The Use of CBMS Approach in Data Collection in Analyzing the MDGs at the District Level: Case Study of the Dangme West District in Ghana

Cynthia Tagoe
THE USE OF THE CBMS APPROACH IN DATA COLLECTION IN ANALYSING THE MDGs AT THE DISTRICT LEVEL: A CASE STUDY OF THE DANGME WEST DISTRICT IN GHANA

By

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1.0 Introductory Background

Ghana is one of the 191 countries that signed the Millennium Development Declaration in September 2000. By this, the country adopted the Millennium Development Goals (MDGs) which basically aim at accelerating economic growth and overall development of both men and women with emphasis on poverty reduction, education, good health and environmental sustainability. These MDGs, eight in all, specifically, aim at eradicating poverty and hunger; achieving universal education, ensuring gender equality and empowerment for women, reducing child mortality and improving maternal mortality. The rest are aimed at combating HIV/AIDS, Malaria and other diseases, ensuring environmental sustainability and promoting global partnership for development. To achieve these goals within the specified timeframe of 2015, the 8 MDGs are structured around 18 targets which are measurable by 48 indicators. In her bid to achieve these goals, Ghana has, through the Ghana Poverty Reduction Strategy I (GPRS) (2002-2005) and its Growth and Poverty Reduction Strategy II (2006-2009) also adapted these goals to her circumstances. Key to the achievement of the MDGs and targets of the GPRS is the availability of appropriate and timely data from the local through to the national level to help monitor progress towards these goals.

Data available to help monitor progress towards the MDGs and the GPRS targets are from different sources and in various forms. Prominent among them is the Ghana Living Standard Survey (GLSS) and the Core Welfare Indicator Questionnaire (CWIQ) produced by the Ghana Statistical Service. Other sources include the Ghana Demographic and Health Survey (GDHS), annual reports and sector reviews of Ministries, Departments and Agencies (MDAs) as well as Metropolitan, Municipal and District Assemblies (MMDAs). The GLSS and CWIQ surveys provide poverty indicators at the household level and help policy makers to assess the poverty situation and trends in the country over a period of time. The GLSS however misses out on some important poverty indicators such as voice, exclusion and malnutrition. By its global nature and scope, it limits the individual and community from identifying with the results and very expensive to design and implement on a regular basis, therefore making it irregular in timing. The CWIQ which attempts to remedy some of the inadequacies of the GLSS helps to fill in the gaps as far as some social indicators of poverty are concerned by providing policymakers with a set of simple indicators for monitoring poverty and its impact on living standards in the country. This however again fails to provide an opportunity for the individual and community to identify with the poverty situation at their levels. Though nationwide, the GDHS, as the name also indicates, is health biased and therefore does not provide other socio-economic indicators. The closest we get is data from the various MDAs at the district level for their central offices and not for the district planning offices. There are other participatory surveys by civil society organizations in various sectors of the economy but these are localized to small areas and do not allow for comparison. So in effect, there is paucity of data to monitor poverty at the community level and also allow for comparison.

This is a major constraint in the development process and makes putting in place appropriate interventions to alleviate poverty at the community level a very difficult task. Policy makers therefore have to use a ‘top-down approach’ which often involves very little analysis of the priorities and perceptions of the people in the communities. It is in
the light of this, that the governance system in Ghana has been decentralised to the local level since 1988, therefore making the district assembly responsible for the development of its communities and people. The main essence of this system is to involve the local people directly in the decision-making process and make them responsible for their own development. So through the District Assembly, they identify their own problems and developmental issues in their communities and develop mechanisms for solving them. Additionally, they need to know the impact of policies implemented in the district on the people. In this way, they will be putting in place appropriate interventions which will best address the needs of the people. This can be effectively done with relevant, reliable and consistent data on the district which has been noted to be lacking.

It is against this background that the Community-Based Monitoring System (CBMS) was introduced in Ghana on a pilot basis in 2004 in the Dangme West District of the Greater Accra Region

- to generate simple and easy-to-collect poverty indicators at the community level to inform policy makers, on a timely basis, of the effects of policies on the standard of living of people at the community level
- to provide policymakers with data to be used for the prioritization of projects, effective planning and monitoring of developmental programmes in the various communities;
- to improve capacity at the district and unit committee levels in collection, processing and analysis of data at the local levels;
- to strengthen the flow of information and dissemination of poverty data from the national to the committee level;
- to test a locally feasible data processing system, without necessarily relying on central government resources and
- to achieve the main aim of local governance which is to involve the local people directly in decisions on policies which best address their needs.

In this light, the Community-Based Monitoring System provides a very important tool for the collection and analysis of data to inform progress towards achieving the stated goals within the mutually agreed time frame for implementation.

1.2 Objectives of the Paper

The paper seeks to use the CBMS approach in data collection in analysing the MDGs at the district level. Specifically, the paper seeks

- to discuss the processes involved in the CBMS approach in Ghana,
- to give an insight into Ghana’s progress towards the MDGs,
- to compare the national MDGs with the CBMS indicators for Dangme West District, and
- to discuss the challenges and prospects.
In all instances, the national situation will be discussed with respect to the MDGs with reference to indicators in the CBMS data collected in the Dangme West District where available.

1.3 The CBMS Approach in Ghana
- Organisation and selection of Pilot Communities

The CBMS in Ghana started with the recognition of a lack of information on poverty at the community level and the need for it for effective planning and efficient resource allocation for the development of the community. After discussions with the district officials, the Dangme West District of the Greater Accra Region was selected to be considered on a pilot basis.

The choice of the Dangme West District is informed by the fact that it is one of the 6 districts within the Greater Accra Region and the largest district in the region in terms of land area. The district has a total land area of about 1,442 square kilometres accounting for about 42% of the region’s land area. It is located in the southeastern part of Ghana (Figure 1) and shares boundaries with Yilo and Manya Krobo districts on the northwest, Akwapim North district on the west, Tema Municipality on the southwest and Dangme East district on the east. The Volta River and the Atlantic Ocean wash the northeastern and southern portions of the district, respectively. The district capital, Dodowa, is about 25 kilometers from Accra, the capital of Ghana (See Figure 2 for a map of Dangme West District). Despite its location in the region that had the lowest headcount poverty index in 1998/99, some of the poverty indicators in the district (e.g. access to safe sanitation) are not significantly different from indicators in poorer regions and districts.

Figure 1: Map of Ghana showing the Dangme West District
The Dangme West district is one of the hottest and driest parts of the country with high temperatures for most parts of the year (40ºC) and mean annual rainfall of between 762.5 mm and 1,220 mm. The predominant vegetation type found in the district is the sub-Sahelian type with short grass savannah interspersed with shrubs and short trees. The soils are highly elastic when wet but become hard and compact when dry and then crack vertically from the surface making the soil unsuitable for hand cultivation. Despite this prevailing condition in the district, agriculture is the mainstay of the economically active population there as is the case in the country. However, their dependence on rainwater makes farming a vulnerable occupation. Added to this are the periodic main crop failures which are common even in the better-watered northern parts of the district.

Figure 2: Dangme West District

The total population of Dangme West district is 98,809 (2000 Population and Housing Census). Generally, the district has a lower population density than the average for the country, 55.3 persons per square kilometer against the national average of 63 persons per kilometer. Of the total population in 2000, 48.2 percent are males and 51.8 percent females. The dependency ratio (proportion of the population ages 0-14 and 65+ years to the economically active population, 15-64 years) is 0.79. The Dangme West district is more rural than urban. According to the 2000 population census, 76 percent of the population live in rural areas whiles 23.6 percent live in the urban areas.

**Stakeholder Workshop and Design of Survey Instrument:**

The next stage was the holding of stakeholders meeting at the district level to discuss the poverty situation in the district with participants helping to refine a draft questionnaire by the CBMS-Ghana Team with relevant indicators. In this workshop, participants included representatives from all the electoral areas in Dangme West District, local government officials, district level planning officials, opinion leaders in the communities and other members of the communities who commented on the questionnaire and helped refine it for the main survey.

With the recognition that poverty in Ghana is multi-dimensional and characterized by low income, malnutrition, ill health, illiteracy, insecurity and isolation, the following areas were identified as areas of concern: health, water and sanitation, income and livelihood, basic education and literacy, shelter, peace and order, and political participation. Most of these variables tie in with the Minimum Basic Needs (MBN) Approach identified in the literature as capturing the multi-dimensional characteristics of poverty.

**Data Collection in Pilot Communities**

Three communities in the Dangme West district, namely: Dodowa, Prampram and Ningo served as pilot study areas. The District Assembly was instrumental in the selection of enumerators since the CBMS team had no knowledge of what local capacity prevailed. The initial selection however yielded representatives of the electoral areas who had low educational levels and were inexperienced. Therefore, teachers within the
electoral areas were used to administer the questionnaire. The choice of the teachers over the representatives was based on the literacy of the teachers in both English and the local languages and the respect accorded them in the communities. Also, they were used to ensure the quality of data collected. This however has its challenges – the main one was the juggling teachers had to make between their responsibilities when schools were in session.

After the selection, highly intensive and interactive training sessions were conducted in each of the three selected communities by the CBMS resource team using the refined draft questionnaire. During the training, the 10-page questionnaire which seeks to gather information on a number of indicators necessary to determine prevailing poverty levels and improve the quality of life of individuals within the communities was thoroughly discussed. It was then used to collect data from a census of all households in the 3 selected communities in the Dangme West district totaling 6730. The basic sampling unit for the pilot test was the household.

To create a sense of ownership and ensure the final take over of the system by local authorities, enumerators used for the data collection were selected from the electoral areas within the communities. The District Planning Office and the Deputy District Co-ordinating Director supervised the collection of data at the local level and the CBMS-Ghana Team provided training and overall supervision.

The questionnaire covered the following:

- **Household characteristics** - provide information on the basic demographic characteristics of the members of a household, including age, gender and marital status.
- **Education** – includes information on levels of education and whether or not members of households are in school.
- **Political participation** - determines the levels of household participation and voice in the country’s political processes which encompass both national and district level elections.
- **Employment** – includes the types of jobs available within the communities and levels of unemployment.
- **Health** - captures the availability and accessibility of health facilities as well as common ailments prevalent in the community.
- **Child mortality** - accessibility of mothers to postnatal and antenatal care and its effect on child mortality.
- **Housing and shelter** – describes the types of dwelling for households.
- **Lighting, water and sanitation** – refers to access to water and sanitary facilities which may influence the health status of households within a district.
- **Income and livelihood** - explores the main sources of income for households and their expenditure patterns.
- **Peace and order** - seeks to identify main sources of conflict within the community that may impact negatively on development.
- **Access to social and community services and programs** - captures access to community services such as banks, telephones or post offices and programs such as the Poverty Alleviation Fund initiated by the government to provide financial resources for small-scale entrepreneurs within the districts.
- Data Processing

There was no local capacity for data entry in all the traditional areas where the surveys were conducted. This placed enormous pressure on the team and required trainers at the end of the field work, to go through the filled questionnaires with each enumerator to ensure that the questionnaires were filled correctly. Due to the unavailability of local capacity to analysis the data collected from the field, all questionnaires were moved to the CEPA office in Accra where they were checked again, coded, entered into the computer and analysed with the SPSS version 11.

- Validation Workshops

The validation process involved two steps. First, the data collectors from Dodowa were taught how to extract key poverty indicators simply tallying the results. Secondly, the results from the pilot study was presented in a workshop where all the opinion leaders and district assembly officials from the selected communities of the pilot study were invited to give their comments and also help explain some of the findings.

- Dissemination and Data Use

The findings of the CBMS approach in data collection in Ghana have not been fully disseminated. However, the data is available to the Dangme West District Assembly for planning purposes. Plans are advanced in using the findings in digitizing the pilot area map and using the findings for discussion presentations such as this and advocacy for the institutionalization of the CBMS approach in the local governance system in Ghana

1.4 Progress towards the MDGs in Ghana

Poverty is pervasive and a rural phenomenon in Ghana and is reflected in low incomes, poor health, hunger and malnutrition among others. Insufficient progress has been made towards attaining the MDGs. Although there are encouraging prospects for some indicators, there are also great disparities within the country (Table 1). Socio-economic indicators show that Ghana is likely to meet the goal of halving the number of people living on less than $1 a day (PPP) by 2015 and halving over the same period the proportion of people who suffer from hunger. The broad situation is characterised by great inequalities among social groups, gender bias and unequal levels of development. Ghana has made good progress in reducing overall poverty, recording a decline from 51.7 per cent in 1992 to 39.6 per cent in 1999 and quite recently to 28.5% in 2007. Extreme poverty also fell from 36.5 per cent to 26.8 per cent and 18.2% over the same period. However, spatial, gender and occupational disparities in distribution of income remain prevalent. Poverty is concentrated in the Northern, Upper West, Upper East and Central regions of the country and among food-crop farmers. The recent report however indicated that poverty had increased in the Greater Accra Region also even though there has been a general decline nationwide.
<table>
<thead>
<tr>
<th>Goal</th>
<th>Target</th>
<th>Indicator</th>
<th>On Track?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Eradicate extreme poverty and hunger</strong></td>
<td>Halve extreme poverty by 2015</td>
<td>Proportion below national poverty line</td>
<td>Yes</td>
</tr>
<tr>
<td>2. <strong>Achieve universal primary education</strong></td>
<td>Achieve universal access to primary education by 2015</td>
<td>Gross Primary Enrolment ratio</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Net Primary Enrolment ratio</td>
<td>Yes</td>
</tr>
<tr>
<td>3. <strong>Promote gender equality and empowerment</strong></td>
<td>Eliminate gender disparity in primary and secondary education by 2005</td>
<td>Ratio of females to males in primary schools and JSS</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Achieve equal access for boys and girls to SS education by 2015</td>
<td>Ratio of females to males in SSS</td>
<td>Yes</td>
</tr>
<tr>
<td>4. <strong>Reduce child mortality</strong></td>
<td>Reduce under-five mortality by two-thirds by 2015</td>
<td>Under five mortality per 1000</td>
<td>No</td>
</tr>
<tr>
<td>5. <strong>Improve maternal health</strong></td>
<td>Reduce maternal mortality ratio by three quarters by 2015</td>
<td>Maternal mortality per 100,000</td>
<td>No</td>
</tr>
<tr>
<td>6. <strong>Combat HIV/AIDS, malaria and other diseases</strong></td>
<td>Halt and reverse the spread of HIV/AIDS by 2015</td>
<td>National HIV prevalence rate</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Halt and reverse the spread of Malaria by 2015</td>
<td>Reported cases of Malaria</td>
<td>No</td>
</tr>
<tr>
<td>7. <strong>Ensure environmental sustainability</strong></td>
<td>Halve by 2015 the proportion of people without access to safe drinking water</td>
<td>Proportion of overall population with sustainable access to an improved water source</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Proportion of rural population with sustainable access to an improved water source</td>
<td>Guinea Worm infestation on the rise despite increased access</td>
</tr>
<tr>
<td>8. <strong>Develop a global partnership for development</strong></td>
<td>In co-operation with the private sector, make available the benefits of new technologies, especially for information and communications</td>
<td>Telephone lines and cellular subscribers per 100 population and Internet users per 100 population. Personal computers in use per 100 population</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Source: Annual Progress Report 2006
Goal 1: Eradicate Extreme Poverty
Target 1: The proportion of population living on less than $1 (PPP) a day in 1990 is to be halved by 2015.

Indicator 1: Proportion of population below $1 (PPP) per day

In Ghana, the proportion of the population defined as poor (using the poverty line of ¢3,708,900) fell from 51.7% in 1991/92 to 39.5% in 1998/99 and further to 28.5% in 2005/2006. This is complemented by a reduction in the incidence of extreme poverty and the proportion the population living on less than $1 per day. Using the extreme poverty line of ¢2,884,700.00, this proportion has reduced from 36.5% in 1991/92 to 26.8% in 1998/98 and further to 18.2% in 2005/06 (Figure 3). It is envisaged that with this progress, Ghana should achieve this goal if the economic growth remains a high as it is now.

Figure 3

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

Indicator 6: Net enrolment ratio in primary education

The net enrolment ratio in primary school was low for Ghana in 1990 but by 2001, there has been some improvement which if sustained at the current level would see Ghana achieving the 2015 target (Figure 4).
Goal 3: Promote Gender Equality and Empower Women
In the specific area of the promotion of gender equality, significant progress has been made in education and literacy. However, inequalities and discrimination still persist, particularly in access to economic opportunities, employment and leadership positions in public life.

Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education no later than 2015

Indicator 9: Ratios of girls to boys in primary, secondary and tertiary education

At the beginning of the 1990s, Ghana had girl-to-boy enrolment ratios in primary school of 0.83. Between 1990 and 2000, the gap between girls’ and boys’ enrolment in primary schools narrowed reaching a ratio of 0.91 and 0.95 in 2005 (Figure 5). However, this was not enough to achieve the 1:1 target set for primary level by 2005. This target could be achieved by 2015 if current trends continue. For the senior secondary level, there are no reliable data to assess the progress towards achievement of the target.
Goal 4: Reduce Child Mortality
Significant progress has also been made in health and access to safe drinking water. If present trends continue, Ghana is likely to reach the goals set in these areas.

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate

Indicator 13: Under-5 mortality rate

A lot of progress has been made to achieve this target but the rates are still high. This increased from 108 per 1000 to 111 per 1000 in 2003. Achieving this target is not on course.

Goal 5: Improve Maternal Health

Target 6: Reduce maternal mortality ratio by three-quarters by 2015

Indicator 16: Maternal mortality per 100,000

Ghana had a high Maternal Mortality Ratios (MMR) of 740 deaths per 100,000 live births in 1990. This reduced to 540 deaths in 2000. Despite these declines, there is the likelihood of not achieving the target of 246 deaths per 100,000 live births by 2015.

Indicator 17: Proportion of births attended by skilled health personnel

Increasing the proportion of births attended by skilled health personnel is one factor in reducing high maternal mortality. Ghana had 43.8 percent of births attended by skilled health personnel in 1995, and this increased marginally to 44 percent in 2002 and 47.1 in 2003. At this rate, the achievement of the 2015 target will be quite difficult.
Goal 6: Combat HIV/AIDS, Malaria And Other Diseases

Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS


A HIV sentinel survey in 2003 in Ghana reports an estimate of 3.6 per cent among adult population aged between 15 – 49 years but with a significant numbers of AIDS orphans (about 200,000).

Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator 21: Prevalence and death rates associated with malaria

Malaria continues to exact a heavy toll on West African countries. In 2000, the prevalence rate was 448 and the death rate was 70 per 100,000 population (all ages) in Ghana (Figure 6)

Figure 6

![Prevalence and death rates associated with malaria in 2000](image)

Goal 7: Ensure Environmental Sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicator: Proportion of Land area covered by forest

The 2005 figure saw a 24.2% improvement with an annual rate of deforestation of -1.7% over the 2000 figure of -2.0%.

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water

Indicator 30: Proportion of population with sustainable access to an improved water source
The proportion of the rural population with access to improved water sources increased from 40% in 2000 to 46.4% in 2003 and 52.0% in 2005. Despite these improvements, guinea worm infestation is on the increase.

**Indicator 31: Proportion of population with access to improved sanitation**

The proportion of the population with access to improved sanitation in Ghana is generally low, especially in rural areas (Figure 7). In 1990, 37 per cent in Ghana had access to improved sanitation. By 2002, this has improved for over 40 per cent of the rural population. Among the urban population, about 50 per cent had access to improved sanitation by 1990. Between 1990 and 2002, Ghana, achieved sustained growth in access. By 2002, 74 per cent of the urban population in Ghana had access to improved sanitation facilities. This is a very big challenge for the country to exceed the 90 per cent coverage by 2015.

**Figure 7**

![Proportion of rural population with access to improved sanitation](image)

**Goal 8: Develop A Global Partnership For Development**

Target 18: In co-operation with the private sector, make available the benefits of new technologies, especially for information and communications

**Indicator 47: Telephone lines and cellular subscribers per 100 population and Internet users per 100 population**

This goal appears rather distant in the sub-region. Ghana had 0.29 telephone lines and cellular subscribers per 100 population in 1990 increasing to 3.34 in 2002. (Figure 8).
1.5. The CBMS and MDGs in Dangme West District

Table 2 shows the MDGs, targets and indicators and corresponding CBMS indicators for Dangme West district. These indicators can help assess progress in the MDGs at the local level provided they are done on a regular basis to afford the opportunity for comparison over time and in space.

Table 2: The CBMS and MDGs in Dangme West District

<table>
<thead>
<tr>
<th>Goal</th>
<th>Target</th>
<th>Indicator</th>
<th>Corresponding CBMS Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em>Eradicate extreme poverty and hunger</em></td>
<td>Halve extreme poverty by 2015</td>
<td>Proportion below national poverty line</td>
<td>Average household income; Income and Economic activities of household members; Number of household members with a job/business</td>
</tr>
<tr>
<td>2. <em>Achieve universal primary education</em></td>
<td>Achieve universal access to primary education by 2015</td>
<td>Gross Primary Enrolment ratio; Net Primary Enrolment ratio</td>
<td>Existence of Schools/distance; Educational materials, teachers; Elementary enrolment (6-12yrs); Secondary enrolment (13-16yrs); Educational level of household head; Household Literacy (ability to read and write)</td>
</tr>
<tr>
<td>3. <em>Promote gender equality and empowerment</em></td>
<td>Eliminate gender disparity in primary and secondary education by 2005; Achieve equal access for boys and girls to SS education by 2015</td>
<td>Ratio of females to males in primary schools and JSS; Ratio of females to males in SSS</td>
<td>Elementary enrolment (6-12yrs); Secondary enrolment (13-16yrs); Disaggregated along gender lines</td>
</tr>
<tr>
<td>4. <em>Reduce</em></td>
<td>Reduce under-five</td>
<td>Under five mortality per 1000</td>
<td></td>
</tr>
<tr>
<td><strong>child mortality</strong></td>
<td><strong>Common diseases within community</strong></td>
<td><strong>5. Improve maternal health</strong></td>
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<tr>
<td>---------------------</td>
<td>-------------------------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>mortality by two-thirds by 2015</td>
<td>Common diseases within community</td>
<td>Reduce maternal mortality ratio by three quarters by 2015</td>
<td></td>
</tr>
<tr>
<td><strong>6. Combat HIV/AIDS, malaria and other diseases</strong></td>
<td></td>
<td>Maternal mortality per 100,000</td>
<td></td>
</tr>
<tr>
<td>Halt and reverse the spread of HIV/AIDS by 2015</td>
<td></td>
<td>National HIV prevalence rate</td>
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<td>Halt and reverse the spread of Malaria by 2015</td>
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<td>Reported cases of Malaria</td>
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<td><strong>7. Ensure environmental sustainability</strong></td>
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<td>Halve by 2015 the proportion of people without access to safe drinking water</td>
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<td>Proportion of rural population with sustainable access to an improved water source</td>
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<tr>
<td><strong>8. Develop a global partnership for development</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>In co-operation with the private sector, make available the benefits of new technologies, especially for information and communications</td>
<td></td>
<td>Telephone lines and cellular subscribers per 100 population and Internet users per 100 population</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Availability of Electricity; Telephone,</td>
<td></td>
</tr>
</tbody>
</table>

### 1.6 Challenges

The attainment of the targets set in the MDGs in Ghana is subject to a number of challenges including the following:

- Rapid population growth exerting pressure on existing resources.
- Slow rates of economic growth and low levels of per capita income resulting in an increase in the absolute number of people living in poverty and the attendant problems of increasing ill health (e.g. the rising incidence of HIV/AIDS, malaria, TB) and malnutrition.
- Inadequate volume of reliable and timely data for planning and monitoring of progress, with the resulting difficulty in recording and comparing trends over periods.
- Weak institutional structures and inefficient coordination, in some cases, a multiplicity of institutions with overlapping roles and responsibilities.
1.7 Prospects

**Goal 1: Eradication of Extreme Poverty**

Positive steps towards poverty reduction include the creation of a Ministry for Private Sector Development to provide institutional support to the private sector; increased support for agro-processing and small- and medium-scale exporters through the launching of the President’s Special Initiative in cassava (to boost starch production for export) and textiles (to take advantage of the temporary opening provided by the African Growth and Opportunity Act to increase apparel exports to the US market).

**Goal 2: Achieve Universal Primary Education**

To improve the delivery of basic education services, the Ghana government has reviewed its free, compulsory universal basic education (FCUBE) programme. In October 2004, the government published a White Paper on education reform, which announced the introduction of a new, universal and continuous basic education programme from age 4 to 15, and thereafter a four-year Senior High School to replace the current three-year Junior Secondary School and three-year Senior Secondary School structure. This reform will create a universal and compulsory basic education system from age 4 to age 15 comprising:
- Two years of kindergarten;
- Six years of primary school; and
- Three years of Junior High School.

**Goal 3: Promote Gender Equality and Empower Women**

A Girls’ Education Unit was established in 1997 in the education ministry to give special emphasis to girls’ education, in order to promote equal access to educational opportunities, and improve the status of women and girls. Other measures to move towards gender parity in enrolment include the appointment of a Minister specifically responsible for girl-child education. The establishment of the Ministry of Women and Children’s Affairs and a cabinet position for the Minister are efforts made in achieving this goal.

**Goal 4: Reduce Child Mortality**

The Ghana Poverty Reduction Strategy (GPRS) gives priority to the health sector and emphasizes primary health care delivery. Thus, expenditures on health as a percentage of total discretionary outlays are expected to increase. In addition, a proportion of the savings from the Highly Indebted Poor Countries Initiative (HIPC) is devoted to social services.

To improve health service delivery to communities, a Community-based Health Planning and Services (CHPS) Strategy has been formulated in order to expand access to health services in local communities, develop sustainable volunteerism and community health action programmes, empower women and vulnerable groups and improve interaction between health providers, households and the community. Also, a National
Health Insurance Scheme (NHIS) is being implemented to help make affordable the cost of health care.

**Goal 5: Improve Maternal Health**

Under the government’s Medium-Term Health Strategy (MTHS), common financing and management arrangements have been set up in the framework of the Sector-Wide Approach (SWAp) through which donors contribute to a common basket to support an annual programme of work. Consistent with the goals of the GPRS, the MTHS, 2002-2006 has a theme, “Bridging the Inequality Gap” that focuses on reducing inequalities in access to health services.

Currently, the government is implementing an exemption policy that covers four antenatal visits and delivery. The GPRS provides a framework for improving the exemption policy to cover obstetric emergencies and life-threatening, pregnancy-related conditions and reducing mortality due to childhood diseases in the Central, Upper East, Upper West and Northern regions where poverty levels are the highest in the country.

**Goal 6: Combat HIV/AIDS, Malaria and Other Diseases**

The Ghana AIDS Commission coordinates and supports the preparation of plans for 14 sectors, including strong media involvement in and support for awareness creation on HIV/AIDS and the demonstration of Ghana government’s and development partners’ goodwill to make resources available for the fight against HIV/AIDS.

The Roll Back Malaria campaign includes sustained promotion of the use of insecticide-treated materials as a preventive measure and this campaign is being extended to all districts in Ghana.

**Goal 7: Ensure Environmental Sustainability**

The government’s strategy to address the challenges of natural resource management are largely embodied in the National Environmental Action Plan (1990-2000), the Forestry and Wildlife Policy, the Forestry Development Master Plan (1996-2000), the National Land Policy, the Science and Technology Policy (2000), and the Action Plan for Science and Technology Management.

Effective management of urban water is being addressed through a range of interventions, with private sector participation in the operation and maintenance of water delivery due to be finalised soon. Safe water in rural areas receives priority attention in the GPRS. To accelerate the eradication of guinea worm, expanded provision of safe water in endemic areas is to be fully subsidised.

**Goal 8: Develop a Global Partnership for Development**

The principal policies and programmes are within the integrative frameworks of ECOWAS, along with other multilateral and bilateral agreements (such as the ACP-EU accords) and various programmes with the Bretton Woods institutions and the European Union, among others.
1.8 Conclusions and Recommendations

Trends in some of the indicators (e.g. under-5 mortality rates, maternal mortality ratios, the prevalence of HIV/AIDS and malaria) show weak prospects of achieving the MDGs by 2015 in Ghana unless major changes take place now. Significant progress has been made in the sectors of education, health and access to drinking water. If the present trends continue, Ghana could reach the set goals in these areas. However, without significant commitment by governments, effective mobilisation of all stakeholders, it will be difficult to achieve these goals. In the specific area of the promotion of women, significant progress has been noted in education and literacy. However, inequalities and discrimination still persist, in particular in access to economic opportunities, employment and leadership positions in public life.

Ghana’s new policy orientations, particularly those in favour of poverty reduction and promotion of good governance, are important indicators of progress and can better be assessed with timely and reliable data especially at local level which the CBMS approach offers.

Urgent steps that need to taken include
- stronger commitment from government to ensure the availability of timely and reliable data to help monitor the progress towards the MDGs at the local level
- the strengthening of local government institutions to ensure efficiency in resource management and
- building the capacity of the local communities to ensure their involvement in the decision making process. By so doing, they will also be equipped to demand accountability from local government units, especially for the efficient use of limited local public resources.