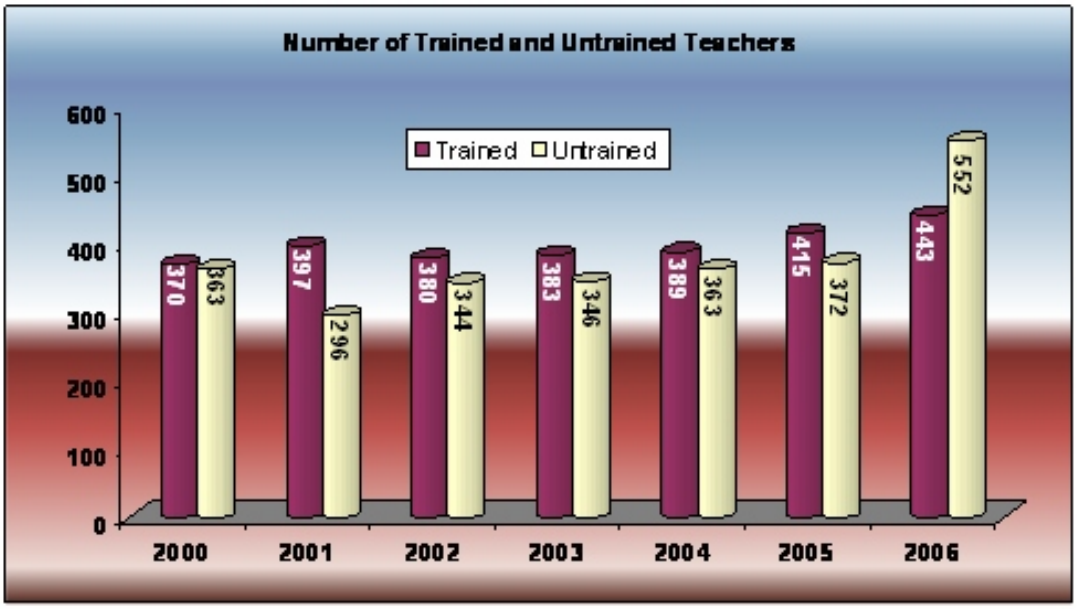
remaining 24 percent teaching in private schools. Of the 852 public school teachers, about 66 percent of them are professional teachers compared with 5 percent professional teachers in private schools. A total of 200 teachers (10 trained and 190 untrained) are in pre-schools, 486 (250 trained and 236 untrained) in primary schools, 309 (183 trained and 126 untrained) in junior secondary schools, 107 (105 trained and 2 untrained) in senior secondary schools and 15 (13 trained and 2 untrained) in technical and vocational institutions. The numerical strength of teaching staff in public schools has improved gradually since 2002 after dropping by 17 from the previous year (Figure 4.2). Similarly, after declining from 363 in 2000 to 296 in 2001, the staff strength of private schools has also improved consistently,

Picture 4.2: A Modern School Block at Agona Nkwanta

Number of Teachers

As of 2006, there were 1,117 teachers in the Ahanta West District made up of 561 trained and 556 untrained teachers. About 76 percent were in public schools, with the particularly in 2006 when the number of teachers rose by about 48.4 percent, thereby pushing the staff strength of private schools above public schools.

Figure 4.2: Number of Trained and Untrained Teachers in the Ahanta West District



Source: Ahanta West District Education Directorate

The pupil-teacher ratio and quality of teachers are critical in the assessment of school quality and the situation in Ahanta West District is reported in Table 4.2. The ratio is observed to be higher than the norm (i.e. 33:1) in primary schools, especially in public schools. The pupil-teacher ratio is reported to be higher in private schools at pre-school level than in public schools. The ratio in public pre-schools rose from 37:1 to 48:1 between 1999/2000 and 2004/2005 before dropping to 41:1 the following academic year (Table 4.2). In private pre-schools, however, the ratio rose significantly from 43:1 in 1999/2000 to 63:1 in 2001/2002 on account of a sharp rise in enrolment by about 50 percent as against a 2 percent increase in the strength of teaching staff. The trend was reversed in subsequent years to 34:1 and 43:1 in 2004/2005 and 2005/2006 respectively.

The ratio also rose substantially in private primary schools, from 30:1 in 1999/2000 to 71:1 the following year due to a drop in the number of teachers by 45 percent as against a 33 percent rise in enrolment. The trend was reversed with a consistent decline in the ratio to 10:1 in 2005/2006. In contrast the pupil-teacher ratio in public primary schools rose marginally from an average of 38:1 over a three-year period of 1999/2000-2002/2003 to 41:1 for the period 2003/2004-2005/2006.

The pupil-teacher ratio in public junior secondary schools increased gradually and consistently from 19:1 to 24:1 between 1999/2000 and 2005/2006, yielding an average of 22:1 compared to 26:1 in private junior secondary schools. Apart from 1999/2000 and 2005/2006 when the ratio was significantly lower in private schools, the pupil-teacher ratio has remained higher in private schools than in public schools in Ahanta West District.

Table 4.2: Teachers and Pupil -Teacher Ratio in Ahanta West District

Year	Level	% of Trained Teachers		Pupil-Teacher Ratio	
		Public	Private	Public	Private
1999/2000	Pre-School	3.4	2.4	36.6	42.9
	Primary School	68.7	4.6	39.4	29.7
	Junior Secondary	80.3	8.5	18.5	8.6
	Senior Secondary	97.1	---	16.5	---
	TVET	100.0	---	---	---
2000/2001	Pre-School	2.5	2.6	31.8	44.3
	Primary School	72.9	2.8	36.6	71.1
	Junior Secondary	81.9	13.8	19.5	38.0
	Senior Secondary	95.7	---	20.6	---
	TVET	91.7	---	---	---
2001/2002	Pre-School	3.9	2.3	43.6	62.8
	Primary School	74.7	5.8	37.7	31.2
	Junior Secondary	78.8	8.3	21.2	28.8
	Senior Secondary	97.1	---	24.3	---
	TVET	100.0	---	22.9	---
2002/2003	Pre-School	6.1	1.8	39.6	57.2
	Primary School	74.4	2.6	40.7	33.5
	Junior Secondary	81.0	11.8	20.8	28.5
	Senior Secondary	94.3	---	27.2	---
	TVET	100.0	---	23.2	---
2003/2004	Pre-School	1.4	1.5	46.4	47.5
	Primary School	73.3	2.5	40.4	28.9
	Junior Secondary	80.8	8.6	23.3	33.4
	Senior Secondary	92.2	---	26.6	---
	TVET	90.0	---	11.3	---
2004/2005	Pre-School	1.4	1.2	48.1	34.3
	Primary School	74.1	2.6	43.5	28.8
	Junior Secondary	87.8	10.5	24.1	30.6
	Senior Secondary	93.9	---	22.1	---
	TVET	54.5	---	11.0	---
2005/2006	Pre-School	7.5	0.0	41.4	43.3
	Primary School	66.1	5.1	39.6	10.4
	Junior Secondary	77.5	8.5	24.4	14.1
	Senior Secondary	98.1	---	19.6	---
	TVET	86.7	---	11.1	---

Source: Author's calculations based on data from the District Education Directorate

Generally, there are more trained teachers in public schools than private schools in the district. The proportion of trained teachers in public pre-schools increased from 3.4 percent in 2000 to 6.1 percent in 2002/2003 before dropping to 4.1 percent in 2003/2004 and 2004/2005. The proportion however rose remarkably to 7.5 percent the following year as a result of a substantial increase (by 72 percent) in the number of trained teachers in public pre-schools. In contrast, the proportion of trained teachers in private pre-schools declined consistently from 2.6 percent in 2000/2001 to less than 1 percent in 2005/2006 after rising from 2.4 percent in 1999/2000.

The proportion of trained teachers in public primary schools, which rose from 69 percent to 74 percent before dropping to 66 percent in 2005/2006, falls short of the GPRS I target of 83.1 percent. Similarly, the share of trained teachers in public JSS increased from 80 percent to 88 percent between 1999/2000 and 2004/2005 but dropped to 77.5 percent in 2005/2006.

In private primary and JSS however, the trend has been highly unstable. The proportion of trained teachers in private primary schools increased from 4.6 percent in 1999/2000 to 5.8 percent in 2001/2002 after dropping to 2.8 percent in 2000/2001. It again declined to 2.6 percent in 2002/2003 and remained at that level before inching up in 2005/2006. In private JSS, the proportion of trained teachers ranged from a low of 8.3 percent in 2001/2002 to a high of 13.8 percent in 2000/2001. The apparently low salaries and other conditions of service in private schools largely account for the low number and high turnover of trained teachers in that sector. This could have adverse implications for the quality of teaching and student performance in certificate examinations in private schools.

School Enrolment

In absolute terms, the district has witnessed an improvement in the number of children enrolled in basic schools, particularly at pre-school and junior secondary level, since the 1999/2000 academic year. Total enrolment in pre- and junior secondary schools increased remarkably by 3,409 and 2,877 (or by 68 percent and 76 percent) respectively between 1999/00 and 2005/06 (Table 4.3). There was a moderate increase in enrolment of 1,737 or 12 percent in primary schools over the same period. The gender dimension of enrolment shows that while girls outnumber boys at pre-school level, the opposite is the case at primary and junior secondary level. On average, girls constitute 51 percent of children in pre-schools against 48 percent and 46 percent in primary and junior secondary schools respectively. This seems to suggest a higher dropout rate of girls than boys thus raising concerns about gender disparity in basic schools.

A comparison of the population of primary and junior secondary schools indicates that over 50 percent of pupils in primary school fail to make it to junior secondary school. This could be linked to the relatively smaller number of junior secondary schools in the district. Evidence from the ISSER survey shows that about 35 percent of households are estimated to be at least 30 minutes away

from the nearest junior secondary school. This suggests that physical access to junior secondary school is a challenge in the district. In Agona Nkwanta, the district capital, enrolment has increased substantially according to some of the community members and therefore, some schools have been compelled to adopt a shift system. This appears to suggest that the capitation grant introduced by government in 2005 is yet to make an impact on primary enrolment in other parts of the district.

Gross and Net Enrolment Rates

The district has seen an improvement in both gross and net enrolment rates at all levels of education. Generally, the gross enrolment rate (GER) is always higher than the net enrolment rate (NER) because there are quite a number of children enrolled in the various stages of education with ages outside the prescribed age group. By definition, the NER for a particular education level is the number of children enrolled in that level of education who are within the prescribed age group as a proportion of the population of children in the prescribed age group. Therefore, by definition the NER cannot exceed 100 percent. In contrast, the GER may exceed 100 percent depending on the number of children enrolled at a particular level of education who are outside the prescribed age group for that stage of education because of starting school late or repeating a class for various reasons.

Table 4.3: Number of Pupils Enrolled at Various School Levels in Ahanta West District, by Sex

	Pre-school			Primary			JSS		
Year	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
1999/00	2,453	2,535	4,988	7,333	6,768	14,101	2,122	1,673	3,795
2000/01	2,152	2,113	4,265	7,317	6,832	14,149	2,583	2,187	4,770
2001/02	2,983	3,027	6,010	7,318	6,822	14,140	2,616	2,221	4,837
2002/03	3,119	3,274	6,393	7,392	7,073	14,465	2,594	2,305	4,899
2003/04	3,180	3,205	6,385	7,500	7,055	14,555	3,294	2,486	5,780
2004/05	3,133	3,290	6,423	8,250	7,724	15,974	3,108	2,798	5,906
2005/06	4,072	4,325	8,397	8,196	7,642	15,838	3,319	3,353	6,672

Source: District Education Directorate

At focal group discussions, most parents applauded the introduction of the capitation grant which has provided them some leverage. They were, however, quick to add that the payment of examination and sports fees, as well as the cost of books and uniforms remain a major financial constraint to the education of their children. In addition, all the communities interviewed are yet to benefit from the school feeding programme which is one of the intended means of improving school enrolment and attendance.

Table 4.4: Gross and Net Enrolment Rates (%)

Rates	Level	Year	Boys	Girls	GPI*	Rural	Urban	All
		2000	38.9	38.9	1.00	37.4	45.9	38.9
	Pre-school**	2003	49.9	59.9	1.20	56.1	42.2	54.6
		2007	69.4	73.2	1.05	71.1	67.9	70.6
		2000	68.5	67.7	0.99	66.5	74.8	68.1
	Primary	2003	70.9	67.0	0.94	69.1	67.9	69.0
NET		2007	83.2	72.5	0.87	78.7	73.2	77.6
ENROLMENT		2000	31.6	30.5	0.97	29.4	37.3	31.1
	JSS	2003	32.0	17.9	0.56	23.5	39.4	25.5
RATES		2007	47.2	35.8	0.76	33.8	67.1	41.8
(NER)		2000	13.5	10.8	0.80	10.8	16.9	12.1
	SSS	2003	10.4	10.5	1.01	11.4	---	10.4
		2007	17.5	7.7	0.44	11.3	14.2	12.3
		2000	0.31	0.13	0.42	0.12	0.54	0.21
	Tertiary	2003	---	2.33	---	1.52	---	1.32
		2007	3.10	0.73	0.02	---	7.07	1.83
		2000	50.2	49.8	0.99	48.3	57.9	50.0
	Pre-school	2003	79.9	96.8	1.21	91.0	63.0	87.9
		2007	82.3	150.7	1.83	98.3	137.9	104.0
		2000	91.4	88.1	0.96	87.6	99.1	89.7
	Primary	2003	110.7	103.8	0.94	107.8	102.5	107.2
GROSS		2007	119.6	106.7	0.89	98.9	103.0	112.5
ENROLMENT		2000	102.7	93.7	0.91	94.1	113.8	98.4
	JSS	2003	68.6	43.2	0.63	54.7	72.0	56.9
RATES		2007	143.9	123.3	0.86	122.9	169.7	134.3
(GER)		2000	38.0	28.0	0.74	28.4	50.0	33.0
	SSS	2003	27.4	22.7	0.83	26.6	11.0	25.2
		2007	76.5	35.0	0.46	57.4	49.2	54.5
		2000	1.84	1.03	0.56	1.28	1.88	1.42
	Tertiary	2003	1.37	2.33	1.70	2.20	---	1.91
		2007	3.12	0.92	0.29	2.03	1.84	1.98

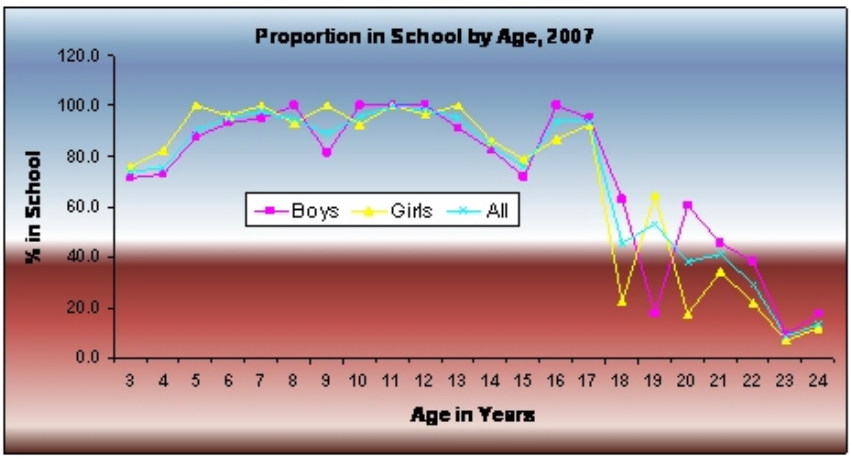
**GPI = Gender Parity Index*
***Pre-school enrolment rates are calculated for the population aged 3-5 years; primary for 6-11 years; junior secondary for 12-14 years; senior secondary for ages 15-17 years; and tertiary for ages 18-24 years for 2003 and 2007 and 15-24 for 2000*
Source: 2000 Population and Housing Census & CWIQ 2003 (GSS) and 2007 ISSER Household Survey

Table 4.4 presents net enrolment rates (NER) and gross enrolment rates (GER) for various levels of education in the district. Both NER and GER improved considerably at almost all levels and for both sexes between 2000 and 2007. The only slip occurred in urban areas where the GER at SSS and tertiary level dropped marginally by 0.8 and 0.04 percentage point. There was also a marginal decline in NER at primary and SSS in urban areas and amongst girls at the SSS. The observed increase in gross primary enrolment since 2000 in Table 4.4 in contrast with the apparent decline reported in Table 4.3 could be explained by the possibility of some children attending school outside the district which would not be captured by the District Education Directorate.

Though there was improvement in the GER and NER among both sexes, greater improvement was recorded among boys, resulting in a general decline in the Gender Parity Index (GPI) over the period for primary and junior secondary levels. Related to this development is the inability to sustain the observed higher enrolment rates amongst girls than boys beyond the pre-school level. Both gross and net enrolment rates are observed to be higher among girls than boys in pre-school but the reverse is the case beyond pre-school level (Table 4.4). This appears to suggest a higher dropout rate among girls compared with boys. This tends to undermine the progress towards gender equality and women's empowerment advocated in the MDGs. Clearly, the district has failed to attain the GPRS target for gender equality in primary education by 2004/2005.

Comparing the NER with the GER reveals that a considerable number of pupils and students are outside the prescribed age brackets. This occurs mostly at junior and senior secondary levels where average ages of 15.7 years and 20.1 years are outside the prescribe ranges of 12-14 years and 15-17 years respectively. The mean age of children in pre- and primary schools of 4.9 years and 9.9 years indicates that a considerable proportion enrolled at this level of education is also outside the prescribed ages of 3-5 years and 6-11 years. Estimates from the ISSER survey reveals that about 32 percent and 31 percent of children in pre- and primary schools respectively are outside the prescribed ages of 3-5 years and 6-11 years.

Figure 4.3: Enrolment in 2007, by Age



Source: 2007 ISSER Household Survey

Enrolment rates in school among children aged 3-17 years in the district is high in 2007. At least 90 percent of children between the ages of 5 and 13 years and 16 and 17 years are in school (Figure 4.3). Between the ages of 3 and 7 years, enrolment among girls is higher than boys and fluctuates between the two sexes up to age 15 years, beyond which enrolment among boys is higher than that of girls throughout. There is high enrolment among children between 5 and 13 years old in primary and junior secondary.

Using data from the EMIS project of the Ministry of Education, Science and Sports, the district's gross and net primary enrolment rates were higher than the national average for 2002/2003 and 2003/04 but dropped below the national average in 2004/05 academic year (Table 4.5). However, the rates were lower than the regional average for the three academic years except in 2003/04.

Gross enrolment rates at JSS level in the district remained higher than the regional and national rates over the three years. However, the district failed to realise the GPRS I target of a GER of 88.5 percent by 2004/2005 (Table 4.5). The net enrolment rate at JSS in the district was the same as the national rate in 2002/2003, but dropped below the national rate in 2003/2004 before rising above both the national and regional rates the following academic year. Clearly, the performance of the district in terms of enrolment appears to be better than the national effort. Nonetheless, more is required of the district to attain the goal of universal primary education as contained in the MDGs. During community discussions, members cited the inability of parents to

Table 4.5: Comparing District Enrolment Rates with Western Region and National

Year	Enrolment	Ahanta West	Western Region	National
	GER			
	Primary	76.1	77.7	75.7
2002/2003	JSS	68.2	58.6	63.4
	NER			
	Primary	58.8	58.9	55.9
	JSS	36.9	34.8	36.9
	GER			
	Primary	81.9	79.7	78.4
2003/2004	JSS	68.1	64.3	65.6
	NER			
	Primary	56.4	59.2	55.6
	JSS	27.5	29.1	29.5
	GER			
	Primary	80.8	87.2	83.3
2004/2005	JSS	73.5	70.7	70.2
	NER			
	Primary	57.5	65.4	59.1
	JSS	32.8	32.6	31.6

Source: EMIS Project, Ministry of Education, Science and Sports

fund children's education as the major reason why some children in the community do not attend primary school. Other reasons include lack of parental interest and lack of interest in schooling among some children.

School Attendance

School attendance is quite regular in Ahanta West for most children. This is based on the 2007 ISSER Household Survey which found that 76.2 percent of schoolchildren never missed classes in the 12 months prior to the survey. The rate of school attendance was marginally higher for boys than girls as a higher proportion of girls missed classes at least once (Table 4.6). School attendance was also reported to be better among rural school children compared with urban schoolchildren. Of those who missed some school days during the academic year, the frequency was highest among children aged 15-17 years followed by those aged 3-5 years. Those within the age group of 18-24 years who are supposed to be pursuing tertiary education were most regular, followed by children aged 6-11 years.

A higher proportion of those who missed school did so several times compared with those who were absent once, twice or thrice. Indeed, about 14 percent were absent from school once, 31 percent twice, and 21 percent thrice. The children were absent from classes for an average of nine days, with girls and/or rural children being the worse culprits (Figure 4.4). Girls stayed away from school for an average of 13 days compared with six days for boys while rural children did so for an average of 10 days against eight days for urban children.

Table 4.6: School Attendance

Age	% that missed	Once	Twice	Thrice	Several times
3-5	30.5	10.0	5.2	40.1	44.8
6-11	20.5	14.1	43.4	32.2	10.3
12-14	22.0	---	36.5	3.3	60.2
15-17	34.7	26.0	38.2	3.3	32.4
18-24	16.7	11.7	16.0	17.6	54.7
Boys	23.4	17.8	23.0	22.3	36.9
Girls	24.2	9.4	39.6	18.5	32.6
Rural	21.8	14.0	32.2	22.3	31.5
Urban	30.3	13.2	27.8	16.1	42.9
All	23.8	13.8	30.9	20.5	34.8

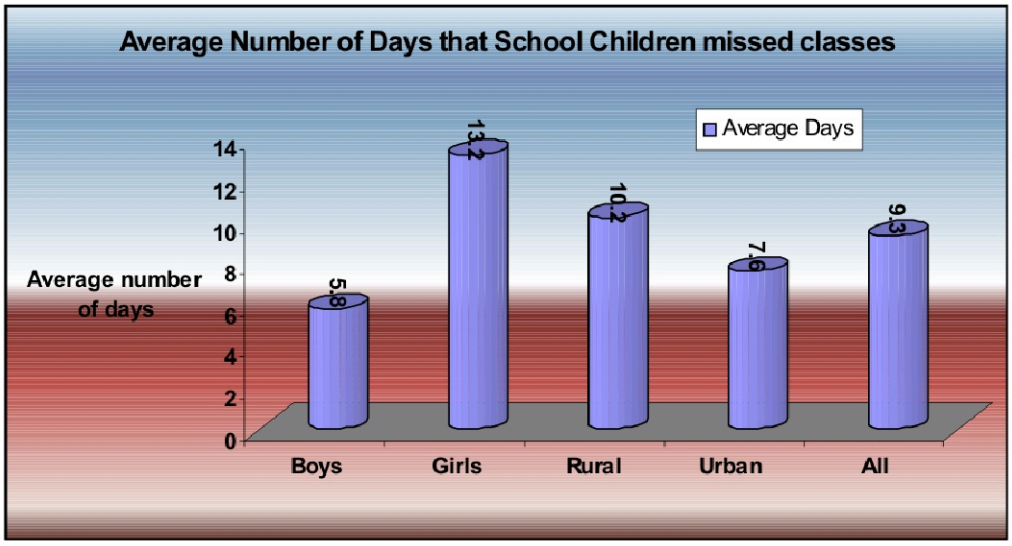
Source: 2007 ISSER Household Survey

On top of the list of reasons for the children's absence from school is ill-health, which was cited by about 46 percent of children who missed school. About 26 percent missed some classes due to financial problems while about 6 percent missed a number of school days because of bad weather.

absent from school because they were needed on the farm, while caring for new-born babies affected school attendance of boys more than girls (Table 4.7).

Although, about 98 percent of them returned to school, it is clear that longer days

Figure 4.4: Average Number of Days that Children Stayed out of School



Source: 2007 ISSER Household Survey

Pregnancy caused about 3 percent of girls to stay out of school and this was recorded in the rural areas. In one of the communities, however, the use of children for farming and fishing was cited as the first reason for low school attendance. Ill-health affected school attendance of children more in rural than in urban areas while financial constraints caused a higher proportion of urban children to stay out of school compared to rural children. A higher proportion of boys than girls stayed out school due to ill-health while financial problems adversely affected school attendance of girls proportionately more than boys. A greater proportion of girls were

of absence may contribute to children losing interest in school due probably to the difficulty to follow lessons and might adversely affect their performance. None of the urban children dropped out of school due to irregular school attendance compared with 4 percent of rural children. The proportion of boys who returned to school after days of absence was not significantly different from girls. About 17 percent of children who missed some days of classes suffered repetition in class with urban children being the worse affected. A higher proportion of boys than girls who were out of school for some days repeated a class.

Table 4.7: Reasons for Missing Classes & Those That Returned (%)

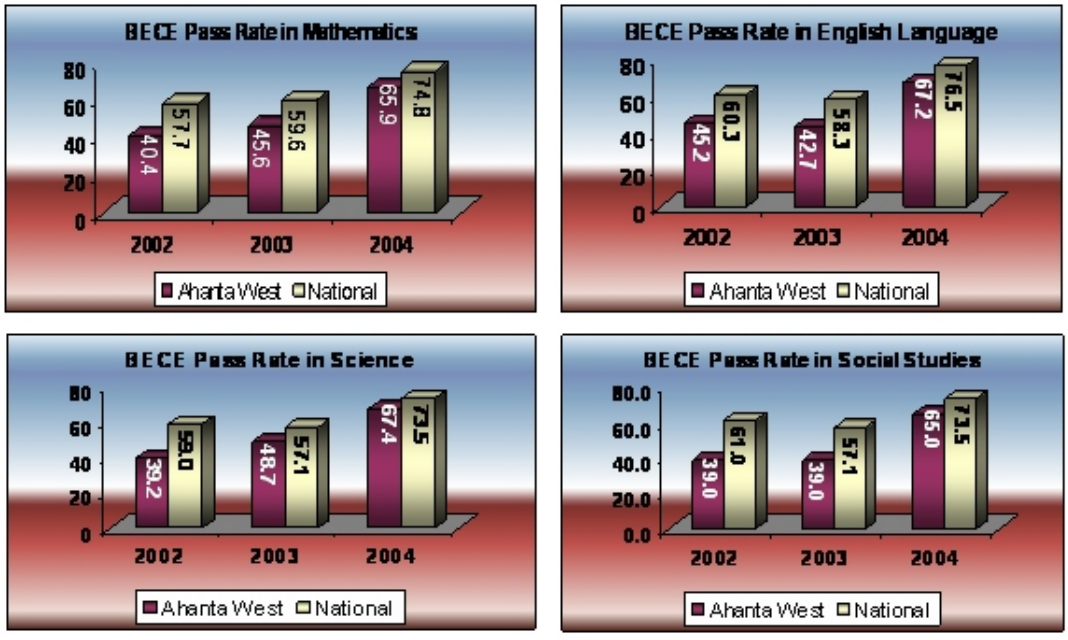
Reasons	Boys	Girls	Rural	Urban	All
Ill-health	50.7	40.9	47.7	42.4	46.1
Needed on farm/store	1.5	5.2	4.7	---	3.2
Financial	17.6	36.1	20.0	41.0	26.4
Child not interested	12.6	1.6	10.6	---	7.4
Bad weather	5.1	6.0	7.0	2.2	5.5
Madam delivers	12.5	4.6	6.3	14.4	8.7
Travelled	---	2.8	1.9	---	1.3
Pregnancy	---	2.8	1.9	---	1.3
% Returned	97.6	97.3	96.1	100	97.5
% absentees who repeated class	18.1	15.1	12.8	25.7	16.7

Source: 2007 ISSER Household Survey

Performance of Pupils in Competitive Examination

The performance of Ahanta West children in the Basic Education Certificate Examination was significantly lower than the national and regional average in 2002, but improved remarkably in 2003 and 2004. The pass rate in mathematics rose consistently from 40 percent in 2002 to 66 percent in 2004 while the rate in English language also increased from 45 percent to 67 percent over the same period (Figure 4.5).

Figure 4.5: Performance of Pupils of Ahanta West District in BECE, 2003-2005



Source: EMIS Project, Ministry of Education and Sports

The improved performance of pupils in the district narrowed the pass rate gap between the district and national from 17.3 to 8.9 percentage points in mathematics and 15.1 to 9.3 percentage points in English language. A similar trend in the performance of pupils at BECE was observed in science and social studies. Boys perform better than girls in the BECE judging by their pass rates in all the four major subjects over the period.

Overall, the performance of pupils at BECE improved considerably between 2003 and 2005. After experiencing an increase from 40 percent in 1998 to about 50 percent in 2000 in the proportion of candidates that passed in six subjects with aggregate 6-30, the district witnessed a continuous decline to about 32 percent in 2003 (Figure 4.6). Clearly, despite the improvement in the performance of pupils at BECE in recent times, more needs to be done to ensure that this positive trend is sustained.

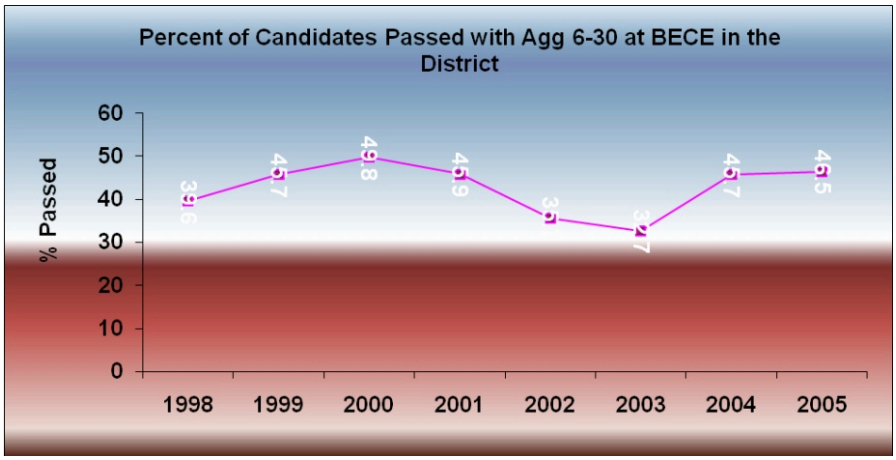
Educational Attainment

One major determinant of the distribution of economic activity of the labour force and, for that matter, income distribution and poverty incidence, is the educational attainment of the adult population. Table 4.8 shows the distribution of the population aged 3 years and above by highest level of education completed. Over 30 percent of the population aged 3 years and above have no education while 11 percent have some or completed primary education. About 38 percent have some or completed middle school or JSS compared with 9 percent and 3.5 who completed or have some secondary and tertiary education respectively.

The district witnessed a marginal decline in the proportion of the population aged 3 years and above that has never attended school and those who have attended or completed primary school by 0.5 percentage and 13 percentage points respectively between 2000 and 2007. The fact of an increasing proportion of the population who have gone beyond primary education is an indication of progress in knowledge acquisition and improvement in human development in the district.

Indeed, the declining proportion of population at the lower level education and

Figure 4.6: Proportion of Candidates Passing with Aggregate 6-30 at BECE



Source: Ahanta West District Education Directorate

Table 4.8: Educational Attainment of Population aged 3 years and above (%)

Level	2000	2003	2007
No education	31.0	29.5	30.5
None	---	7.9	---
Pre-school	5.3	4.1	---
Primary	23.4	24.5	11.4
Junior secondary	28.4	12.3	21.4
Middle school	---	15.1	16.8
Senior secondary	4.9	3.1	6.4
Secondary old system	---	1.1	2.5
Vocational/Technical/Commercial	2.3	1.2	3.3
Agriculture/Nursing/Teacher training	1.7	0.7	4.1
Tertiary	1.8	0.5	3.5

Note: In 2000, the proportion that had attained junior secondary school level includes those with middle school education and the proportion that had attained senior secondary level contains those who had attained secondary level (old system).
Source: 2000 Population and Housing Census & 2003 CWIQ (GSS) and 2007 ISSER Household Survey

increasing proportion at the higher level of education suggests that more people are now striving for higher education than before, which could translate into improved literacy rates and productive skills of the population. However, the indicators of educational attainment do not provide information on the quality of education received, which is a missing ingredient in the MDG indicators and the HDI.

Adult Literacy

The adult literacy rate in English, a local language or both, improved remarkably between 2000 and 2007, indicating some improvement in the education component of human development. The literacy rate is generally higher in English than in the local languages. A higher proportion of the urban population is observed to be literate than the rural population. In terms of gender, Table 4.9 shows that a greater proportion of men than women is literate in English, a local language or both in 2000 and 2007, and the gap seems to have widened between. This has the potential of undermining the realisation of the third MDG which seeks to promote gender equality and empower women. However, estimates from the 2000 Population and Household Census and the 2007 ISSER Household Survey indicate that the gender gap in the literacy rate among the youth aged 15-24 years has narrowed considerably over the period, thereby putting the district on track to achieve MDG 3.

Table 4.9: Adult (15 years and over) Literacy Rates (%)

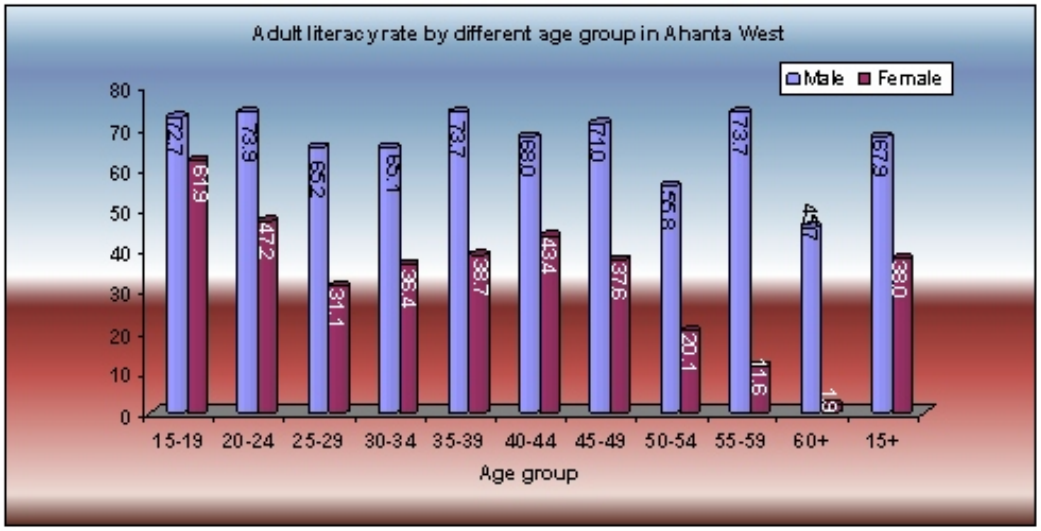
Type	2000 All	Male	Female	Rural	Urban	2007 All	Male	Female	Rural	Urban
Literate in										
- English	20.3	24.3	16.7	19.4	23.3	68.6	78.6	59.2	60.6	86.5
- Local Language	1.3	1.3	1.2	1.3	1.0	51.0	60.5	42.3	44.1	66.0
- English & Local Lang.	29.0	38.5	20.5	25.6	41.8	49.4	58.8	40.6	41.5	67.0

Source: 2000 Population and Housing Census (GSS) and 2007 ISSER Household Survey

The classification of the literacy rate by age group also reveals that a greater proportion of adult men than of women are literate across all age groups (Figure 4.7). The gender gap is wider among those who are above 50 years old and narrower among the youth in the 15-24 age category. This shows that if education of the girl child is taken seriously and fewer girls drop out, women will catch up with men over time in terms of adult literacy.

the district's functional literacy programmes have collapsed or are not functioning properly. Available data from the District Education Directorate, however, show that the number of adults enrolled in the functional literacy programme dropped from 235 in 2003 to 225 in 2004. The number rose to 241 the following year and to 461 in 2006. While there has been an improvement in enrolment since 2004, the

Figure 4.7: Adult Literacy Rates, by Age Group



Source: 2003 CWIQ, Ghana Statistical Service

Non-Formal Education

Information gathered from community members and opinion leaders suggests that number is still low considering the level of illiteracy in the district.

Attaining the MDGs and Improving Human Development

The gross and net enrolment rates in the Ahanta West District have improved considerably since 2000, implying that the district has made remarkable progress towards universal primary education by 2015. This, coupled with a considerable rise in adult literacy rates and gross enrolment rates at all levels, suggests an improvement in human development in the district. The gender gap in terms of enrolment varies from one level of education to the other. The gender gap is observed to widen as one climbs the educational ladder due partly to high dropout rates among girls. In terms of adult literacy, women remain disadvantaged though the trend has improved since 2000. The challenge for the district is to ensure equal enrolment rates among the sexes at all levels of education, and to close the literacy gap between the sexes by instituting measures to reduce the dropout rate among girls.

In the Medium-Term Development Plan of the district, the adult illiteracy rate is expected to fall by 20 percent while 60 percent of children of school-going age in the district must be in school by 2009. The Plan also seeks to promote gender equality and reduce gender disparity in basic and secondary schools by 70 percent. While these targets are laudable, it is also important to ensure quality of education to avoid a situation where schools produce illiterate school-leavers who may not be economically productive and may become a burden on society. In addition, a lot more schools need to be established and more teachers attracted to and retained in the district to meet the increased enrolment at all levels.

Conclusion

Essentially, education is one of the solutions to the problem of poverty and deprivation. The reported increase in adult literacy rates and increased proportion of the population attaining higher education is an indication of improvement in HDI and puts the district on the path to realising the MDGs. In addition, the reported improvement in the gross and net enrolment rates at all levels of education is a positive sign of improvement in the knowledge component of human development. However, there has not been a commensurate increase in school infrastructure and numbers of teachers and this could have adverse effects on the quality of education and performance of pupils in examinations in the district.

An increased proportion of people with some education implies some improvement in the skills of the labour force and a possible shift from primary and informal economic activity (which is not well remunerated) to more rewarding economic activity such as manufacturing, finance and commercial farming. This could also help shift farmers and fishermen away from traditional methods to modern techniques, improve their earnings and reduce their level of vulnerability such that they can break the cycle of poverty.

The basic challenge however is the widening gender gap in school enrolment at all levels and in the adult literacy rates. This trend could undermine the progress of the district in realising the MDGs of promoting gender equality and ensuring women's empowerment. In addition, the problem of ill-health and finance that caused some children to miss classes brings to light the effect of the level of vulnerability to ill-health on the knowledge component of human development and the attainment of the MDGs.

CHAPTER FIVE

HEALTH, WATER AND SANITATION

Introduction

The main goal of the Ahanta West District Assembly as contained in the Medium-Term Development Plan for the period 2006-2009 is to ensure improvement in the performance of the health system in the district. This is in line with the medium-term framework of the government (GPRS II) which seeks to ensure, among other things, improved access to health care, malaria control and HIV/AIDS prevention. Health Issues also feature in the MDGs to the extent that almost half of the goals focus on health improve maternal mortality rates, reduce child mortality rate, combat HIV/AIDS and other diseases (Box 5.1). In the seventh goal of ensuring environmental sustainability, the MDGs also seeks to halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation.

Picture 5.1: The Antenatal/OPD Block of the Agona Nkwanta Health Centre

The human development index focuses fundamentally on longevity i.e. improving the life expectancy at birth. In the Medium-Term Development Plan, the district seeks to improve access to health services by 50 percent and quality of health care and efficiency in the health system by 30 percent. Some of the strategies outlined in the plan to attain these targets include capacity building, skills upgrading of personnel, promoting public-private partnership and organizing more immunization programmes.

Health Infrastructure and Personnel

Health services in the district are provided by both the public and private sector. Table 5.1 shows the number of health institutions in Ahanta West. The district has a total of 12 health institutions made up of one public hospital located at Dixcove, five public health centres, two public Community Health Planning Services (CHPS) and four clinics (one public, two private, and one mission). There are also 82 outreach points and a number of drug stores that are highly patronised by members of the community. The number of health institutions increased from seven in 2000 to 12 in 2006. The proximity of the district to Takoradi enables many inhabitants, particularly those living in Apowa and New Amanful, to patronise health facilities in the Sekondi-Takoradi metropolis.

Box 5.1: Health Component of MDGs and Human Development

Millennium Development Goals

- *Reduce child mortality by two-thirds between 1990-2015*
- *Improve maternal mortality*
- *Combat HIV/AIDS, malaria and other major diseases*

Human Development

- *Longevity – improving upon the life expectancy at birth*

Table 5.1: Number of Health Facilities in Ahanta West District, 2000-2006

Facility	2000	2001-03	2004-05	2006
Number of Public Health Institutions	***7***	***7***	***7***	***9***
- Hospital	1	1	1	1
- Health Centre	5	5	5	5
- Clinic	1	1	1	1
- CHPS	---	---	---	2
Number of Private Health Institutions	***---***	***1***	***3***	***3***
- Clinic	---	1	2	2
- Clinic (Mission)	---	---	1	1
Total Number of Health Institutions	**7**	**8**	**10**	**12**

Source: Ahanta West District Health Directorate

There is only one medical doctor for a population of about 100,000. The brain drain that has characterised the health sector of the country over the years may be making it difficult to supply all health facilities with doctors. There are two medical assistants, 24 nursing officers including midwives, and 60 trained traditional birth attendants (Table 5.2). The district also has six technical officers for community health, two dispensary technicians and two laboratory technicians.

Table 5.2: Number of Health Workers in Ahanta West District

Personnel	2000-03	2004-05	2006
Doctors	---	---	1
Medical Assistants	2	2	2
Pharmacists	---	---	---
Dispensary Technicians	2	2	2
Dispensary Assistants	---	---	---
Nurses	24	24	24
Traditional Birth Attendants	45	60	60
Technical Officers (Community Health)	6	6	6
Laboratory Technicians	2	2	2

Source: Ahanta West District Health Directorate

Access to Health Services

The location of health infrastructure in the district is an important factor in determining physical access. Physical access defined as the ability of an individual to reach a health facility in less than 30 minutes is quite high compared to other districts in the region. In 2007, about 30 percent of households claim to be less than 30 minutes away from the nearest health facility as against 30 percent and 40 percent that claim to take 30-60 minutes and over one hour to reach the nearest health facility. About 55 percent of households get to the nearest health facility by means of a vehicle while 44 percent walk and about 1 percent travel by boat or canoe. This definition of access, however, does not consider the range of quality of health services provided and affordability to the patient as well as the time it takes to obtain transport to reach the health facility.

There are a number of factors that influence the decision to patronise health facilities. These include the income of the person or household relative to the cost of consultation and drugs as well as the cost of travelling to the health facility, the nature of the health need, and the level of education of the Person. Table 5.3 presents different kinds of health facilities or health provider visited by inhabitants in times of sickness. In 2007, about 89 percent of those who had fallen sick sought medical attention.

The most heavily patronised health facility is the public clinic or hospital, which accounted for 37 percent in 2007 (Table 5.3). About 10 percent of those who were ill visited a private clinic or hospital while at least 14 percent sought medical attention at the community health centre. Over a quarter of the sampled population in 2007 who had fallen ill within the three months prior to the survey bought drugs from a pharmacy or drug store.

Table 5.3: Type of Health Facility/Provider Visited in Times of Illness (%)

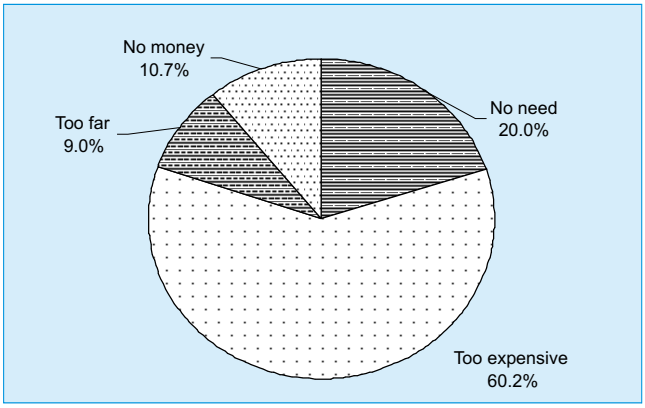
Health Facility/Provider	Total	Rural	Urban
Private Clinic/Hospital	10.1	6.0	22.4
Public Clinic/Hospital	36.7	40.1	26.4
Community Health	14.4	11.5	23.4
Private Doctor/Dentist	0.2	0.3	---
Traditional Healer/Herbs	0.9	1.1	---
Pharmacy/Drug store	26.7	31.4	12.5
None	11.0	9.6	15.5

Source: 2007 ISSER Household Survey

Traditional healers or local herbs and private doctors are the least patronised health providers. The services of pharmacists or chemical sellers were patronised more by the rural population than urban dwellers while a higher proportion of the urban population used community health services. A higher proportion of people in the urban areas failed to seek medical attention during times of sickness compared with rural dwellers. This suggests higher patronage of health services by rural people compared with the urban population.

According to the ISSER survey, of those who fell ill but did not seek medical attention, about 60 percent did not do so because they found medical care too expensive while 20 percent considered it unnecessary to seek medical attention. About 9 percent considered the location of the health facility too far, with 11 percent attributing their inability to visit the hospital to lack of finance (Figure 5.1). Clearly, the inability of over 70 percent of people who fell sick but did not seek medical attention on the basis of affordability is an indication of the effect of financial constraint on access to medical care.

Figure 5.1: Reasons for not seeking medical attention

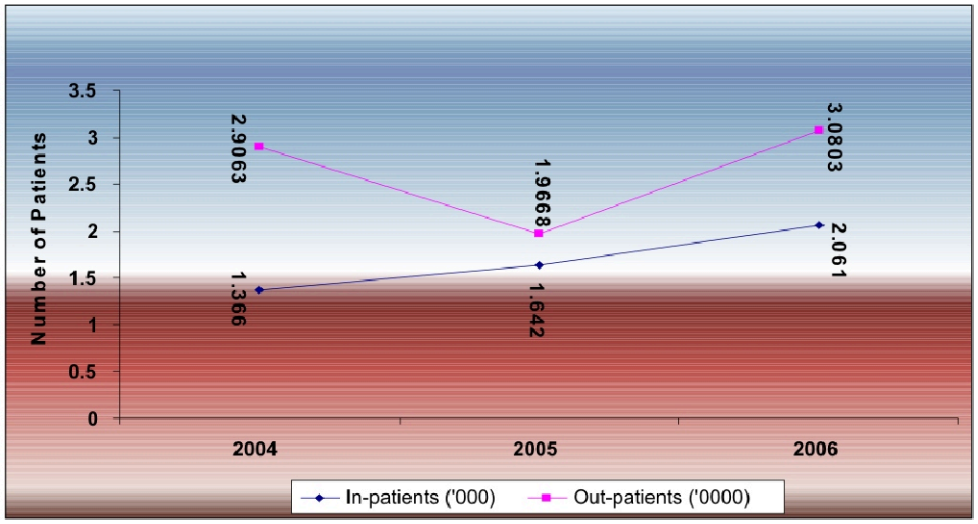


Source: 2007 ISSER Household Survey

The number of in- and out-patients in hospitals and clinics increased considerably in 2006. After a drop in 2005, the number of out-patients rose by 57 percent in 2006 (Figure 5.2). At the same time, the number of in-patients rose by 26 percent. This gives an indication of the pressure on the limited health facilities in the district in recent times.

The assessment of satisfaction levels of patients during their visits to health facilities was captured in the CWIQ 2003. According to survey results, the level of satisfaction was quite high, to the extent that at least 87 percent saw no problem with the services received. Approximately 5 percent complained about a long waiting time while 7 percent found the services rendered to be too expensive.

Figure 5.2: Hospital Attendance in Ahanta West



Source: Ahanta West District Health Directorate

Box 5.2: Health Exemption Programme

- *Exemption for diseases of public health importance (should include all 24 conditions in L.I1313). This includes meningitis, cholera, malnutrition, typhoid, venereal disease, rabies, leprosy, and tuberculosis.*
- *Exemption for antenatal services (first four antenatal clinic visits)*
- *Exemption for children under 5 years (immunization services at child welfare clinics, malaria, measles, diarrhoea, and upper respiratory infection)*
- *Exemption for the elderly, defined as people above 70 years (malaria, diarrhoea, degenerative joint pain, upper respiratory infection, and urinary tract infection)*
- *Exemption for paupers and indigents*
- *Exemption for snake bites and bites by dogs suspected or confirmed to be rabid.*

Source: *January 1997 Presidential Announcement and November 1997 Ministry of Health guidelines*

The apparent high hospital attendance, particularly at public hospitals and clinics, could be linked to health exemption programmes introduced by the government (Box 5.2). The introduction of National Health Insurance to replace the "cash-and-carry" system has also partly contributed to higher health attendance, especially at public health institutions and particularly between 2005 and 2006.

incidence of malaria and other major diseases. Malaria remains the leading cause of morbidity in the district, followed by upper respiratory tract infection (URTI). In 2006, over 15,700 malaria cases were reported at the hospital and clinics and this figure far exceeds the total number of reported cases of the other three leading causes of morbidity, namely URTI, skin disease and gastroenteritis (Table 5.4). Cholera, which

Picture 5.2: A Nurse on duty addressing patients at Agona Nkwanta Health Centre

Morbidity

The sixth MDG is concerned with combating HIV/AIDS, malaria and other diseases such as tuberculosis. The main target is to halt and reverse the spread of HIV/AIDS and the

Used to be one of the major diseases in the district, has declined drastically on account of improved sanitation (see District Medium-Term Plan)

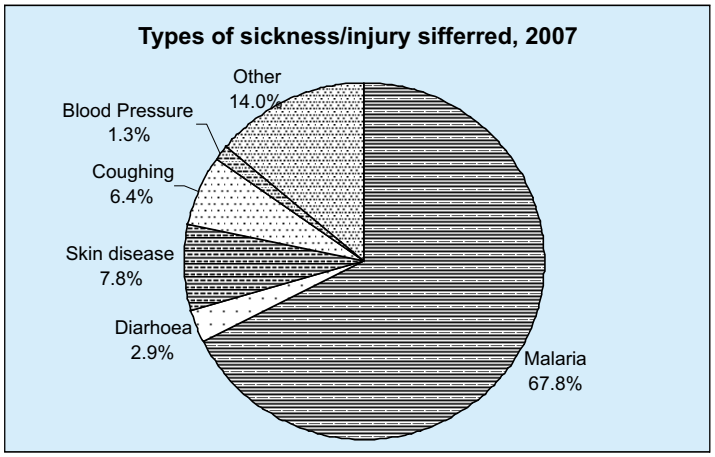
Table 5.4: Four Leading Causes of Death and Morbidity in Ahanta West District

	Disease	2004	2005	2006
Death	Malaria	21	19	31
	Anaemia	13	---	8
	Cardiovascular Accidents (CVA)	11	10	9
	Gastroenteritis	7	---	7
	Hepatitis	---	6	---
	HIV/AIDS	---	6	---
Morbidity	Malaria	18,478	10,351	15,787
	Upper Respiratory Tract Infection	2,625	2,455	4,281
	Skin Disease	2,045	2,455	3,286
	Gastroenteritis	1,536	---	2084
	Home/Road Traffic Accidents	---	1,694	---

Source: Ahanta West District Health Directorate

The results of the ISSER survey confirm the high incidence of malaria in the district, to the extent that of the 38.2 percent who fell sick during the last three months prior to the survey, malaria fever accounted for at least two-thirds of the diseases reported (Figure 5.3). According to the CWIQ 2003, about 55 percent of those who reported sick suffered from malaria. The high incidence of reported malaria cases appears to suggest that the anti-malaria campaign in many communities in the district has not made any positive impact. Indeed, all communities visited during the ISSER survey reported that there had been a series of anti-malaria campaigns to reduce the incidence of malaria cases.

Fig. 5.3: Types of sickness/injury suffered during last 3 months before the survey



Source: 2007 ISSER Household Survey

Malaria Prevention Strategies

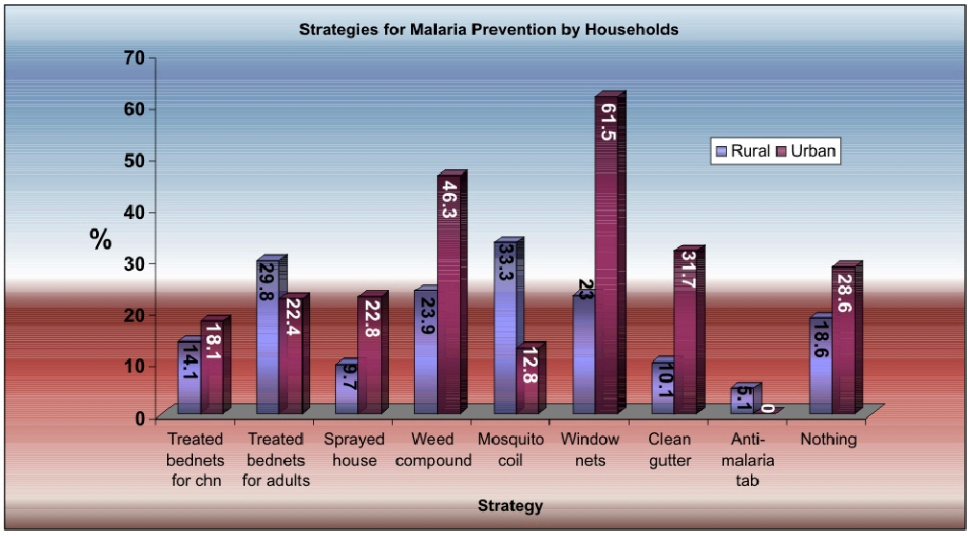
Households adopted various strategies to protect themselves from mosquitoes and avoid malaria infections. The most popular strategy in 2007 varies according to the location of households. While the strategy of covering windows with mosquito nets is popular among urban households, the regular use of mosquito coil is the common strategy adopted by rural households. The two main strategies adopted by urban households to prevent malaria infection besides window netting, were regular clearing of weeds on the compound and regular house spraying.

households aware of the need to adopt some measures to prevent the illness and minimize the incidence of malaria-related deaths.

HIV/AIDS

Data on HIV/AIDS in the district is scanty and difficult to obtain. Nonetheless, available information gathered from the District Health Directorate indicates that six HIV/AIDS- related deaths were recorded in the district in 2005 (Table 5.5). This is against the backdrop of the HIV/AIDS campaigns that had taken place a number of times in the district. During community

Figure 5.4: Strategies Adopted by Households for Malaria Prevention (%)



Source: ISSER Household Survey 2007

In rural areas, the use of insecticide treated bed nets for adults and clearing the compound of weeds regularly were the two major strategies adopted in preventing malaria infection. Meanwhile, about 29 percent of urban and 19 percent of rural households did nothing to prevent malaria infection. More malaria prevention campaigns are important to make all

discussion, all communities confirmed that HIV/AIDS campaigns had been carried out in communities. Considering the proximity of the district to the Shama Ahanta East Metropolis, and lack of adequate facilities in the district to diagnose the disease, it is quite possible that most of the cases are diagnosed in well- endowed health facilities in Sekondi-Takoradi.

Maternal Mortality

Ensuring improved maternal mortality is the fifth MDG. The two indicators for this goal are the maternal mortality ratio and the proportion of births attended by skilled health personnel. The pattern of maternal mortality in the district has fluctuated over the past four years. The ratio increased from 7 per 100,000 live births in 2003 to 9 per 100,000 in 2004 (Table 5.5). The decline of the rate to 5 per 100,000 live births in 2005 was quite remarkable but could not be sustained as it rose to 8 per 100,000 live births in 2006.

deliveries from 854 to 996, with a corresponding increase in the proportion of supervised deliveries from 19.2 percent to 21.6 percent over the period.

The ISSER Household Survey estimates that 42.5 percent of deliveries were done by nurses while traditional birth attendants handled 34.7 percent of deliveries. The remaining 22.8 percent of deliveries was supervised by doctors (Figure 5.5). A higher proportion of deliveries in urban areas were supervised by doctors and traditional birth attendants than in rural areas. While none of

Table 5.5: Infant, Child and Maternal Mortality Rates

Indicators	2003	2004	2005	2006
Infant Mortality Rate*	3	4	3	4
Infant Deaths (< 12 months)	---	17	12	14
Child Mortality Rate*	10	7	4	8
Number of children deaths (1 – 5 years)	---	27	19	22
Maternal Death	---	2	1	4
Maternal Mortality Ratio**	7	9	5	8
Number of Supervised Deliveries	---	854	867	996
Proportion of Supervised Deliveries (%)	---	19.2	19.6	21.6
Number of reported HIV/AIDS deaths	---	---	6	---

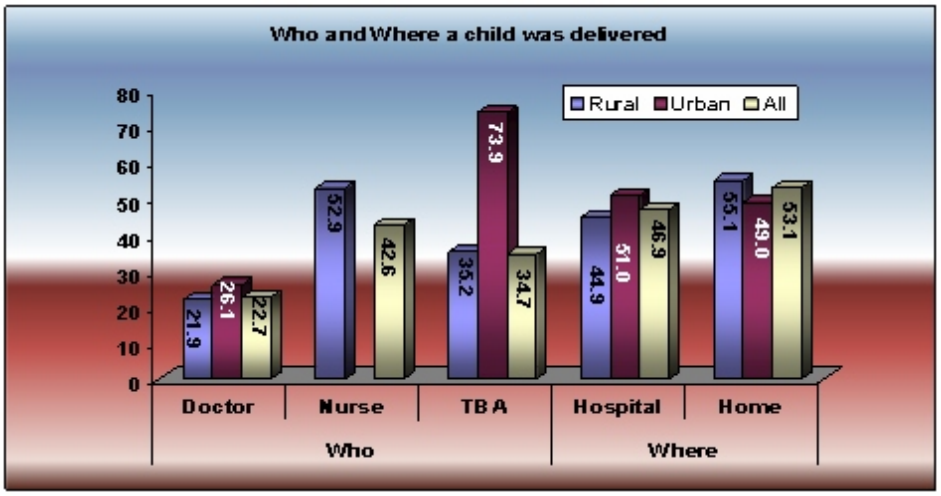
* Per 1,000 live births ** Per 100,000 live births
Source: Ahanta West District Health Directorate

Supervised Deliveries

A second indicator of progress made in improving maternal health is the proportion of births attended by skilled health personnel. The apparently high maternal mortality ratios do not seem to reflect the consistent increase in the number of supervised deliveries between 2004 and 2006. Table 5.5 shows a continuous increase in the number of supervised

the urban deliveries was performed by a nurse, most of the deliveries in the rural areas were performed by nurses. About 53 percent of children under 5 years old were delivered at home compared with 47 percent delivered at a hospital (Figure 5.5). A larger proportion of urban than rural children were delivered at a hospital. During community discussion, it was observed that most of the deliveries at home were done by trained traditional birth attendants.

Figure 5.5: Place of Child Deliveries and by Whom Delivered



Source: 2007 ISSER Household Survey

Pre- and Post-natal Attendance

The survival of mothers and babies during pregnancy and after delivery is largely influenced by the regularity or otherwise of ante-natal and post-natal care received by pregnant and lactating mothers at clinics. Attendance of pregnant women at pre-natal clinics is quite high compared with post-natal attendance. In 2003, about 97 percent of pregnant women attended ante-natal care compared with 95 percent in 2007 while 79 percent of lactating mothers visited the clinic for post-natal care in 2003 as against 87 percent in 2007 (Table 5.6). All the ante-natal attendance occurred in rural areas as there was no pregnancy reported during the last 12 months preceding the 2007 ISSER Household Survey in the sampled urban communities.

Table 5.6: Pre - and post-natal care

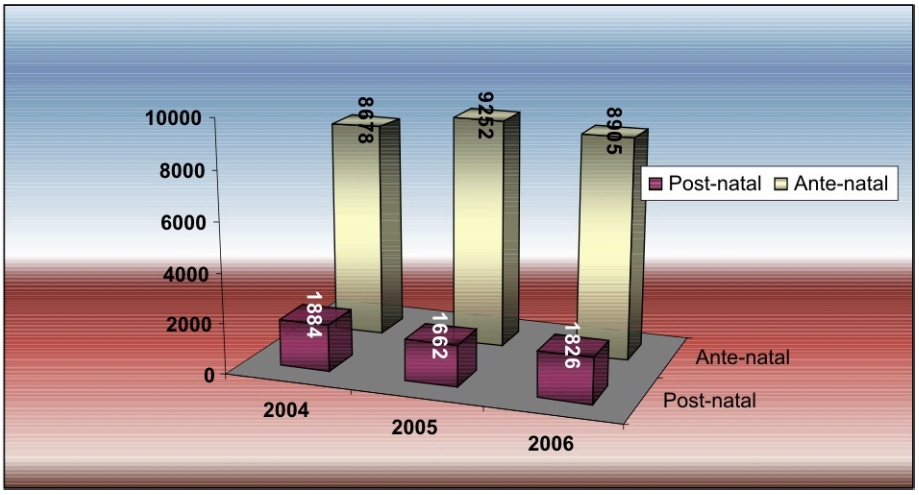
	2003			2007		
	Rural	Urban	All	Rural	Urban	All
Pre-natal care	96.4	---	96.8	92.7	---	94.8
Post-natal care	76.4	---	79.2	86.5	87.0	86.6
Live birth	---	---	---	81.8	47.9	71.9
Still pregnant	---	---	---	18.2	52.1	28.1

Source: 2003 CWIQ, GSS and 2007 ISSER Household Survey

Information gathered from the District Health Directorate also shows a lower post-natal attendance at clinics and hospitals of less than 2,000 women compared with about 9,000 pregnant women who attended an ante-natal clinic (Figure 5.6).

between 1990 and 2015. The child mortality rate in Ahanta West District was in decline since 2003 before it doubled in 2006 (Table 5.5). The infant mortality rate has, however, ranged between 3 and 4 per 1,000 live births since 2003. In absolute terms, the number of

Figure 5.6: Pre- and Post-natal Attendance at Clinic, 2004-2006



Source: Ahanta West District Health Directorate

Infant and Child Mortality

Life expectancy at birth which is an important indicator of HDI is determined by infant and child mortality and in some countries HIV/AIDS. The fourth MDG is to reduce child mortality by two-thirds

reported infant and child deaths declined between 2004 and 2005 but rose again in 2006. Results from the 2007 ISSER survey indicate three reported cases of child death within the 12 months preceding the survey period.

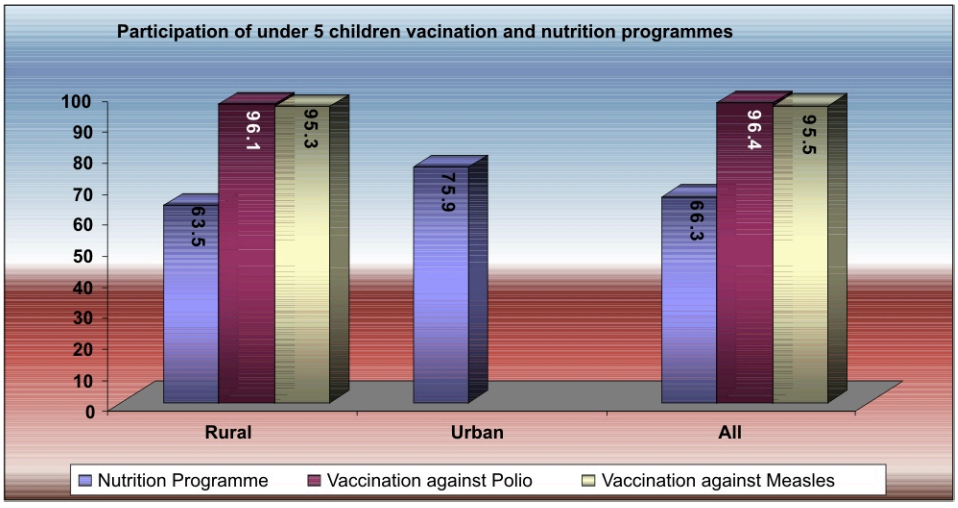
Table 5.7: Number of Children Immunized against Childhood Killer Diseases

ANTIGENS	2004		2005		2006	
	Number	%	Number	%	Number	%
BCG	3,057	70.6	3,416	76.6	3,852	83.7
PENTA – 3	2,675	61.8	3,509	78.8	3,455	75.2
OPV – 3	2,693	62.3	3,506	78.7	3,443	74.9
Measles	2,439	59.3	2,666	59.8	3,112	67.6
Yellow Fever	2,349	54.3	2,662	59.8	3,055	66.1
TT2+	2,359	54.5	2,074	46.6	2,350	51.1

Source: Ahanta West District Health Directorate

Mortality rates for infants and under-5s are not the only indicators for the goal of reducing child mortality in the MDGs. The other indicator is the proportion of 1 year-old children immunized against measles. The proportion of children immunized against measles rose continuously from 59.3 percent in 2004 to 59.8 percent and 67.6 percent in 2005 and 2006 respectively (Table 5.7). Indeed the proportion of children immunised against all the six childhood killer diseases improved consistently over the period, with the exception of TT2 which declined in 2005 before recovering in 2006.

Figure 5.7: Vaccination and Nutrition Programmes for Children under 5 years



Source: 2007 ISSER Household Survey

The 2007 ISSER Household Survey assessed the rate of participation of children under 5 years old in vaccination and nutrition programmes. The results gave a very impressive picture of immunisation of children against the childhood killer diseases. At least 96 percent of children under-5 had been vaccinated against polio while vaccination against measles was 95.5 percent (Figure 5.7). This could be largely attributed to the immunization campaign carried out in the district. Indeed, all the communities covered by the survey state that immunisation campaigns took place in the community during the last five years preceding the survey. It is expected that the improved vaccination coverage of children against childhood killer diseases will translate into lower infant and child mortality in the district.

Child Health and Nutrition

Adequate food and good nutrition are undoubtedly essential determinants of good health and human survival. Poor nutrition of the child not only causes morbidity and mortality but also has adverse implications for education outcomes and natural growth of the child. Sachs (1999) provides econometric evidence to suggest a direct relationship between life expectancy and

poverty and nutrition. Essentially, three indicators are used to assess child health in the district. Each of these indices gives different information about growth and body composition used to assess nutritional status. The indicators are presented in Table 5.8.

The height-for-age index indicates a linear growth radiation. Children whose height-for-age Z-score falls below minus two standard deviation (-2 SD) from the median of a reference population are considered stunted, i.e. short for their age, and are chronically malnourished. Stunting reflects inadequate nutrition over a long period of time and is also associated with recurrent and chronic illness. Therefore, height-for-age represents the long-term effect of malnutrition in a population and does not vary according to recent dietary intake. The incidence of stunting or chronic malnutrition is observed to be worse than the national average and worse in urban than rural areas in the district (Table 5.8).

minus two standard deviation (-2 SD) from the median of the reference population are considered thin (wasted) for their height and are acutely malnourished. Wasting reflects inadequate nutrition in the period immediately preceding the survey and may be the result of inadequate food intake or recent episodes of illness causing loss of weight and the onset of malnutrition. The incidence of wasting is worse among urban than among rural children.

Weight-for-age is a composite index of height-for-age and weight-for-height. It takes into account both acute and chronic malnutrition. Children whose weight-for-age is below minus two standard deviation (-2 SD) from the median of the reference population are classified as underweight. The district had a lower proportion of underweight children compared with the national average, suggesting better child health compared to the national situation. In this instance, however, the situation was better in urban than in rural areas. Generally,

Table 5.8: Child Health Indicators, 2003

	Ahanta West			National		
Indicator	Total	Rural	Urban	Total	Rural	Urban
Stunted	37.2	36.9	41.0	34.3	35.4	32.2
Wasted	8.1	7.6	12.9	19.3	16.5	24.6
Underweight	18.4	19.5	7.7	35.8	34.5	38.2

Source: CWIQ 2003 (GSS)

The incidence of wasting is, however, better in the district, at 8.1 percent, compared with 19.3 percent at national level. The weight-for height index measures body mass in relation to body length describes current nutritional status. Children whose Z-scores are below

Based on the three indicators discussed, it is quite clear that Ahanta West District is relatively better off in terms of child health than the national situation. Within the district, rural children are generally healthier than their counterparts in urban areas.

Use of Iodated Salt

The use of iodated salt by households influences child health and growth. Indeed, the use of iodated salt in cooking helps reduce the incidence of iodine deficiency. This deficiency can cause an enlargement of the thyroid and adversely affect the development of the foetal brain and subsequent cognitive development. Where the incidence of iodine deficiency is high in a population, it has been found to reduce the average intelligence quotient (IQ) by 10-15 percent. By implication therefore, iodine deficiency can have an adverse impact on national development.

National Health Insurance Scheme

The National Health Insurance Scheme (NHIS) is a mechanism designed to improve access to health services by reducing, particularly for the poor and deprived, the cost of obtaining quality health services. Registration with health insurance schemes

Table 5.9: Proportion of Households that Use Iodated Salt for Cooking

Household	Rural	Urban	Total
Male-Headed	34.6	67.3	44.3
Female-Headed	45.7	84.2	52.6
Ever been to school	43.7	70.1	52.9
Never been to school	29.4	76.9	33.3
All	38.3	70.8	46.8

Source: 2007 ISSER Household Survey

The use of iodated salt in the Ahanta West District is low, with only 47 percent of sampled households reporting its use in their cooking (Table 5.9). The use of iodated salt is higher amongst households headed by women than those headed by men. A greater proportion of urban households use iodated salt compared with rural households. The educational status of the head of the household also influences the use of iodated salt. About 53 percent of households headed by someone who has had some education use iodated salt compared with 33 percent of households headed by an uneducated person. In urban areas, however, iodated salt is used in a greater proportion of households headed by a person who has never been to school than in households headed by a person who has had some kind of education.

in Ahanta West District is low. About one-third of the population is registered or covered by the scheme which was established to replace the "cash-and-carry" system (Table 5.10). The district mutual scheme accounts for over 95 percent while the remaining 5 percent are members of private mutual schemes. The elderly (aged 70 years and above), persons aged under 18 years and the indigent are exempt from paying the premium to register for health insurance under the district scheme. This may explain why over 56 percent of the elderly aged 70 years and above are registered or covered.

It is surprising, however, that only 34 percent of people yet to attain the age of 18 years are registered or covered. A large proportion of the urban population are registered or covered compared with the rural population. Over 72 percent and 80 percent of people engaged in agriculture and fishing respectively, both of which are predominantly rural activities, are neither registered nor covered, compared with about 65 percent engaged in other economic activities (Table 5.10). The proportion of boys and men registered or covered is higher than that of women and girls.

percent of those who are no longer members of a health insurance scheme, compared with 18.3 percent who expressed no confidence in the operators of the scheme. About 32 percent are yet to re-register while 18 percent blame their status on the fact that they do not know where to find a registration centre.

The non-membership status of approximately two-thirds of people aged under 18 years could be linked with the non-membership status of their parents. This is

Table 5.10: Health Insurance Registration Status

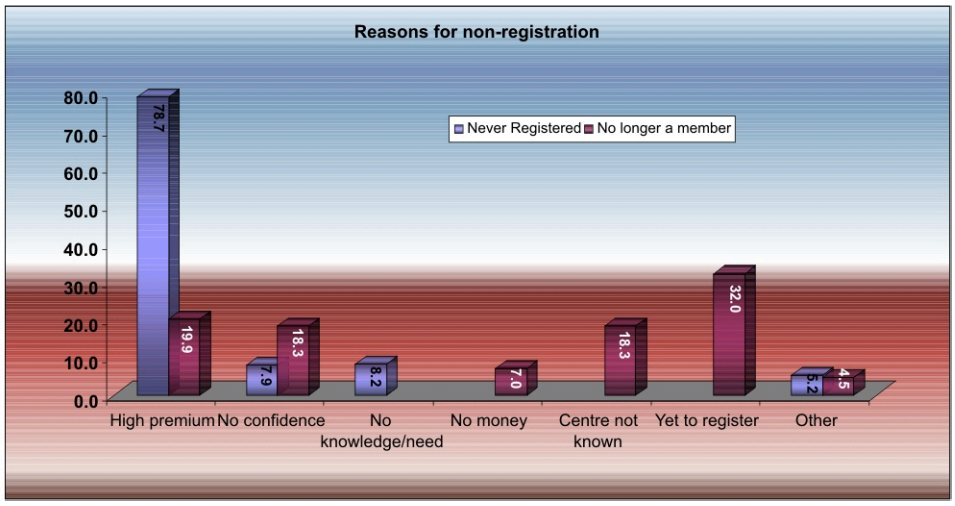
	Registration	Covered	Non-members	Total
Sex				
Male	20.9	15.4	63.7	100
Female	17.6	13.3	69.1	100
Location				
Rural	15.0	11.7	73.3	100
Urban	31.0	21.7	47.3	100
Age				
Under 18 years	2.2	32.1	65.7	100
18 to 69 years	32.2	0.08	67.7	100
70 years and above	13.8	42.7	43.5	100
Type of Work				
Agriculture	27.2	0.34	72.5	100
Fishing	19.6	---	80.4	100
Others	17.9	17.0	65.1	100
All	19.2	14.3	66.5	100

Source: 2007 ISSER Household Survey

Of those who have never registered with the scheme, over 79 percent consider the premium to be too high while 8 percent claim to have no confidence in the operators of the scheme. About 8 percent either find it unnecessary to register or have no knowledge of the scheme (Figure 5.8). The high premium was given as a reason by 20

because, under the scheme, people under 18 years are only covered when both parents are registered. An examination of the reasons accounting for non-registration by people aged below 18 years reveals that about 80 percent considered the premium to be too high, implying that they are unaware of the exemption facility for which they are eligible.

Figure 5.8: Reasons Provided for Non-Registration with the Scheme (%)



Source: 2007 ISSER Household Survey

One major problem that was mentioned in relation to the scheme is the delay in issuing cards after registration. This makes it difficult for newly registered members to benefit from the scheme, which makes some people lose confidence in the scheme. However, information gathered from the NHIS secretariat in the district indicated that the scheme requires members to wait for a minimum of three months after registration and issuing of card before they are allowed to access the scheme. This vital information does not seem to have reached the public, causing many newly registered members to complain about the difficulty in accessing the scheme after registration. At least 70 percent of those registered with the NHIS have benefited from the scheme at least once (Table 5.11).

Table 5.11: Number of Times Individuals Have Benefited from the Scheme

	None	Once	Twice	Thrice	4 times	Unknown
Sex						
Male	3.1	39.9	17.3	7.4	4.6	27.7
Female	3.2	39.1	15.0	8.4	8.7	25.5
Location						
Rural	2.2	50.7	13.9	6.2	7.1	19.6
Urban	4.1	28.3	18.4	9.5	6.2	33.5
All	3.2	39.5	16.2	7.9	6.6	26.6

Source: 2007 ISSER Household Survey

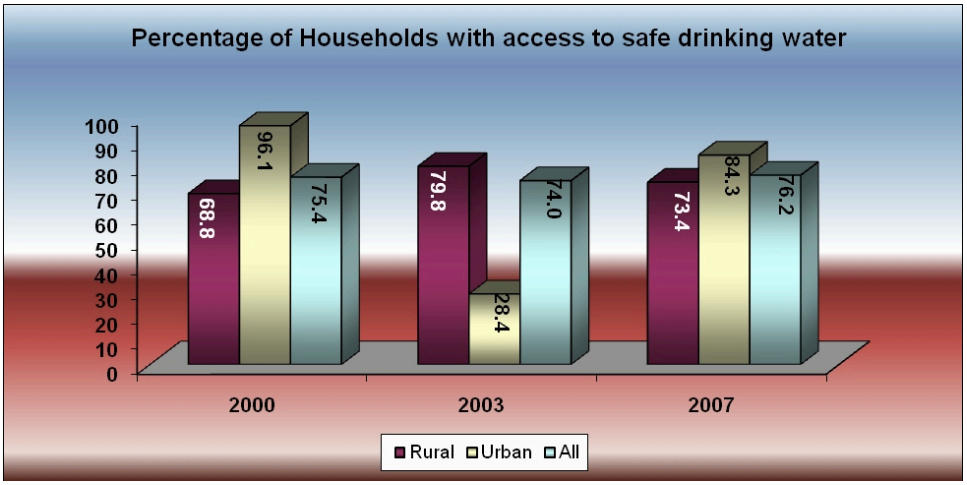
During community discussions, everyone considered the scheme to be favorable and better than the "cash-and-carry" system. They consider the exemption of the elderly and children as laudable. However a lot of concerns were raised about implementation, particularly the long delay in issuing registration cards since without the card, members cannot benefit from the scheme. Others also complained about lack of medication at the hospital/clinics, compelling them to buy medication at pharmacies or chemical shops with their own money.

Access to Safe Drinking Water and Sanitation

One of the targets of the seventh MDG of ensuring environmental sustainability is access to safe drinking water and basic sanitation. Under this goal, countries are expected to ensure an increase in the proportion of the population with sustainable access to an improved water source and sanitation. Enhancing household access to safe drinking water and basic sanitation reduces their level of vulnerability to health hazards. Obviously, the best means of preventing the outbreak of diseases such as malaria, diarrhoea and other related diseases is to enhance access to safe drinking water and promote good environmental practices to ensure a clean environment.

Improved access to safe drinking water refers to the increased proportion of households that draw water from pipes located in dwellings or in compounds, and from boreholes and protected wells. By this definition, about 24 percent of households were without access to safe water in 2007 compared with about 26 percent in 2003 (Figure 5.9). This indicates a marginal improvement between 2003 and 2007. A substantial improvement of access to safe drinking water was recorded in the urban areas where the proportion of households with access to safe drinking water rose from 28.4 percent in 2003 to 84.3 percent in 2007. In 2003, about 72 percent of urban households relied on water tankers or vendors as their main source of water, which is not captured in the definition of improved access to safe water.

Figure 5.9: Proportion of Households with Access to Safe Drinking Water



Source: 2000 Population & Housing Census & 2003 CWIQ, 2007 ISSER Household Survey,

Generally, availability of and access to good drinking water in Ahanta West does not seem to pose a big challenge and this is confirmed by the absence of waterborne diseases in the district. The district currently has about 135 boreholes in 89 communities and 49 hand-dug wells fitted with pumps in 39 communities with over 500 unprotected wells. This suggests that the level of risk or vulnerability in terms of lack of access to safe drinking water is quite low. Nonetheless, more effort must be made by local and national policy makers to reduce the proportion of households that draw water from uncovered wells by increasing provision of pipe-borne water and/or boreholes in the district.

The sanitary conditions and unorthodox environmental practices of many households in the district are quite worrying due to their adverse environmental and health implications. Clearly, the availability of toilet facilities and the mode of disposal of liquid and solid waste have a direct bearing on the health of citizens. The mode of liquid waste disposal by households in the district is not environmentally friendly. Over 96 percent of sampled households in 2007 resort to throwing liquid waste onto the street, compound or into the gutter without regard for environmental consequences.

Picture 5.3: A HIPC toilet facility and refuse container located at Agona Nkwanta

The District Medium-Term Development Plan states that about 62 percent of the population has access to toilet facilities. In 2007, over 14 percent of households reported defecating in the bush or at the beach largely as a result of lack of toilet facilities, though this figure has declined from about 48 percent in 2000. This unorthodox practice of human waste disposal came out strongly during discussions with opinion leaders in Beahu. The Chief and his elders expressed concern about the lack of adequate places of convenience in the community which compels people to resort to this unorthodox practice with its adverse health consequence. This unorthodox means of disposing of human waste would only be discouraged if adequate toilet facilities are provided.

The methods of solid waste disposal of many households could also be seen as environmentally unfriendly on the grounds that about 80 percent of households dump solid waste elsewhere or at public dumps which are not well managed. This provides breeding grounds for mosquitoes and other dangerous insects. In all, access to basic sanitation in many communities needs to improve to minimise the risk of outbreaks of diseases.

Health and Vulnerability

A clean environment and improved access to safe drinking water are important factors in reducing the incidence of disease. Clearly, one major health challenge confronting the district is the high incidence of malaria infection and this may be traced to the unsafe means of liquid and solid waste disposal by many households in the district. The practice of throwing liquid waste onto the compound and other outdoor spaces can create conditions favourable for the breeding of mosquitoes. Many households are therefore highly vulnerable to malaria infection which undermines the productivity of the workforce. The problem of affordability coupled with the high proportion of the population who are non-members of the health insurance scheme also constitutes a major constraint to accessing health services in the district. A considerable number of patients are therefore compelled to resort to buying from chemical shops drugs that have not been prescribed by medical professionals, which can have serious implications for their health.

Conclusion

The probability of attaining the MDGs in the district in relation to access to safe water is quite bright if there is a continuation of the rising trend since 2000 in the proportion of households with access to pipe-borne water. In the Medium-Term Development Plan, the district plans to increase access to potable water from 81 percent to 90 percent between 2006 and 2009. However, access to safe sanitation remains a challenge as a significant proportion of households are still without access to toilet facilities, compelling them to resort to unorthodox means of disposing of human waste. Access to sanitation therefore needs to improve through the provision of toilet facilities and adoption of efficient means of managing

solid and liquid wastes. Consequently, the adoption of measures by the District Assembly to promote household toilet facilities, strengthen the capacity of environmental health officers and enhance aesthetic and environmental sanitation services contained in the Medium-Term Development Plan is laudable.

The performance of the district in the area of child immunisation is very impressive. In addition, attendance of pregnant women at pre-natal and lactating mothers at post-natal clinics in the district is high. This has contributed significantly to improved child health which is reported to be better in the district than the national average. Child mortality has consequently been in general decline (until 2006). This has positive implications for life expectancy which is an indicator of human development. Maternal mortality, however, remains a threat to the realisation of the MDGs and undermines progress in the HDI through a reduction in longevity. In addition, the recently reported marginal increase in infant mortality rate raises some concerns. The observed increase in the proportion of supervised deliveries by health personnel and hospital attendance, including both ante-natal and post-natal attendance, has not made a significant impact on the maternal mortality ratio, which rose from 5 to 8 per 100,000 live births between 2005 and 2006.

The relatively low proportion of people enrolled in the National Health Insurance Scheme, coupled with the problem of affordability, makes it difficult for a considerable number of patients to access health services in the district. The officials of the NHIS in the district therefore need to step up the educational campaign to encourage people to register with the scheme in order to reach the 60 percent target set for 2007.

The biggest obstacle to the realisation of the sixth MDG is the high incidence of malaria. Malaria tops the list of the leading causes of morbidity and mortality in the district and, coupled with the unorthodox sanitation practices, makes the district highly vulnerable. Ahanta West District therefore needs to commit human, material and financial efforts to combating malaria through intensive education on its prevention and the adoption of better sanitation practices.

CHAPTER SIX

VULNERABILITY AND THE MDGs

Introduction

The issue of vulnerability and its management is quite critical for the achievement of the MDGs. The definitions of vulnerability include the probability of the occurrence or a likelihood of stress; the lack of capacity of an individual or household to cope with a negative or adverse shock; and the lack of resilience against a shock. These definitions carry the implication that a shock is likely to result in a decline in the well-being of a household. The World Bank (2000) sees vulnerability as the ability to manage risk, that is, the ability of households to prevent major declines in their living standards or major variation in their consumption. From a sociological point of view, vulnerability may be considered as the insecurity of the well-being of the individual, households or communities in the face of a changing environment.

The concept of vulnerability has four components, namely risk, exposure, response and outcome. Risk refers to the probability of the occurrence of an event. Exposure describes the value of the assets at risk or what will be lost from the realisation of an uncertain event. Exposure may be caused by or created out of decisions and actions undertaken by households. Response is the effort to mitigate and cope with risk and exposure and it depends on the availability of Assets (financial, human, physical and social) to the household. The end result of the impact of the shock is called the outcome, which is the product of the interplay of risk, exposure and response.

This chapter focuses on the experience, perception of vulnerability of households in the Ahanta West District. It examines the effects of various types of shocks on households, the coping strategies adopted in response to the shocks and whether the circumstances of the household have reverted to what they were prior to the crisis.

Perception of Vulnerability

The perception of the level of vulnerability among households was captured by a series of questions and responses (Table 6.1). The ability of households to survive in times of need is a function of the poverty level of the households and is a reflection of the level of their vulnerability. Essentially, the majority of households in the district feel secure in times of crisis such as ill-health and loss of economic opportunities. This is based on the evidence that about 29 percent of households in the district felt very or somewhat secure and able to survive such

[6]Alwang and Siegel (2000)

crisis as against 23 percent nationwide. The level of security is slightly better among urban dwellers than their rural counterparts. About 13 percent of households claim to be more confident of surviving in times of need than five years ago, compared with 30 percent who feel less confident while 56.5 percent do not see any change in their level of security. The situation is better in urban than in rural areas. Thus, the level of vulnerability of households in the district remained largely the same in 2003 compared to five years before.

Evidently, family, relatives and friends or neighbours constitute the main recourse for most households in times of great financial difficulty due to ill-health, death or loss of jobs (Table 6.1). At least 62 percent and 63 percent of households in the district and the entire country respectively turned to their family, relatives, friends or neighbours for help in times of great financial challenges. This underscores the significance of social insurance in the district in particular and Ghana as a whole. Nonetheless, about 31 percent in the district and 25 percent

Table 6.1: Perception of Vulnerability in Ahanta West District

Questions	Household's Response	Ahanta West District (%) Rural	Urban	All	Ghana
J.5: If there is a crisis such as poor crop, loss of job, or ill-health, some people quickly become destitute while others remain secure. How would you rate your household's ability to survive such crises?	Very secure	11.7	2.2	10.6	6.3
	Somewhat secure	16.4	31.1	18.0	16.3
	Average	46.4	44.4	46.2	29.2
	Somewhat insecure	14.4	17.8	14.8	28.9
	Very insecure	11.1	4.4	10.4	19.3
J.6: Compared to 5 years ago, would you say you are more confident or secure that your household would survive in times of need or are you less confident?	More confident	13.1	15.6	13.3	27.0
	Same	55.8	62.2	56.5	35.0
	Less confident	31.1	22.2	30.1	38.0
J.10: In times of great financial difficulty due to ill health, and a death or loss of job, who can your household turn to for help?	Family/relatives	51.4	53.3	51.6	55.9
	Friends/neighbours	11.1	8.9	10.9	7.5
	Groups/Association	1.4	2.2	1.5	2.3
	Government	1.1	---	1.0	1.9
	Bank/formal credit	3.6	---	3.2	3.8
	Insurance companies	---	2.2	0.2	0.1
	Money lenders/informal credit	0.6	2.2	0.7	4.6
	No one to count on	30.8	31.1	30.9	24.5
K.4: In general, how safe would you say you and your household are from crime and violence at home?	Very safe	91.9	95.5	92.3	71.1
	Somewhat safe	7.2	2.3	6.7	21.8
	Not too safe	0.8	2.3	1.0	6.1
	Not at all safe				1.0

Source: 2003 CWIQ, GSS

countrywide claim to have no one to fall on when confronted with financial difficulty. This clearly suggests that there are inadequate safety nets for a considerable number of people in the district to sufficiently cope with adverse financial shocks.

Nature of Shocks

The shock module in the ISSER survey questionnaire made it possible to capture various types of shocks experienced by households during the year prior to the survey and mechanisms adopted to cope with the shock. An analysis of these shocks provides some indications of the level of vulnerability of households. The shocks ranged from price and production through asset loss and job loss to changes in household structure. The shocks may be classified on the basis of whether they are caused by events of nature (e.g. flooding, poor rains, pest invasions) or by man-made/human activity such as conflicts, policy changes (e.g. price hikes), death or illness.

Risks or shocks may also be regarded as idiosyncratic or covariate. Shocks are described as idiosyncratic if the events that give rise to the shock are specific to an individual or household. Covariate shocks on the other hand represent events that tend to affect the community. There are some shocks that are difficult to classify in this manner, such as death of livestock. Such shocks may be classified as idiosyncratic or covariate depending on the cause of the event or death.

Box 6.1: Classification of Shocks

Natural Shocks ▪ *Poor rains that caused harvest failure* ▪ *Pest invasion that caused harvest failure* ▪ *Pest that caused storage losses* ▪ *Plant disease that caused harvest failure* ▪ *Loss of property due to flooding*	***Idiosyncratic Shocks*** ▪ *Death of working member of the household* ▪ *Death of someone who sent remittances* ▪ *Illness of working member of the household* ▪ *Departure of income- earning member from the household* ▪ *Theft of assets*
Human-Related Shocks ▪ *Death of working member of the household* ▪ *Death of someone who sent remittances* ▪ *Illness of income-earning member of the household* ▪ *Departure of income-earning member from the household* ▪ *Theft* ▪ *Fire* ▪ *Price Shocks* ▪ *Riots*	***Covariate Shocks*** ▪ *Poor rains that caused harvest failure* ▪ *Pest invasion that caused harvest failure* ▪ *Pest that caused storage losses* ▪ *Plant disease that caused harvest failure* ▪ *Loss of property due to flooding* ▪ *Loss of property due to riots* ▪ *Price shocks* ▪ *Riots*

Frequency of Shocks

The evidence from the survey results shows that about 71 percent of households did not report any kind of shock during the one year prior to the survey (Table 6.2). Thus, about 58 out of 200 households claim to have been hit by at least one type of shock or the other.

livestock, crops and other property as well as loss of property due to fire, flooding and riots. A considerable proportion of households that reported shocks also claimed to have been hit by human-related shocks that changed household structure such as death, illness or departure of a household member due to marriage or divorce

Table 6.2: Types and Frequency of Shocks Experienced by Households

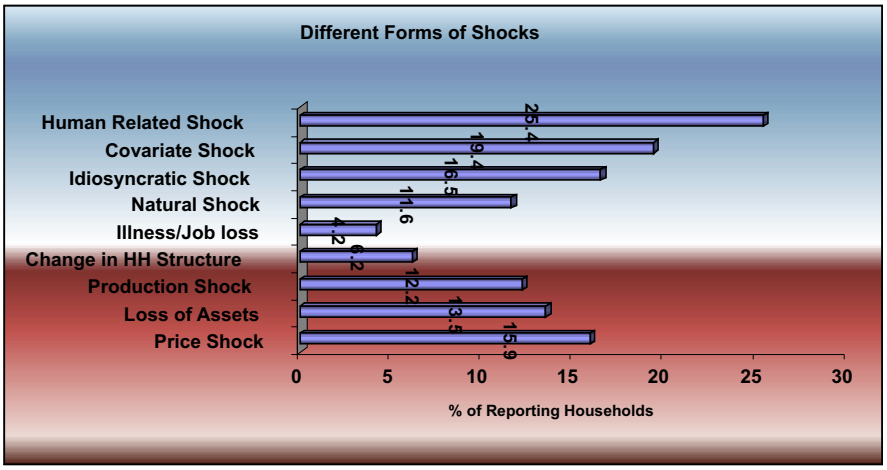
SHOCKS	*% of Households*	*SHOCKS*	*% of Households*
Price-Related Shocks	**15.9**	**Shock from Loss of Assets**	**13.5**
Increase in the price of inputs	5.8	Loss of property due to fire	1.3
Fall in the price of output	2.7	Loss of property caused by Flooding	1.0
Increase in the price of major food items	13.4	Loss of property due to riots	0.6
Increase in the price of water/electricity	7.4	Death of livestock due to illness	1.4
Increase in the price of petroleum products	5.5	Death of livestock due to drought	1.1
Production-Related Shocks	**12.2**	Theft of crops prior to harvesting	2.6
Harvest failure due to poor rains	5.0	Theft of harvested crops in storage	2.1
Harvest failure due to flooding	4.6	Theft of cash	5.0
Pests evasion causing harvest failure	5.0	Theft of livestock	3.2
Storage loss caused by pests	2.7	Theft of other property	2.2
Harvest failure due to plant disease	2.6	**Changes in HH structure**	**6.2**
Destruction of harvest by fire	1.3	Death of working member	4.2
Job loss or Illness of HH member	**4.2**	Divorce or separation	1.9
Loss of job by HH member	2.9	Member left due to marriage	1.1
Illness of income-earner	2.2	**Other**	**1.6**
Households with no shocks	**70.6**		

Source: ISSER Household Survey 2007

Human-related shocks emerged as the most frequently reported shock (Figure 6.1). The most frequently reported human-related or man-made shock was a price shock resulting from increases in prices of major food items, water/electricity, inputs and petroleum products. This was followed by security related shocks such as theft of cash,

Natural shocks were also reported by a significant number of households in the district. The most frequently reported natural shock was poor rain and pest invasion that resulted in harvest failure. Flooding and plant disease that caused harvest failure were also reported by a considerable proportion of households.

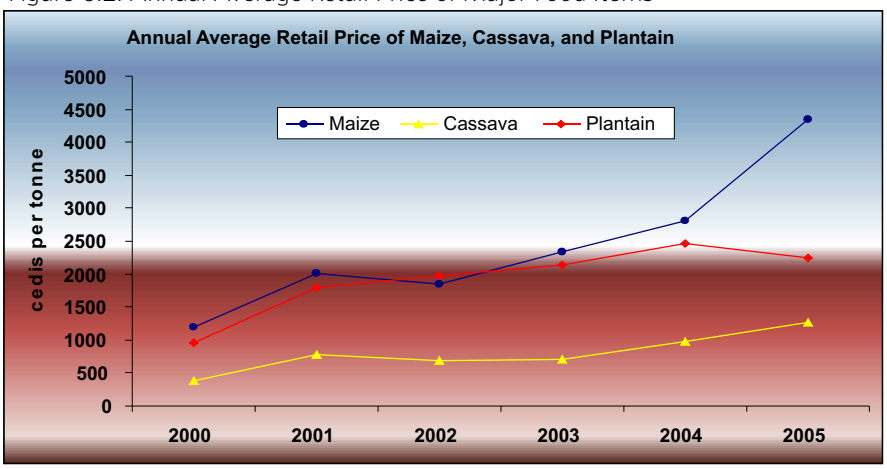
Figure 6.1: Different Forms of Shocks Reported by Households



Source: ISSER Household Survey 2007

The incidence of covariate shocks was observed to be higher than that of idiosyncratic shocks (Figure 6.1). Most of the covariate shocks emanated from price shocks due to increases in prices of major food items, utilities and inputs and a fall in output prices. As shown in Figure 6.2, average retail prices of major food items such as maize and cassava have risen continuously since 2002 after a marginal decline from 2001. The average retail price of plantain declined in 2005 after rising continuously since 2000. Production shocks resulting from poor rains, flooding, plant disease and pest invasion that caused harvest failure also contributed to the high incidence of covariate shocks. Theft of cash and livestock as well as the death of an income-earning member were the most frequently reported idiosyncratic shocks. Evidently, the ability of the district to meet the MDGs and achieve the objectives of its development plan would depend on the effort to minimise these risks and increase the ability of households to manage risk.

Figure 6.2: Annual Average Retail Price of Major Food Items



Source: Ahanta West District Extension Services

Characteristics of Households that Experienced Shocks

An assessment of the characteristics of households that faced one type of shock or the other reveals that a greater proportion of female-headed households (36.4 percent) and rural households (36.2 percent) than male-headed and urban households respectively were hit by at least one shock (Table 6.3). Similarly, a greater proportion of households headed by indigenes and non-working persons reported shocks than households headed by migrants and income earners.

A higher proportion of households headed by women experienced human-related shocks compared with households headed by men while natural shocks were reported by a greater percentage of male-headed households than female-headed households. Similarly, female-headed households faced idiosyncratic shocks disproportionately more than male-headed households while the reverse was the case with regard to covariate shocks. The foregoing makes it difficult to compare the level of vulnerability between male- and female-headed households based on the classification of shocks.

Rural households appear to be more vulnerable than urban households in the district. As shown in Table 6.3, a higher proportion of rural households faced shocks of all kinds than did urban households. Human-related shocks were reported by about 31 percent of rural households compared with 15 percent who claim to have faced natural shocks. In addition, rural households were hit more by covariate shocks than idiosyncratic shocks. The situation was the same among urban households such that more households suffered from human-related shocks than natural shocks and from more covariate shocks than idiosyncratic shocks. It is notable that none of the urban households were faced with shocks that emanated from changes in household structure and illness or loss of job of an income-earning household member.

The price shocks suffered by rural households resulted from high prices of farming and fishing inputs. Indeed, during community discussions, most people complained about the high price of farm and fishing inputs such as fertilizer, insecticides, fishing nets and pre-mix fuel. They said access to these inputs is low largely as a result of high prices. In addition, poor rains,

Table 6.3: Characteristics and Location of Households Affected by Shocks (%)

Shock	Male	Female	Rural	Urban	Migrants	Indigene	Work	Not working
Overall Shock	26.3	36.4	36.2	11.2	27.1	30.7	28.0	35.2
Natural Shocks	12.8	8.9	14.6	3.7	11.4	11.8	13.7	4.0
Human-Related Shocks	21.5	34.2	30.7	11.2	24.0	26.1	24.5	28.8
Covariate Shocks	20.0	18.0	22.5	11.2	20.6	18.7	21.2	12.1
Idiosyncratic Shocks	15.7	18.4	19.9	7.5	11.2	19.6	14.9	23.2
Price Shock	15.2	17.4	17.6	11.2	14.7	17.8	17.7	8.0
Production Shock	13.6	8.9	15.4	3.7	11.4	12.6	14.1	4.0
Asset Shock	12.2	16.2	15.7	7.5	16.3	11.9	15.0	7.0
Changes in HH Structure	3.7	11.9	8.5	---	1.3	8.9	5.0	10.9
Shock from illness/job loss	4.3	4.0	5.8	---	1.5	5.8	2.2	12.8

Source: 2007 ISSER Household Survey

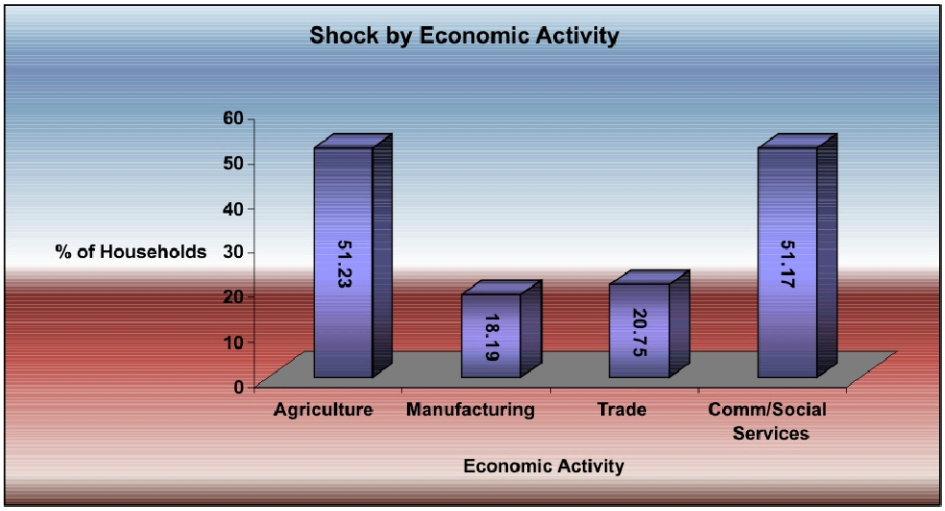
pest invasions, plant diseases and flooding also accounted for the high incidence of production shocks among rural households, according to the contributions of inhabitants during community discussions at Abura, New Amanful, Alabiza, Asemkow and Agona Nkwanta.

Overall, about 31 percent of households headed by people born in the community reported having experienced at least one form of shock over the last one year compared with 27 percent of households headed by people born outside their current place of residence. The proportion of households headed by working individuals that faced shocks was lower than the proportion of households headed by non-working individuals. Furthermore, households headed by farmers or workers of community/social services were observed to be more vulnerable to shocks than households headed by workers in other sectors. At least 51.23 percent and 51.17 percent of households headed by farmers and social/community workers respectively experienced shocks, compared with 18.2 percent and 20.8 percent of households headed by manufacturers and traders (Figure 6.3). No household headed by people working in sectors such as fishing, mining, construction, transport and finance reported any form of shock.

Coping Mechanisms

In response to the shocks experienced over the last one year, households adopted a mix of strategies to deal with them. The type of coping strategy adopted depends largely on the characteristics of the shock suffered (i.e. type, source, frequency and intensity) and the portfolio of assets controlled by the household.[7] Coping strategies employed by households have been classified into four broad categories, namely self-help, informal insurance, market insurance, and review of consumption.

Figure 6.3: Shocks Experienced by Households by Economic Activity of the Head



Source: ISSER Household Survey 2007

[7] See Tesliuc and Lindert (2004)

Table 6.4 reports on the coping mechanisms employed by households to deal with the shocks. Interestingly, about 54 percent of households that reported shocks stated they did nothing in response to the shocks. Of the 46 percent that saw the need to employ one strategy or another, as many as 35 percent employed one or a combination of informal insurance measures to deal with the shock. Informal insurance comprises borrowing from relatives and friends (23 percent), assistance from friends and relatives (13 percent), delayed payment obligations (8.7 percent) and sending children to live with relatives (5 percent). This was followed by market insurance strategies dominated by credit purchase (15 percent) and savings (13 percent). Sending children to live with friends and/or relatives in response to shocks may suggest child labour and the risk of the child not staying in school.

Self-help or self-insurance composed of a combination of sale of livestock, assets and land, withdrawal of children from school and engaging in additional income-earning activity was employed by at least 16.3 percent of shock-affected households. About 27 percent also coped with a shock by reducing either food or non-food consumption. Clearly, the reduction of food consumption as a strategy to cope with shocks may have implications for child nutrition and vulnerability to illness.

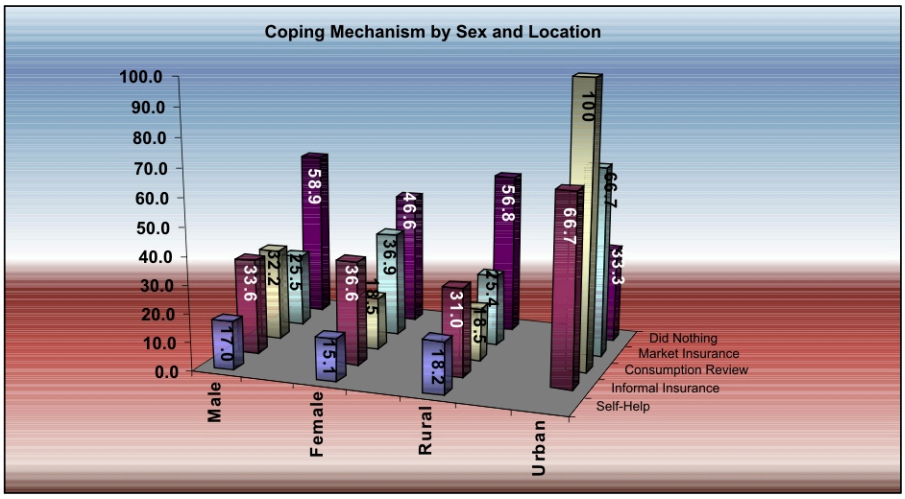
The type of coping strategy used by households was correlated with the sex of household head and the location of the household. As shown in Figure 6.4, a higher percentage of male-headed households did nothing to cope with the shock compared with female-headed households. The coping strategy most frequently used by female-headed households was market insurance (36.9 percent), followed by informal insurance (36.6 percent) while informal insurance was the most frequently employed coping strategy (33.6 percent) by male-headed households, followed by consumption review (32.2 percent) and market insurance (26.5 percent).

Table 6.4: Coping Mechanisms Adopted by Households to Manage Shocks

Strategy	% of affected HH that applied strategy	Strategy	% of affected HH that applied strategy
Self-Help or Self-Insurance	**16.3**	**Market Insurance/Use of Credit**	**29.7**
Sale of livestock	3.1	Credit purchase	15.3
Sale of land	5.3	Sold harvest in advance	5.3
Sale of other property	0.7	Relied on savings	12.6
Withdrawal of children from school	1.6	Loan from financial institution	3.1
Engage in additional income-earning activity	5.7		
Informal Insurance	**34.7**	**Consumption Review**	**27.1**
Sent children to live with friends/relatives	5.0	Reduced food consumption	22.1
Assistance from friends and relatives	13.2	Reduced non-food consumption	5.0
Borrowed from friends and relatives	22.9		
Delayed payment obligation	8.7	**Did nothing**	**54.3**

Source: ISSER Household Survey 2007

Figure 6.4: Coping Mechanism Adopted by Sex of Household Head and Location



Source: 2007 ISSER Household Survey

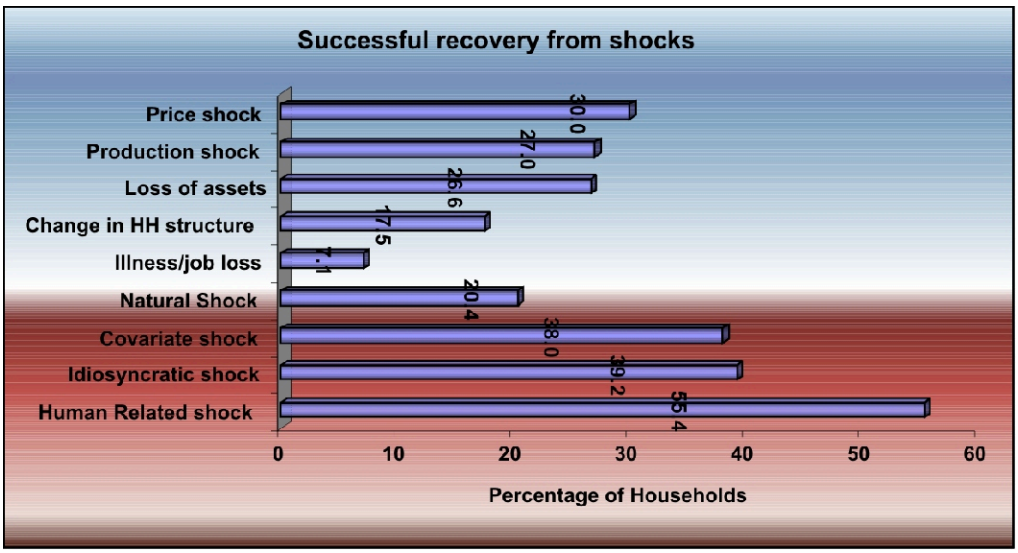
About 57 percent of rural households as against a third of their urban counterparts reported not doing anything to deal with the shock. Of the rural households that adopted some coping mechanisms during the crisis, informal insurance was the most frequently used strategy (31 percent) followed by market insurance (25.4 percent), consumption reduction (18.5 percent) and self-help (18.2 percent). Consumption reduction was the strategy adopted by all shock-affected urban households in addition to other strategies, while self-help or self-insurance was not adopted by any household in urban areas. The same proportion of urban households (two-thirds) employed informal insurance and market insurance to fight the shock.

Recovery from Shock

Generally, the proportion of households that saw their circumstances revert to what they were prior to the crisis was quite high. In all, about 62 percent of households that experienced at least one shock successfully recovered from the crisis. The incidence of recovery was higher among female-headed households than male-headed ones.

The incidence of recovery was higher among households that experienced human-related shocks than all other shocks. At least 55 percent of households that were hit by human-related or man-made shocks saw their circumstances revert to what they were prior to the crisis compared with about 20 percent of natural shock affected households (Figure 6.5). The recovery rate was also higher among households that suffered idiosyncratic shocks than covariate shocks. A further breakdown of the type of shock reveals that 30 percent of households that suffered price shocks recovered successfully compared with 27 percent from production shock and 26.6 percent from loss of assets. About 17.5 percent recovered from changes in family structure as a result of marriage or divorce of a member of the household while only 7.1 percent recovered from illness or job loss of a household member.

Fig 6.5: Proportion of Affected Households that Managed to Recover from a Shock



Source: 2007 ISSER Household Survey

The recovery rate among households headed by females was higher in terms of human-related shocks but lower in terms of natural shocks compared with households headed by men. The recovery rate from covariate and idiosyncratic shocks was higher among male-headed households than those headed by women. The recovery rate from price, production and assets shocks was also higher among male-headed households than female-headed ones while a geater proportion of households headed by females recovered from shock caused by illness or loss of job of household member than male-headed households.

Overall, the recovery rate was higher among urban households than rural households. All urban households that were hit by man-made, covariate or price shocks saw their circumstances revert to what they were prior to the crisis (Table 6.5). In contrast, about 50 percent and 31 percent of rural households managed to recover from man-made and covariate shocks respectively while 22 percent that experienced price shock recovered successfully. The lower rate of recovery among rural households from shocks related to production, assets and illness has implications for food security since most of these households are engaged in farming and fishing.

Table 6.5: Proportion of Shock-Affected Households that Managed to Recover (%)

Shock	Male	Female	Rural	Urban	Migrants	Indigene	Work	Not-working
Natural Shocks	24.2	14.2	18.9	33.3	25.1	18.1	24.6	6.7
Human-Related Shocks	48.9	66.4	50.2	100	49.4	58.5	55.7	54.3
Covariate Shocks	40.7	33.6	30.8	100	35.6	39.2	45.5	13.4
Idiosyncratic Shocks	40.5	37.1	36.0	66.7	33.3	42.2	34.7	54.3
Price Shock	31.0	28.5	21.8	100	26.5	31.8	37.1	6.7
Production Shock	29.6	22.5	26.2	33.3	29.8	25.5	33.1	6.7
Asset Shock	27.3	25.3	21.8	66.7	34.2	22.8	30.6	13.2
Changes in HH Structure	11.4	---	8.0	---	4.7	24.0	12.9	32.9
Shock from illness/job loss	12.6	25.8	19.6	---	---	10.7	2.4	22.8

Source: 2007 ISSER Household Survey

Households headed by someone who is gainfully employed had a higher recovery rate than households with a non-working head in all types and categories of shocks except idiosyncratic shocks. The recovery rate of those who suffered from all the broad types of shocks except natural shock (mainly production shocks) was lower among migrants than among indigenes. The recovery rate from assets shocks was also higher among migrants than indigenes.

Shocks, MDGs and Human Development

Shocks by their nature have the tendency to affect the living conditions of households and slow down the progress of the district towards attaining the MDGs. For instance, weather-related shocks that cause harvest failure may not only affect household sources of income and livelihood, but can affect household ability to meet food needs and also undermine the broader effort to eradicate extreme hunger. Thus, shocks that affect agricultural production may threaten food security and incomes of households.

Price-related shocks such as higher prices of inputs and a fall in output prices have adverse implications for household incomes and spending on health and education, which are crucial issues of the MDGs. Children's education and health, including maternal health, would suffer if household finances are jeopardised by the occurrence of all manner of shocks, including asset and job loss, illness and harvest failure among others. In this regard, human development indicators of longevity and acquisition of knowledge in the district are worsened.

Moreover, shocks that emanate from increases in prices of utilities such as electricity, water and fuel tend to have adverse environmental consequences, apart from dislocating household finances. The high rate of charcoal and firewood use for cooking could be reduced if gas prices become more affordable for many households.

Obviously, most of the shocks suffered by households were human related and could have been prevented. Considering the fact that shocks can have inhibiting effects on the attainment of the MDGs implies that households should try to avert such preventable shocks. The level of vulnerability in the district is quite high, judging from the evidence that about 30 percent of households reported one form of crisis or another. The combined effect of these crises on food security and environmental sustainability as well as the possibly adverse impact on school enrolment, literacy rates, maternal and child health all call for critical assessment of the District Assembly's programmes in the context of seeking to minimise the occurrence of such shocks.

CHAPTER SEVEN

CONCLUSION

Progress towards the MDGs and Improved Human Development

Ahanta West District has made progress in the health and education components of the human development index and several of the MDGs. In the health component of the index, the improved child mortality rate as a measure of enhancement of longevity suggests that life expectancy in the district has improved. Wide immunization coverage against measles and other childhood killer diseases and the consequently improved child health partly account for the improved child mortality indicator. It is also a positive development in terms of progress towards the attainment of MDG 4 in the district. However, the performance of the district in the area of maternal and infant mortality is less than satisfactory and constitutes an impediment to the realisation of the MDGs. The observed increase in the proportion of supervised deliveries by health personnel and high pre- and post natal hospital attendance, though positive, does not appear to have had a positive impact on infant and maternal mortality.

Clearly, the observed high incidence of malaria remains a threat to improving life expectancy and, therefore, human development in spite of the adoption of a combination of malaria-prevention strategies such as the use of insecticide treated bed and window nets, burning of mosquito coil, environmental cleanliness, and regular anti-mosquito spraying. The sixth MDG in terms of combating malaria will be a mirage considering the rate of malaria infection in the district. Data on HIV/AIDS were very scanty, making it difficult to make any meaningful assessment of progress in the district towards meeting the goal of halting and reversing the spread of the disease.

There has also been improvement in the education component of the human development index and the MDGs. Improvement in school enrolment and adult literacy rates have enhancing effects on the knowledge component of human development and put the district in a good position in relation to the achievement of universal primary education, the second MDG. However, there has not been a corresponding increase in school infrastructure, basic tools and facilities as well as of teachers to meet the rising enrolment rates. This could lower the quality of education in the district and worsen the already low performance of pupils at certificate examinations.

Progress is low in the district in terms of bridging the gender gap in education and empowering women in line with MDG 3. This is due to the widening gender gap in school enrolment and adult literacy rates in

favour of men. This may constitute an obstacle to attaining the third MDG of promoting gender equality and empowering women in the district. Nevertheless, the significant increase in the literacy rate of young girls aged 15-24 years culminating in a narrowing of the gender gap and an increase in the proportion of women in the District Assembly, along with the observed increase in the share of women in wage or regular employment in the non-agricultural sector are positive signs for the realization of the third MDG.

Although there has been marginal decline in the unemployment rates among the youth, the reported rise in overall adult unemployment rates suggests that lack of job opportunities is a key challenge in the district. Indeed, most of the unemployed complained about the difficulty in securing a job. Essentially, the lack of job opportunities for many people in the district could cause some deterioration in human development through the loss of incomes resulting from unemployment. Nonetheless, the poverty situation in the district appears to be better than the national situation as measured by the HPI.

The level of poverty and deprivation in the district appears to be better than national levels. Using objective poverty measures, the district is seen to have done better relative to the national situation in terms of HPI, knowledge, access to health services and the proportion of underweight children. The estimated HPI and other poverty indicators indicate a higher incidence of poverty and level of deprivation among rural households compared with urban households. A subjective assessment of poverty points to a decline in the poverty situation in the district.

The reported decline in the proportion of households that had never experienced food shortage suggests a setback in the effort of the district to eradicate extreme hunger, although there was a decline in the proportion of households that always or often face food difficulties.

The prospect of the district attaining the MDG in relation to access to safe water is quite bright if the rising trend in the proportion of households that have access to pipe-borne water, boreholes and covered wells is sustained. The effort of the district in the area of environmental sustainability under the seventh MDG appears weak and disappointing. The forest cover continues to decline owing to human activities such as farming, charcoal burning, the use of firewood for cooking and the activities of chainsaw operators. Access to safe sanitation also remains a problem since a considerable proportion of households do not have access to toilet facilities, compelling them to resort to unorthodox means of human waste disposal. In addition, the main methods of solid and liquid waste disposal are not environmentally friendly.

The implementation of measures to meet the eighth MDG of developing a global partnership for development and many of the related targets and goals are outside the mandate of the district. However, the continued use of primitive methods of farming and fishing, which are the main sources of livelihood, could adversely affect the realisation of this goal nationally. On the other hand, the reduction in youth unemployment and the increased access to mobile telecommunications in the district will have some positive bearing on the attainment of this goal nationwide.

Millennium Development Goals	Situation in Ahanta West
Goal 1: Eradication of extreme poverty and hunger	• *Decline in proportion of households that never, always or sometimes faced food difficulties but increase in proportion that often or seldom faced difficulty in the last 12 months*
Goal 2: Achieve universal primary education	• *Improvement in net enrolment rate (NER) since 2000* • *Increase in literacy rate of 15-24 age group*
Goal 3: Promote gender equality and empower women	• *Decline in gender parity index (GPI) at all levels of education except pre-school since 2000* • *Narrowing gender gap of literacy rates among the youth aged 15-24 years* • *Increase in the proportion of women in wage or regular employment in non-agricultural sector* • *Increase in the proportion of women in the District Assembly*
Goal 4: Reduce child mortality	• *Reduction in child (under-5) mortality rate since 2003* • *Increase in infant mortality rate between 2003 and 2006* • *Improvement in the proportion of 1-year old children immunised against measles.*
Goal 5: Improve maternal mortality	• *Increase in maternal mortality ratio between 2003 and 2006* • *increase in proportion of births attended by skilled health personnel*
Goal 6: Combat HIV/AIDS, malaria and other diseases	• *Limited data on HIV/AIDS cases in the district for assessment* • *High and increasing prevalence of malaria relate d deaths* • *A considerable proportion (over two-thirds) of households adopts a combination of malaria prevention mechanisms*
Goal 7: Ensure environmental sustainability	• *Decline in forest cover due to human activities such as farming, charcoal burning, and use of firewood for cooking* • *Increase in proportion of households using solid fuels between 2000 and 2007* • *Increase in the proportion of rural households with access to an improved water source between 2000 and 2007 but a marginal decline in the urban areas* • *Increase proportion of households with access to toilet facilities but unsafe sanitation and waste management practices by a greater and increasing proportion of households.*
Goal 8: Develop a global partnership for development	• *Reduction in unemployment r ate among young people aged 15-24 years* • *Increase in the proportion of the population that owns a mobile phone*

The Way Forward

There are critical areas of concern and challenges that need serious policy attention in order to enable the district to lower the level of vulnerability and improve human development as well as put the district on track to meet the MDGs. The rising unemployment rate largely as a result of the lack of job opportunities for the growing labour force is a major developmental challenge to the district. The problems facing the agricultural workforce such as market access, input shortages and the lack of adequate finance tend to make the sector unattractive to the youth and could threaten food security in the district.

The goal of the district's medium-term development plan for agriculture is to adopt modern agricultural techniques to ensure job and wealth creation. The plan seeks to ensure food security, reduce post-harvest losses, provide irrigation to enhance market gardening and other activities. A policy intervention that is directed at ensuring the provision of affordable credit to farmers and fishermen through micro-finance schemes and the improvement of agricultural extension services could contribute to agricultural growth and enhance the incomes of farmers and fishermen. In addition, measures to increase the processing and marketing of agricultural output and improve the condition of feeder roads would encourage agriculture and make it more attractive to the youth. Provision of storage facilities to keep surplus agricultural production would prevent loss of farm incomes and ensure food security. The promotion of tourism to generate more employment as proposed in the medium-term plan is laudable and must be prioritised during implementation.

The rising gross enrolment rates recorded in the district since 2000 require some expansion of school infrastructure, learning tools and trained personnel to maintain quality teaching and learning. Intervention by the central government and assistance from NGOs in the provision of textbooks, classrooms and teaching staff is critical. The widening gender gap in enrolment and adult literacy rates in favour of men indicates clearly that the achievement of gender equality and women's empowerment will be a mirage if steps are not taken to reverse the trend. For the district to realise its objective of promoting gender equality through a reduction in gender disparities in basic and secondary schools, pragmatic measures must be adopted to curtail the high dropout rate among girls. This would require cooperation between the District Assembly and parents and consistent education of parents on the importance of girl child education.

The wide gap between gross and net enrolment rates is an indication that children may not be entering pre-school and/or primary school at the recommended age. According to the 2007 ISSER survey, about a third of children in pre- and primary school are outside the prescribed ages of 3-5 years and 6-11 years respectively. With the introduction of new educational reform which makes pre-school compulsory for every child, and with cooperation from parents, the district will be able to bridge the gap between net and gross enrolment rates.

Another major challenge facing the district is the high incidence of malaria. Poor waste management and sanitation practices have undoubtedly contributed to this situation. Some of the objectives of the district's Medium-Term Development Plan are to strengthen the capacity of environmental health officers, improve logistics and equipment of the Environmental Health Department, and strengthen environmental sanitation practices. While applauding the adoption of these measures, it is essential that more places of convenience are provided to prevent people from defecating indiscriminately in the bush or at the beach. Enactment of legislation on the provision of household toilet facilities could improve sanitation practices. An appropriate means of liquid waste disposal by households must be found to prevent the throwing of liquid waste onto the compound or into gutters.

The decline in access to health services calls for an expansion of health facilities in the district. The district plans to improve access to health services, quality of health care and efficiency in the health system in the medium term through capacity building and strengthening, reactivation of community-based surveillance activities and promoting public-private partnership. Essentially, one of the determinants of access to health care is the issue of affordability. The introduction of the NHIS is a major step taken by the government to improve access to health care by eliminating the problem of affordability. However, with a greater proportion of inhabitants not participating in the scheme, it is important that district officials of the NHIS intensify their educational campaign to get more people enrolled into the scheme to eliminate the problem of affordability facing patients.

Notwithstanding the limited information on HIV/AIDS, educational campaigns on prevention of the disease must be carried out continuously to avert the potential spread of the disease.

Human activities, including farming, charcoal burning and increasing usage of firewood for cooking, have contributed to the reduction of forest cover, thereby undermining the effort of the district to attain the MDG of ensuring environmental sustainability. The district can take advantage of the National Youth Employment Programme and engage the youth in a massive tree planting exercise. More educational campaigns can also be instituted to promote the use of gas and kerosene as alternative sources of energy for cooking. The success of this strategy, however, depends on the prices of kerosene and gas which are largely subject to price trends in the international oil market.

The wide range of shocks experienced by households can adversely affect their well-being. Most households that were hit by shocks coped by adopting informal insurance, self-help insurance, and consumption reduction, with minimum recourse to formal insurance mechanisms. Since informal sector coping mechanisms may not be adequate to prevent households from falling deeper into poverty as a result of shocks, formal sector mechanisms need to be developed to rescue them from further poverty and deprivation.

Finally, the recent discovery of oil is expected to open up the district to potential investors,

boost employment and attract many people. This will call for expansion of infrastructure to support the potential influx of people. The magnitude of this expansion is greater than the District Assembly can provide and can only be carried out by the central government.

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