NDPC/GOG

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2010 GHANA MILLENNIUM DEVELOPMENT GOALS

REPORT

JULY 2012

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LIST OF ACRONYMS AND ABBREVIATIONS

LIST	EXPLANATION
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APR	Annual Progress Report (Various Issues on the Implementation of the GPRS)
APRM	African Peer Review Mechanism
ART	Anti-Retroviral Treatment
BECE	Basic Education Certificate Examination
BNC	Bureau of National Communications
BOG	Bank of Ghana
CABAs	Children Affected By AIDS
CAN	African Cup of Nations
CARE	CARE International (An NGO)
CEA	Country Environmental Analysis
CHIM	Centre for Healthcare Information Management
CHPS	Community Health Planning Services
CLTS	Community-Led Total Sanitation
CPR	Contraceptive Prevalent Rate
CSM	Cerebro Spinal Meningitis
CSO	Civil Society Organization
CWSA	Community Water and Sanitation Agency
DAC	Development Assistant Committee
DCE	District Chief Executive
DeMPA	Debt Management Performance Assessment
DHMTs	District Health Management Teams
DPs	Development Partners
DSA	Debt Sustainability Analysis
ED(P)S	External Development (Partners') Support
EDS	External Development Support
E-LEAP	Emergency Livelihood Empowerment Against Poverty
ELP	Electricity Lifeline Payments
EmONC	Emergency Obstetric and Neonatal Care
EPA	Environmental Protection Agency
EPI	Expanded Programme on Immunisation
EU	European Union
FAO	Food and Agriculture Organisation
FASDEP	Food and Agricultural Sector Development Policy
FCUBE	Free Compulsory Basic Education

FDI	Foreign Direct Investment
GCM	General Circulation Model
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
GER	Gross Enrolment Ratio
GLSS	Ghana Living Standards Survey
GMHS	Ghana Maternal Health Survey
GOG	Government of Ghana
GPI	Gender Parity Index
GPRS	Growth and Poverty Reduction Strategy
GSGDA	Ghana Shared Growth and Development Agenda
GSS	Ghana Statistical Service
HDI	Human Development Index
HDR	Human Development Report
HIPC	Heavily Indebted Poor Countries
HIRD	High Impact Rapid Delivery
HIV	Human Immuno Deficiency Virus
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
HQ	Headquarters
ICSE	International Classification of Status of Employment
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IGME	Interagency Group Child Mortality Estimation
ILO	International Labour Organisation
IMF	International Monetary Fund
IMNCIs	Integrated Management of Neonatal and Childhood illnesses
IMR	Infant Mortality Rate
IMMR	Institutional Maternal Mortality Ratio
IPCC	Intergovernmental Panel on Climate Change
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
JHS	Junior High School
JMG	Joint Monitoring Group
KG	Kindergarten
Km^2	Square Kilometer
LDCs	Less Developed Countries
LEAP	Livelihood Empowerment Against Poverty
LFF	Local Finance Facility
M&E	Monitoring and Evaluation
MARP	Most-at-risk-population
MCE	Municipal/Metropolitan Chief Executive

MDAs	Ministries, Departments and Agencies
MDBS	Multi-Donor Budgetary Support
MDG	Millennium Development Goal
MDRI	Multi-lateral Debt Relief Initiative
MEC	Medical Eligibility Criteria
MiDA	Millennium Development Authority
MMDAs	Metropolitan, Municipal, District, Assemblies
MOFA	Ministry of Food and Agriculture
MOFEP	Ministry of Finance and Economic Planning
MOH	Ministry of Health
MOWAC	Ministry of Women and Children Affairs
MPs	Members of Parliament
NAFCO	National Food Buffer Stock Company
NCA	National Communication Authority
NDPC	National Development Planning Commission
NEPAD	New Partnership for Africa's Development
NER	Net Enrolment Ratio
NGOs	Non-governmental Organizations
NHIS	National Health Insurance Scheme
NMCP	National Malaria Control Programme
NPL	Non-performing Loan
NSPS	National Social Protection Strategy
NYEP	National Youth Employment Programme
ODA	Official Development Assistant
OECD	Organisation for Economic Cooperation and Development
ORS	Oral Rehydration Salt
PLWAs	People Living with HIV/Aids
PMMP	Prevention of Maternal Mortality Programme
PMP	Maternal Mortality Programme
PMTCT	Prevention of Mother-to-Child Transmission
PSCP	Parliamentary Special Committee on Poverty
PTR	Pupil-Teacher Ratio
ROA	Return on Asset
ROE	Return on Earnings
SADA	Savannah Accelerated Development Authority
SBAs	Skilled Birth Attendant
SFP	School Feeding Programme
SPU	Strategy and Policy Unit (of UNDP)
SSA	Sub-Saharan Africa
SSNIT	Social Security and National Insurance Trust
STEPP	Skills Training and Employment Placement Programme

SUF	Slum Upgrading Facility
SWG	Sectoral Working Group
UN	United Nations
UNICEF	United Nations Children Fund
UNDP	United Nations Development Programme
US	United States
VASTs	Vitamin A Supplement Trials
WFP	World Food Programme
WHO	World Health Organisation

1. INTRODUCTION

The United Nations Millennium Declaration, adopted by world leaders at the Millennium Summit of the United Nations in 2000, captured the aspirations of the international community for the century. It spoke of a world united by common values and striving with renewed determination to achieve peace and decent standards of living for every man, woman and child. Out of this Millennium Declaration was derived eight Millennium Development Goals (MDGs) aimed at transforming the face of global development cooperation.

The MDGs aim to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability, and develop global partnerships for development. In September 2000, Ghana committed herself to tracking these eight time-bound MDGs and associated indicators. Progress towards the attainment of the MDGs has been reported annually since 2002 in many national documents including the Annual Progress Report on the implementation of the Medium-term Development Frameworks, namely the GPRS I and GPRS II. In addition, special MDG reports are prepared on biennial basis which examine trends in the attainment of goals, supportive environment, challenges, and resource needs for the achievement of goals. In all, four such reports have been prepared in 2002, 2004, 2006 and 2008 by the NDPC with support from UNDP, Ghana. The 2010 Ghana MDG report is therefore, the fifth over the past decade.

The main objective of this *2010 Ghana MDGs Report* is to capture Ghana's progress towards the attainment of the Millennium Development Goals (MDGs) as at 2010. The Report analyzes the goals based on targets and indicators for each goal and the extent to which they could be reached by 2015. Progress towards the eight Millennium Development Goals is measured on the basis of 21 targets and 60 official indicators. The 2010 Ghana MDG report presents how far Ghana has come in meeting the eight goals based on 17 targets and 35 indicators using data available as at December 2010. The methodology adopted in the report are desktop review of policy documents of the government and previous Ghana MDG report and trend analysis of indicators to assess Ghana's performance in achieving the eight goals outlined in the MDG. The main sources of data for the analysis are the Ghana living Standards Surveys, Ghana Demographic and Health Surveys, and institutional data from Ministries, Departments and Agencies (MDAs).

The main challenge of this *2010 MDG Report* is the non-availability of more recent data beyond the fifth round of the Ghana Living Standards Survey (GLSS5) conducted in 2005/06 and Demographic and Health Survey, in 2008 for poverty and health analyses respectively. Nonetheless, the current report delves into new targets introduced into the MDG in order to improve upon the previous reports. New issues in the 2010 Ghana MDG report include:

- New target on employment under Goal 1 with three indicators;
- Two additional poverty indicators, i.e. poverty gap ratio and share of poorest quintile in national consumption;
- Youth literacy rate indicator under Goal 2;
- Share of Women in wage employment in non-agricultural sector under goal 3;
- Introduction of indicators to capture ICT exposure and usage; and
- Assessment of progress of the goals at the regional level.

The report is structured into three sections. The introductory section of the report outlines the process adopted in its preparation and presents the official targets and indicators. Section two outlines the national policy context for the MDGs and the overall progress on the eight time-bound goals and the related indicators. This is followed by the third section which provides an in-depth discussion on Ghana's progress with the MDGs and assesses whether or not the 2015 targets are likely to be achieved. The goals and relevant targets and indicators are analyzed against four elements: (i) status and trends; (ii) key factors contributing to the success; (iii) key challenges; and (iv) resource requirements.

The preparation of this report which commenced in June 2011 with the recruitment of a National Consultant was driven under the overall leadership of the National Development Planning Commission (NDPC) in accordance with its mandate. A broad-based participatory approach involving relevant state institutions, Civil Society Organizations (CSOs), private sector and international development partners was adopted. This approach was meant to enhance the national ownership of the process.

2. GLOBAL AND NATIONAL CONTEXT

2.1 Global Overview

Global MDG performance has been mixed and varies by goals, targets and indicators. There are also disparities in the MDG performance by regions and sub-regions. In all, Africa, particularly sub-Saharan Africa (SSA) and South Asia remain weak and vulnerable in the attainment of most of the MDG targets.

2.1.1 Poverty, Employment and Hunger

The world is on track to reach the poverty-reduction target by 2015 despite the triple F-crisis (food, fuel and financial crisis) in 2008–2009. The global poverty is expected to reach 15 per cent well under the 23 per cent target. Poverty still remains higher in sub-Saharan Africa with 51 per cent living below $1.25 a day in 2005 (Table 1). Working poverty rate has also declined considerably worldwide with an estimated one in five workers and their families, worldwide living in extreme poverty in 2009. Slowest progress has, however, been made in terms of improved nutrition among poorest children in the developing world. In 2009, about 43 per cent and 22 per cent of under-five children in the South Asia and SSA remain undernourished. The proportion of people in the developing world who suffer from hunger has remained at 16 per cent in 2000–2002 and 2005–2007 after dropping from 18 per cent in 1995–97.

In recent times, economic growth in SSA has been fairly good but this has failed to translate into gainful and decent employment. Indeed, every 3 out of 4 workers in SSA were estimated to be engaged in "vulnerable employment"[1] in 2009, slightly better than Oceania and Southern Asia. In developing regions overall, 60 per cent of workers were observed to be engaged in vulnerable employment compared with 10 per cent in developed regions.

2.1.2 Universal Primary Education

In all, the developing world has experienced slow improvement in primary enrolment creating some doubts about the prospects for reaching the MDG target of universal primary education by 2015. Nevertheless, SSA has witnessed remarkable improvement in primary school enrolment since 1999.

2.1.3 Gender Equality and Women Empowerment

Opportunities for full and productive employment remain slim particularly for women, with fewer compositions of women in paid and/or regular employment. Again Table 1 shows that five regions including SSA and North Africa recorded less than the World average of 40 per cent of women composition in non-agricultural wage employment in 2009. Nonetheless, women participation in political decision making has improved considerably in many regions (short of parity though) with 20 per cent of seats in national parliament held by women in SSA, 1 percentage point better than the world average. Gender Parity Index has seen considerable improvement in the developing world over a decade but SSA has the lowest index at secondary and tertiary level at 79 per cent and 63 per cent respectively in 2009 and better than only Oceania at 92 per cent in primary education.

[1] Vulnerable employment is defined as the percentage of own-account and unpaid family workers in total employment.

2.1.4 Child Mortality

Under-five mortality rate has witnessed considerable progress globally with a decline by a third from 89 deaths to 60 deaths per 1,000 live births between 1990 and 2009 on account of a combination of improved immunization coverage and opportunity for second-dose. The rate still remains highest in SSA with 129 deaths per 1,000 live births in 2009, followed by Southern Asia with 122 deaths per 1,000 live births.

Table 1: Global Performance of MDG

Indicator		Sub-Saharan Africa	North Africa	Developing Regions
Poverty Incidence ($1.25), 2005		51.0	3.0	27.0
% of people who are undernourished, 2005–2007		n.a	n.a	16.0
% of children who are underweight, 2009		22.0	6.0	23.0
Vulnerable employment, 2009		76.0	33.0	60.0
Net enrolment ratio in primary education, 2009		76.0	94.0	89.0
Gender Parity Index, 2009:	Primary	92.0	95.0	96.0
	Secondary	79.0	98.0	96.0
	Tertiary	63.0	98.0	97.0
Women's share in non-agric wage work, 2009		36.0	20.0	n.a
% of seats held by women in parliament, 2011		20.0	12.0	18.0
Under 5 mortality rate (per 1000 live births) 2009		129	26	66
Maternal deaths per 100,000 live births, 2008		640	92	290
HIV Incidence rate (number of HIV infections per year per 100 people aged (15–49), 2009		0.40	0.01	0.08
Proportion of population using an improved sanitation facility, 2008		31.0	89.0	53.0
Net change in forested areas (million hectares per year, 2000–2010)		-3.4	n.a	n.a

* represent Africa (both SSA and North Africa).

Source: UN (2011).

2.1.5 Maternal Mortality

Maternal mortality remains a major challenge in developing countries with high concentration of maternal deaths in SSA and Southern Asia accounting for 87 per cent of such deaths globally in 2008. Although maternal mortality in the developing regions dropped by 34 per cent from 440 to 290 maternal deaths per 100,000 live births between 1990 and 2008, the MDG target is still far off. Skill attendance at birth is lowest in SSA at 46 per cent and this largely explains the highest maternal deaths in the region at 640 maternal deaths per 100,000 live births (Table 1).

2.1.6 HIV/AIDS, Malaria and Other Diseases

The rate of HIV incidence declined steadily worldwide between 2001 and 2009. Although, SSA recorded the sharpest decline over the period, it still remains the region with the highest HIV infection rate. Deaths from malaria has also declined by 20 per cent worldwide from about 985,000 in 2000 to 781,000 in 2009 largely on account of intensive control efforts. Although, Africa recorded the largest absolute decline, 9 out of every 10 of all deaths from malaria still occur in SSA with children under five being the highest hit.

2.1.7 Environmental Sustainability

The world is far from reaching the sanitation target by 2015. It is estimated that about 1.1 billion people in 2008 practised open defecation with its associated health risk particularly for poor people.

About 2.6 billion people worldwide and almost half of the population of developing regions were not using improved form of sanitation in 2008. At the current rate of progress, it is estimated that, not until 2049 will 77 per cent of global population have access to flush toilets and other forms of improved sanitation. SSA is the region with the lowest proportion of population using improved sanitation facility in 2008. The rate of deforestation at the global level is quite alarming although it has slowed down over the past decade. The net change in forest area over the period 2000–2010 stood at -5.2 million hectares per year at the global level as against -8.3 million hectares per year over 1990–2000. Africa and South America lost -3.4 million and -4.0 million hectares per year respectively over 2000–2010 as against a net gain of 2.2 million and 0.7 million hectares annually in Asia and Europe respectively over the same period. Slum dwellers as a proportion of urban residents in the developing world declined from 39 per cent to 33 per cent between 2000 and 2010 although the absolute number of slum dwellers grew from 767 million to 828 million over the same period. The highest prevalence of slum conditions in 2010 was found in SSA with 62% of urban population sheltered in slums.

2.1.8 Global Partnership for Development

In spite of the economic and financial crises in 2008 in most parts of the global north available OECD figures show continuing growth in development aid in 2010, In 2010, net official development assistance (ODA) flows from members of the Development Assistance Committee (DAC) of the OECD reached USD 128.7 billion, representing an increase of 6.5 over 2009. Out of this total ODA flows, about USD 29.3 billion, representing 23 per cent, came to Africa, of which USD 26.5 billion was for sub-Saharan Africa. These amounts represent an increase in real terms of 3.6 per cent and 6.4 per cent respectively over 2009. It should be noted, however, that excluding debt relief grants, bilateral ODA fell very slightly (0.1%) for Africa but rose (1.7%) for sub-Saharan Africa.

2.2 National Context

Ghana is a tropical country on the west coast of Africa. The country has ten administrative regions and 170 decentralized districts. The country has a population of 24.87 million with females accounting for 51.2 per cent and 48.8 million being males. Life expectancy is estimated at about 56 years for men and 57 years for women, while adult literacy rate (age 15 and above) stands at 65 per cent. The country is administered by a democratically elected executive president with an elected parliament and independent judiciary. Estimates from GLSS5 indicate that Christianity is the dominant religion and constitutes about 71 per cent of total population followed by Muslim religion which accounts for about 18 per cent. About 7 per cent of Ghanaians are in Traditional religion.

Ghana's economy, which until 2006 was dominated by agriculture, is now led by service accounting for about 51 per cent of national output. Agriculture accounts for about 30 per cent (although about 55% of employed are engaged in the sector) while industry trail with only 19 per cent of total national output. The informal economy accounts for about 86 per cent of total employment while gold and cocoa remain the leading export earnings. This is expected to change with the commencement of oil production in commercial quantities in 2010. Ghana's economic growth performance has been touted as one of the best in the SSA region particularly from the early 1980s. However, there are concerns about the challenge of translating this impressive growth performance into the generation of productive and decent employment and eradication of income inequality. Thus, the question is how to make economic growth much more equitable for sustainable

human development towards the sustenance of its middle income status and achieve most of the MDG targets.

2.2.1 Policy Context

In September 2000, all UN member countries including Ghana adopted the Millennium Declaration that laid out the vision for a world of common values and renewed determination to achieve peace and decent standards of living for every man, woman and child. The eight MDGs derived from the Millennium Declaration set time-bound and quantifiable indicators and targets aimed at halving the proportion of people living below the poverty line, improving access to primary education, promoting gender equality, reducing child mortality, improving maternal health, combating and reversing the trends of HIV/AIDS, malaria and other diseases, ensuring environmental sustainability, and promoting global partnership for development between developed and developing countries by 2015. These eight set of clear, measurable and time-bound development goals was expected to generate a well coordinated action, within the United Nations system, including the Bretton Woods institutions, and within the wider donor community and, most importantly, within developing countries themselves.

Since the adoption of the Millennium Declaration, Ghana has mainstreamed the MDGs into the country's successive medium term national development policy framework, the Ghana Poverty Reduction Strategy (GPRS I), 2003–2005, the Growth and Poverty Reduction Strategy (GPRS II), 2006–2009 and the Ghana Shared Growth and Development Agenda (GSGDA). The GPRS I focused on the macroeconomic stability, production and gainful employment, human resource development and provision of basic services to the vulnerable and excluded, and good governance. The GPRS II also emphasizes continued macroeconomic stability, human resource development, private sector competitiveness, and good governance and civic responsibility. The GSGDA is anchored on seven main themes: sustainable macroeconomic stability; enhanced competitiveness of the private sector; accelerated agricultural modernization and natural resource management; oil and gas development; infrastructure, energy and human settlements development; human development; and transparent and accountable governance.

Within the same period of the first two development policy frameworks, Ghana benefited from the Highly Indebted Poor Country (HIPC) initiative and other international development assistance support, Multilateral Debt Relief Initiative (MDRI), Multi-Donor Budget Support (MDBS) and the United States funded Millennium Challenge Account programme among others. In addition to direct poverty reduction expenditures, government expenditure outlays were directed at growth inducing policies and programmes that have high potential to support wealth creation and sustainable poverty reduction.

Total poverty reduction expenditure as percentage of total Government spending declined from 34.6 per cent in 2006 to 22.3 per cent in 2008 and further down to 21.3 per cent in 2010. The amount of GH¢2.3 billion earmarked for poverty reduction activities was meant to support basic education, primary health care, poverty focused agriculture, provision of rural water, construction of feeder roads and rural electrification. Spending on these activities has implications for sustaining the gains made in some of the targets of the MDGs and brings on track those targets that have drifted away from the 2015 target.

2.2.2 Overall Progress in Ghana

Ghana is largely on track in achieving the MDG 1 target of reducing by half the proportion of the population living in extreme poverty at the national level and in rural and urban areas

(Figure A1). Although current data on poverty is not available, trends in economic growth suggest a further decline in poverty between 2006 and 2010. However, poverty is quite endemic in the three northern regions to the extent that it would be a difficult hurdle for these regions to reduce extreme poverty by a range between 11.7 percentage points in the Northern Region and 41.8 percentage points in the Upper West Region to reach the target of halving extreme poverty by 2015.

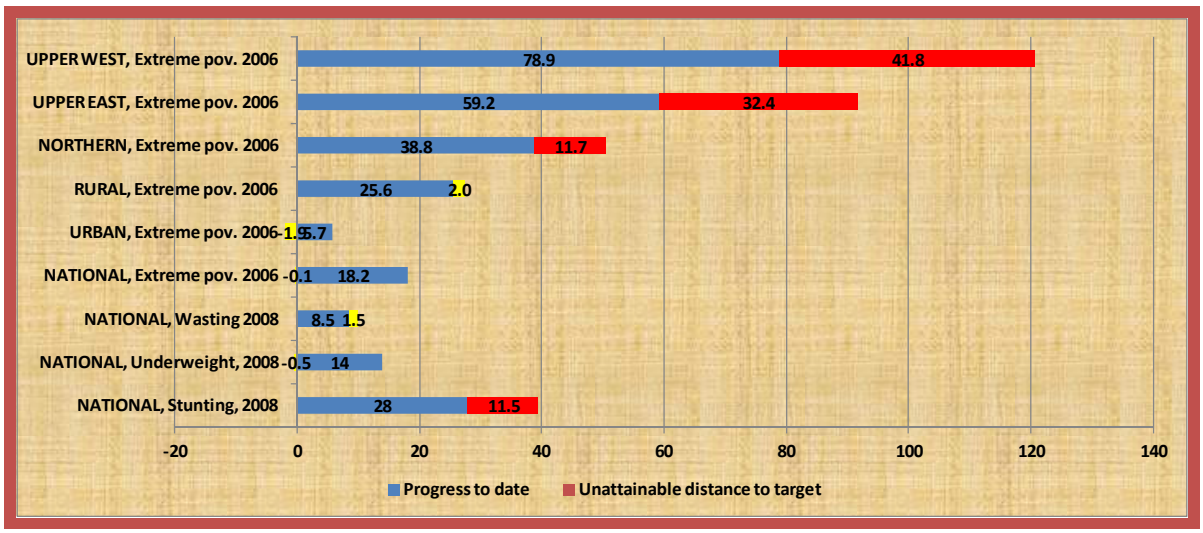

Figure A1: MDG1 at a glance
Source: Constructed from Figures 1 and 6.
Note: Yellow colour represents attained/attainable distance to target.

On MDG 1 target 3, available data and trend analysis of the various child malnutrition indicators show that, Ghana is on course to achieving two out of three child malnutrition indicators ahead of 2015.The indicator of reducing by half the proportion of children who are underweight has already been achieved ahead of 2015 (Figure A1), while the target on reducing by half the prevalence of wasting is on course and may be met ahead of 2015 if current trend continues. On the indicator of reducing the prevalence of stunting, extra effort is required in order to achieve the target by 2015.

Available data and trend analysis on MDG 2 of achieving Universal primary education show that Ghana is on track to achieving both the gross and net enrolment targets by 2015. The country has five years to increase GER and NER by 5.1 and 11.5 percentage points respectively (Figure A2) to reach the target with intensification of much more effort in the area of capitation grant, school feeding programme and free school uniform. Four regions namely Western, Central, Brong-Ahafo and Upper West have already achieved the 100 per cent GER ahead of time while Northern Region is not far from the target. Ashanti, Eastern, Greater Accra, Upper East and Volta regions has GER below the national average and therefore require a bit more attention to get them to attain the target in 2015. Only two regions, Central and Western has NER above the national average indicating that the eight other regions require particular policy attention to fast improve NER to facilitate the attainment of the target within the next remaining five years. The country needs to do much more to improve the primary school completion rate considering the distance 13.7 percentage points from the target.

On MDG 3 target of ensuring gender parity especially at the Primary and Junior High school (JHS) levels, trends show that Ghana is on track in achieving both targets, although

primary level parity has stagnated at 0.96 since 2006/07. Gender parity at JHS which increased slightly from 0.91 in 2006/07 to 0.92 in 2007/08 has also remained at that level in 2008/09 and 2009/10 (Figure A3). On the other hand the parity at the KG has declined slightly from 0.99 in 2006/07 to 0.98 in 2008/10.

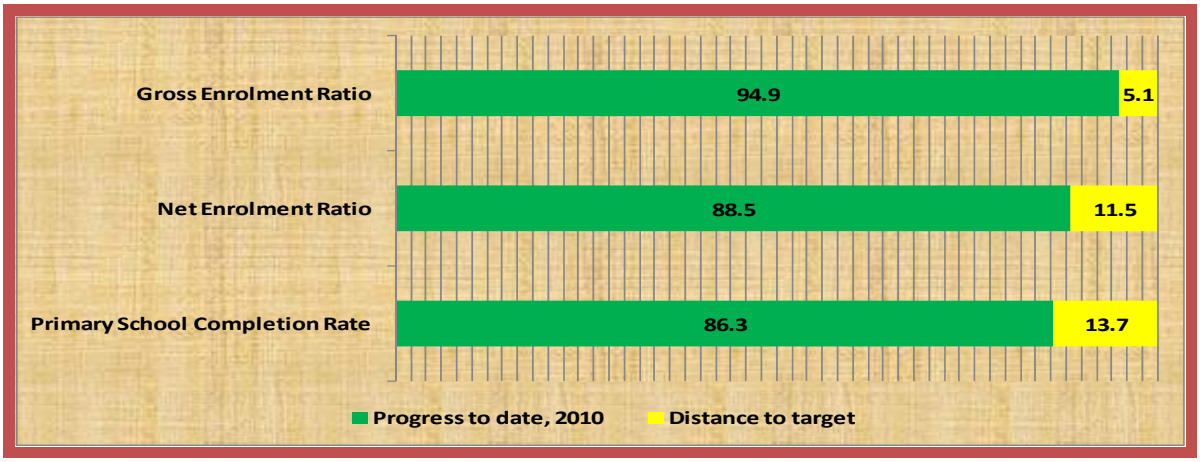

Figure A2: MDG 2 at a glance
Source: Derived from Table Appendix Table A7 and A8.

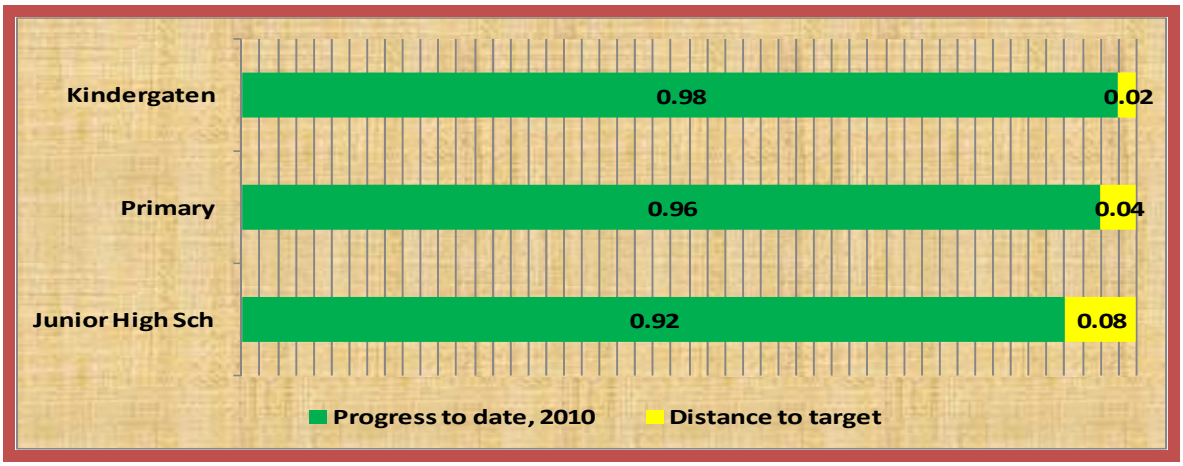

Figure A3: MDG 3 at a glance
Source: Derived from Table 18.

Progress towards increasing the number of women in public life suffered a setback with the reduction of the number of women elected into Parliament during the 2008 elections declining from 25 to 20. This had reduced the proportion to below 10 per cent, and puts Ghana under the international average of 13 per cent. Access of women to wage employment in non-agricultural sector has remained quite weak undermining the country's quest to promoting gender equality and women empowerment.

Although evidence shows that there has been significant reduction in both infant and under-five mortality rates in Ghana (MDG 4), it is unlikely that the 2015 target of reducing the child mortality rates will be met unless coverage of effective child survival interventions is increased. The Ghana Demographic and Health Survey (GDHS) 2008 showed a 30 per cent reduction in the under-five mortality rate, as it declined from 111 per 1000 live births in 2003 to 80

per 1000 live births in 2008, while infant mortality rate as at 2008 stood at 50 per 1000 live births compared to 64 per 1000 live births in 2003. Data from Interagency Group Child Mortality Estimation (IGME) indicates a decline in under-five mortality from 122 to 74 per 1,000 live births between 1990 and 2010 leaving a deficit of 33 (Figure A4). Immunization of under 1 year old against measles improved from 68.8% in 1998 to 79.9 per cent in 2008 and further up to 87.7 per cent in 2010.

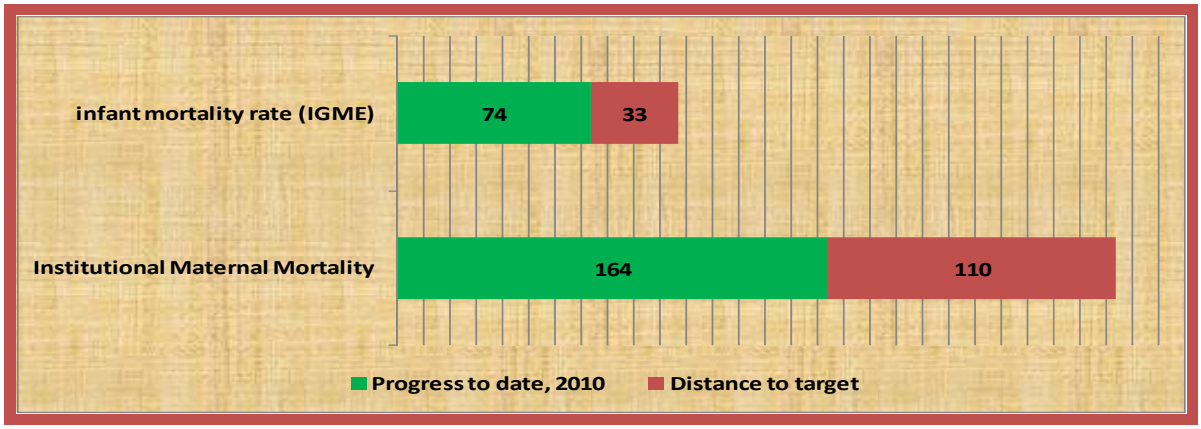

Figure A4: MDG 4 & 5 at a glance
Source: Derived from IGME and Figures 13.

Though maternal health care has improved over the past 20 years, the pace has been slow and extra effort is required for Ghana to achieve the MDG 5 target of reducing maternal mortality rate by three quarters by 2015. Institutional maternal mortality rate has reduced from 216 per 100,000 live births in 1990 to 164 per 100,000 live births in 2010 with a distance of 110 to target of 54 per 100,000 in 2015.

On the MDG 6 target of HIV/AIDS, evidence shows that after a decline from a high of 3.2 per cent in 2006 to a low of 2.2 per cent in 2008, HIV/AIDS prevalence rate in Ghana increased to 2.9 per cent in 2009 and dropped to 2.0 per cent in 2010. A policy action particularly in the area of educational campaign and other HIV/AIDS programmes is required to promote significant behavioural change to sustain the decline. According to the Ghana Aids Commission the current up-and-down movement in the prevalence rate between 2003 and 2010 signals only a levelling effect or stabilization of the epidemic.

On MDG 7 of ensuring environmental sustainability, Ghana is on track of achieving the target on halving the proportion of the population without access to safe water, however critical challenges exist in achieving the targets of reversing the loss of environmental resources, reducing the proportion of people without access to improved sanitation, and achieving significant improvement in the lives of people living in slum areas.

Although up-to-date data on the rate of forest depletion is unavailable, evidence suggest that the country is depleting its forest cover at an alarming rate. Between 1990 and 2005, the forest cover has declined from 32.7 per cent to 24.2 per cent. On the other hand, while access to safe water services in rural areas has improved considerably, there has been slow progress with access to safe water within urban areas. Even though Ghana has made progress in reducing the proportion of the population without access to improved sanitation, the target may not be achieved by 2015 if the current trends continue (Figure A5). The target of reducing the proportion of population without access to safe drinking water has been achieved ahead of target by 6 percentage points (Figure A5).

At the current trend the proportion of the population with access to improved sanitation will reach 21.2 per cent by 2015 instead of 52 per cent, while the proportion of urban population with access to improved sanitation will be 23.4 per cent instead of 55 per cent by 2015. In the rural areas, only 20.6 per cent would have access to improved sanitation instead of 50.5 per cent. Although the proportion of urban population living slums shows a decline, if the current pattern continues, a significant proportion (about 14%) of the population will still be living in slum areas by 2020.

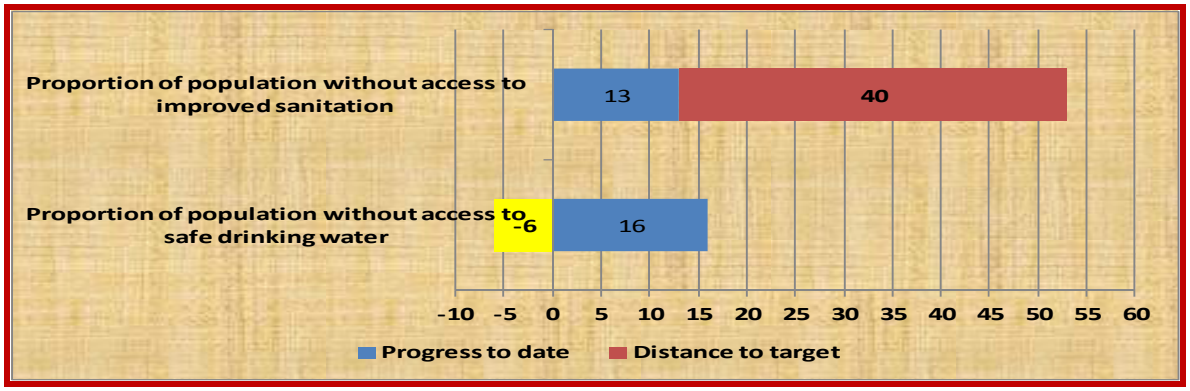

Figure A5: MDG 7at a glance
Source: Derived from Table 18.

In terms of Global Partnerships for development (MDG 8), ODA inflows to Ghana which has dropped from 13.2 per cent of GDP to 10.3 per cent of GDP rose to 14.6 per cent of GDP in 2009 but declined to 12.8 per cent in 2010. The portfolio of aid inflows continued to be dominated by project aid which constitutes more than 60 per cent of ODA inflows. In terms of cooperation with the private sector, Ghana has seen rapid and dramatic improvement in mobile phone and internet usage over the past decade. Mobile cellular phone subscription surged from about 0.67 to 63 per 100 inhabitants between 2000 and 2009. In addition, subscribers of internet service for the entire population almost doubled within a period of one year from 2.3 million in 2009 to 4.2 million in 2010.

3. PROGRESS TOWARDS ACHIEVING THE MDGS IN GHANA

Goal 1: Eradication of extreme poverty and hunger

TARGET 1A: Halve the proportion of those in extreme poverty, 1990–2015

1. STATUS AND TREND

Indicator 1.1: Proportion of people below the national poverty line

The overall poverty incidence in Ghana has declined substantially since 1991. Between 1991 and 2006, proportion of the population living below the national upper poverty line declined from 51.7 per cent to 28.5 per cent while the extreme poverty incidence dropped from 36.5 per cent to 18.2 per cent at the national level (see Appendix Table A). This indicates that the country managed to halve extreme poverty ahead of 2015 by 0.05 percentage point while upper poverty incidence at the national level fell short by 2.6 percentage points as of 2006 (Figure 1). Ghana's growth has been quite robust despite the economic and financial crisis which started in the developed countries of America and Europe in 2008 which slowed down global economic growth. The country's growth which averaging at least 6.5 per cent between 2007 and 2010 is strong enough to sustain the progress towards the national poverty reduction target.

This gain is, however, fraught with regional and location disparities. For instance, between 1991 and 2006 the decline in upper and extreme poverty incidences were unevenly distributed across the rural-urban divide. While extreme poverty incidence in rural areas was almost halved (short by 2 percentage points) in 2005/06, urban areas managed to go beyond the target of halving extreme poverty by 2006 ahead of 2015 target year. Similarly, the country managed to half upper poverty in urban areas by 2006 compared with 2.6 and 7.4 percentage points away from the target at the national level and in the rural areas respectively.

In terms of regional disparity, no significant improvements seem to have occurred in the three northern regions as poverty incidence remains high and may not be able to achieve the target before 2015. For instance all the three northern regions have target deficits of not less than 20 per cent in moving out of the upper poverty line.[2] The target gap in the extreme poverty incidence for the three northern regions seem to be mild for Northern Region but high for the two upper regions with a distance of over 30 percentage points to reach the target (see Figure 1). The remaining seven regions managed to reach the target of halving upper poverty incidence in 2006 ahead of time. For extreme poverty incidence, apart from the three regions in the northern savannah regions which may not be able to reach the target before 2015, the remaining regions, except Volta Region managed to reach the target as in 2006 ahead of time. The 2.5 percentage point distance to the target for Volta Region seems attainable considering the declining extreme poverty trend since 1991. This is a clear indication of the uneven distribution of poverty across the regional divide.

[2] This is reflected in the distance to targets of 20.6, 37.0 and 44.0 percentage points from the actual poverty incidence in 2006 for Northern, Upper East and Upper West Regions respectively.

The higher poverty incidence in the rural areas and three northern savannah regions is also confirmed by the poverty incidence in the Millennium Development Authority (MiDA) zone in 2008. Upper and extreme poverty incidence was highest in the Northern zone and lowest in the Southern Horticulture zone (see Appendix Table A3). Similarly, a higher poverty incidence is observed in the urban than rural areas in 2008 in the MiDA zone with rural-urban poverty ratio of 1.6:1 (upper poverty) and 1.8:1 (extreme poverty).

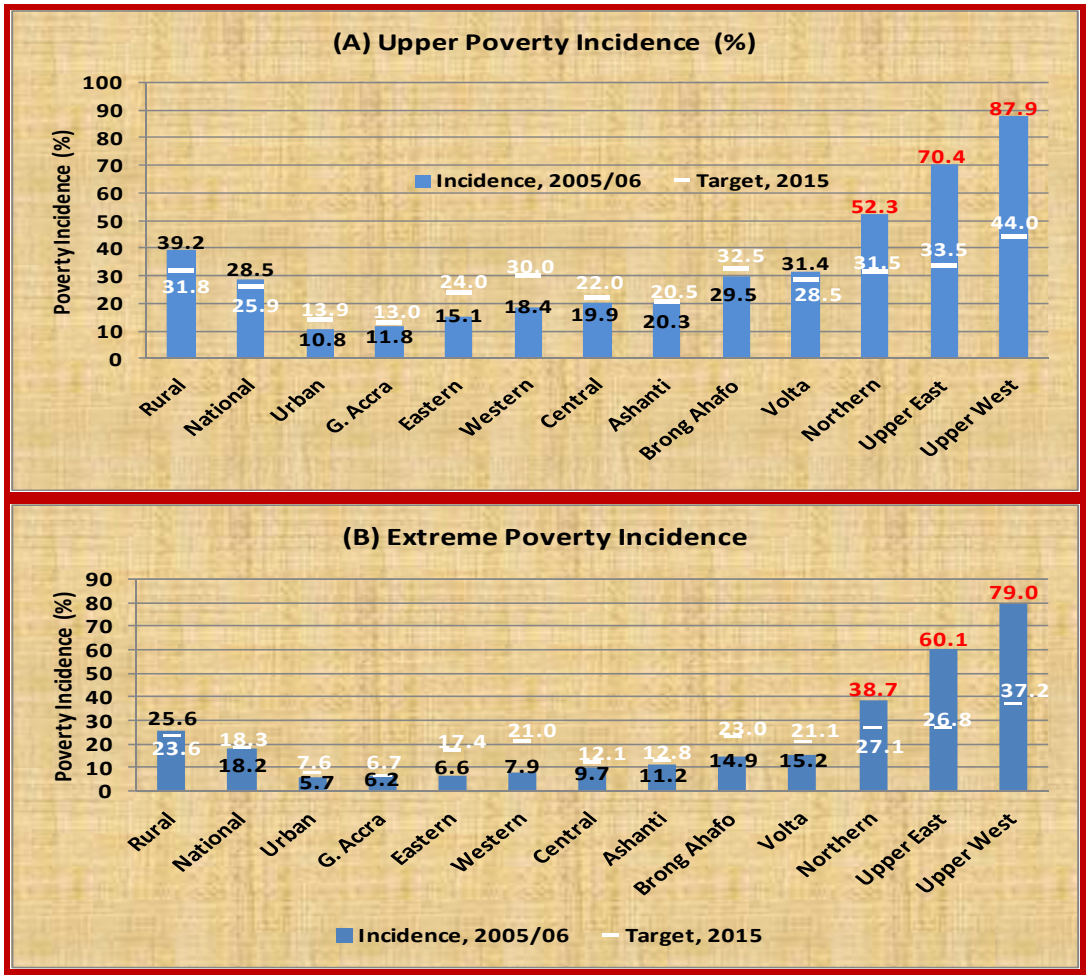

Figure 1: Upper and Extreme Poverty Incidence by Location, %
Source: Ghana Statistical Service, GLSS 5.

Indicator 1.2: Poverty Gap Ratio

Poverty gap ratio indicator which measures the depth of poverty is another important means of analyzing poverty. It expresses the total amount of money required to raise the poor from their present income to the poverty line as a proportion of the poverty line and averaged over the total population. In the MDG, it could be explained as the mean distance separating the population from the poverty line (with the non-poor being given a distance of zero), expressed as a percentage of the poverty line. Higher ratio suggests deeper depth of poverty and vice versa.

The depth of poverty remains high in the three northern regions and in rural areas. Figure 2 indicated that a considerable proportion of the poor in these areas are far away from escaping poverty. The trend of the depth of poverty in Ghana has also shown continuous decline at the

national level and in rural areas since 1991 with the reverse being the case in urban areas (see Appendix Table A4). The indication is that while poverty incidence in urban areas has witnessed substantial decline, the few who are poor continue to be worse-off and swimming in deep poverty or continue to drift away from the exit line of poverty. It is therefore important that strategies to address poverty do not overlook the urban poor who may be equally vulnerable as their rural counterparts given a low rural-urban poverty depth disparity of about 6 percentage points.

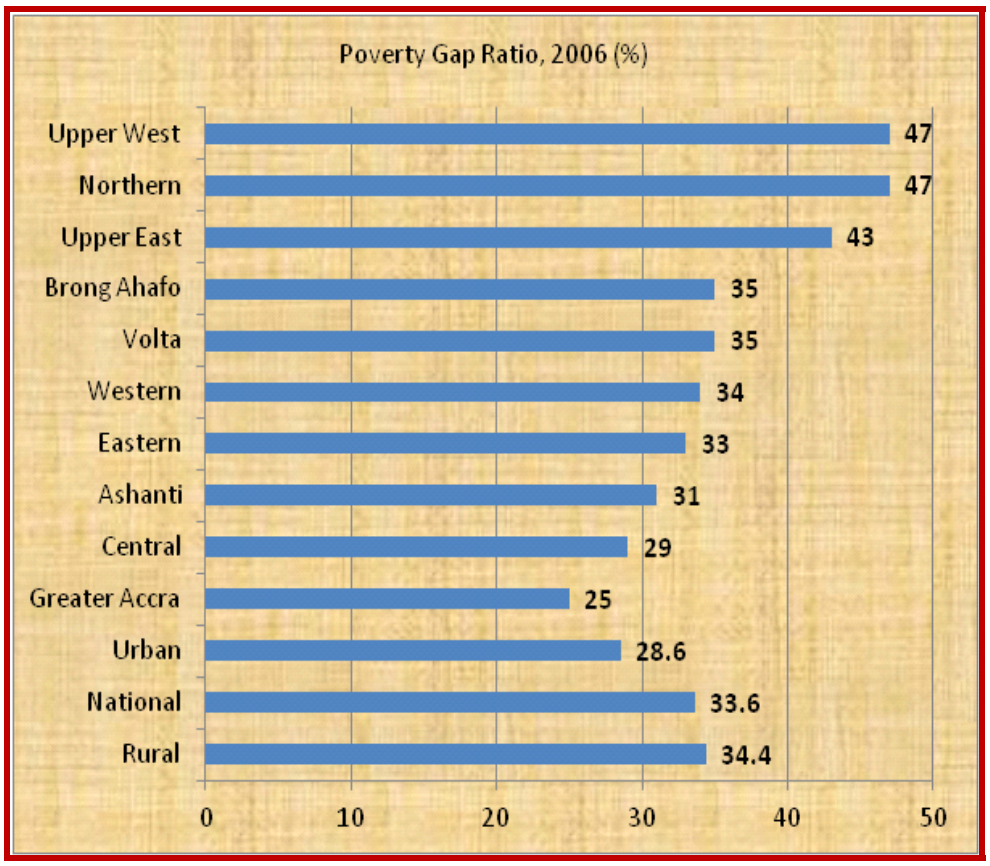

Figure 2: Poverty Gap ratio by location and region, 2006
Source: Computed from GLSS 5, Ghana Statistical Service.

At the regional level, the depth of poverty is still highest in the three northern savannah regions with poverty gap ratio of over 40 per cent (see Figure 2). This suggests that not only do these regions suffer high poverty incidence but also have greater depth of poverty. Three other regions, Brong-Ahafo, Volta and Western, have higher poverty gap ratio than the national average of 33.6 per cent with four regions: Central, Greater Accra, Eastern and Ashanti regions having lower poverty gap ratios than the national average. By implication, although Ghana is on track of reaching the poverty-reduction target ahead of time in seven out of ten regions, the depth of poverty needs to engage the attention of policy makers to ensure that those who are poor do not drift away from the poverty line to make it difficult for them to escape from poverty.

Indicator 1.3: Share of poorest quintile in national consumption
This indicator measures the income that accrues to the poorest fifth of the population and provides information about the distribution of consumption/income of the poorest fifth population. It is a

"relative inequality" measure since the consumption (or income) of the poorest fifth is expressed as a percentage of total household consumption (or income). Therefore, while the absolute consumption of the poorest fifth may increase, its share in total consumption may remain same (if the total goes up by the same proportion), decline (if the total goes up by larger proportion) or increase (if the total goes up by a smaller proportion).

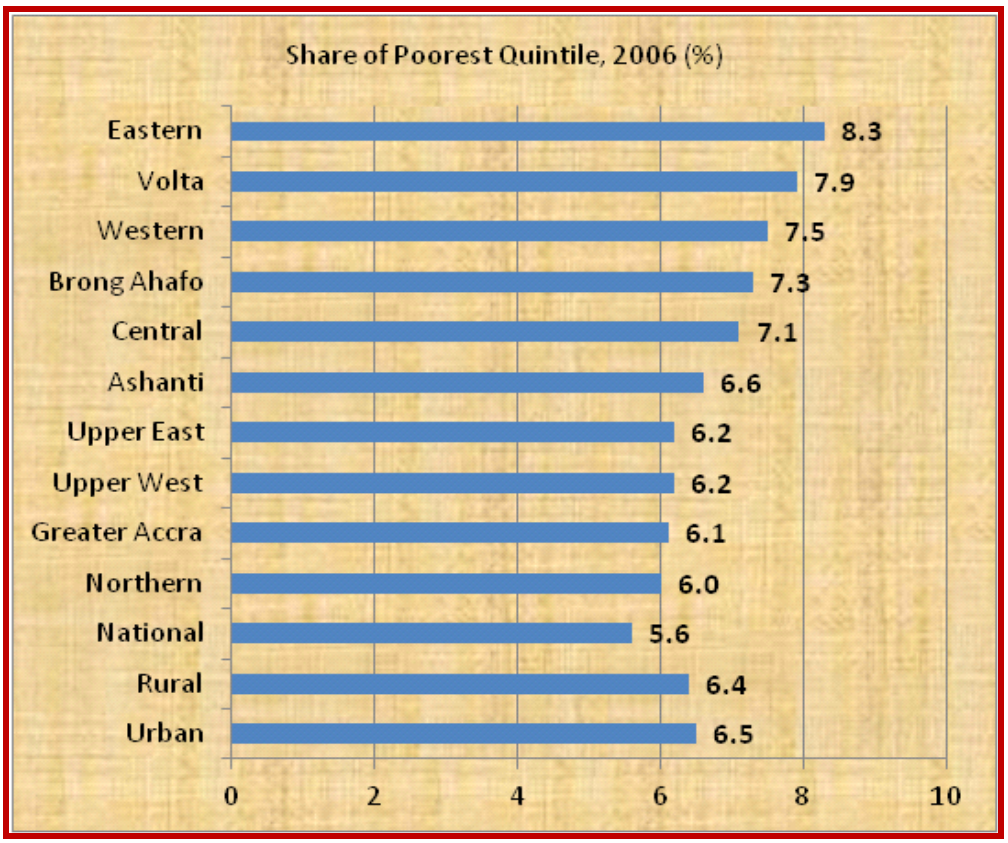

Figure 3: Share of poorest quintile by location
Source: Computed from GLSS 5, Ghana Statistical Service.

The share of poorest quintile in national consumption declined at the national level from 6.8 per cent to 5.6 per cent between 1991 and 2006 (see Appendix Table A4). A similar pattern is also observed in rural and urban areas suggesting redistribution of income at the national level and in rural and urban areas in favour of richer quintiles. There are regional disparities in terms of the extent and changing pattern of inequality in the country. Figure 3 suggests that Eastern Region recorded the highest share of the poorest quintile in total consumption of 8.3 per cent with the lowest of 6.0 per cent recorded in the Northern Region in 2006. Upper West, Brong-Ahafo and Western Regions recorded continuous decline in the share of poorest quintile in total consumption suggesting changing income inequality in favour of the non-poor. Ashanti and Eastern regions recorded worsening income while five other regions: Upper East, Ashanti, Volta, Greater Accra and Central regions recorded lower share of poorest quintile in 2005/06 than 1991/92 implying worsening income inequality at the expense of the poorest. Northern region is the only region that saw income redistribution in favour of the poorest as reflected in the increase in their share in total consumption from 5.7 per cent to 6.0 per cent between 1991/92 and 2005/06 (see Appendix Table A4). The share

of poorest quintile in total income in Eastern region in 2005/06 was not different from what was recorded in 1991/92.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

As documented in the 2008 Ghana MDGs Report, poverty reduction in the country has been driven by high GDP growth rate supported by increased government development expenditure, debt relief and increased foreign investment outlays. The government continued with the implementation of poverty related expenditures but at declining percentage of total expenditure and GDP. Public expenditure financed by Heavily Indebted Poor Country (HIPC) initiative, Multilateral Debt Relief Initiative (MDRI) and foreign source as a percentage of total expenditure increased from 15 per cent in 2008 to 23 per cent in 2009 but dropped to 18 per cent in 2010. Considering the high poverty incidence and greater depth in the three northern savannah regions the following interventions could help address the poverty situations in these regions:

- Adoption of positive and productive security measures to address the long standing civil conflicts in Bawku and other areas in the northern part of the country to attract private investment.
- Increased resource commitment to the Savannah Accelerated Development Authority (SADA) to address the north-south disparity in poverty incidence and depth.
- Deepen the targeted social intervention programmes particularly the Livelihood Empowerment Against Poverty (LEAP), Ghana School Feeding programme and Capitation Grant in the three northern savannah regions (that are struggling to meet the MDG target of halving poverty by the year 2015) and other parts of the country with high depth of poverty.
- Improve infrastructure development particularly road networks in areas that are not well accessible.

3. KEY CHALLENGES

In spite of the improvement in the poverty situation in most parts of the country, the depth of poverty remains a challenge and poverty is still endemic in the three northern savannah regions and among food crop farmers. The depth of poverty is estimated to be high particularly in the urban areas and 6 of the 10 regions indicating that the poor in these areas are quite distant away from the poverty line. Below are some of the challenges that require urgent attention:

- *Macroeconomic bottlenecks*: in the form of macroeconomic instability on account of the country's high vulnerability to external shock and low employment friendly growth. Although Ghana's growth has been fairly robust, the source of growth has always been biased in favour of extractive and capital intensive services sector which do not have direct poverty reducing effect.
- *Infrastructural constraint*: poverty endemic areas are often constrained by basic infrastructure such as feeder roads that links their economic activity, mostly farming, to urban market centres.
- *Low productivity especially in agriculture:* the agriculture sector particularly the food crop sub-sector continues to rely on rain-fed agriculture and the adoption of limited

modern agricultural technique. In addition, the problem of marketing and price instability regarding farm produce on account of absence of guaranteed price continue to constrain the growth and development of the sub-sector where poverty is relatively high.

- *Limited support for food crop farmers*: food crop farmers often face the problem of marketing and price instability regarding their farm produce. Absence of guaranteed price creates instability in the incomes of farmers making them vulnerable to adverse external shocks.
- *Investment climate remains weak*: the business climate in Ghana is still weak and continues to hold back productive investment particularly in the area of manufacturing. The business community are often constrained by limited and unreliable supply of energy and affordable finance especially for SMEs to enable them expand production, create jobs and improve incomes of workers.

4. RESOURCE REQUIREMENT

The country's development agenda over the period 2006–2009, contained in the GPRS II focused on growth and poverty reduction in line with the MDG. A total amount of US$8.06 billion was estimated for its implementation with about 80 per cent allocated towards the implementation of the MDGs related programmes and projects. The Ghana's Shared Growth and Development Agenda (GSGDA) which covers the period 2010–2013 seeks to facilitate the acceleration of employment and income generation for poverty reduction and shared growth in line with the MDGs. A total of US$23.9 billion (or US$5.97billion annually) is required to implement activities in the GSGDA. Out of a total of US$6.02 billion estimated for human development, productivity and employment, about US$4.6 million is estimated directly for the reduction in poverty and inequalities. In 2010, poverty focused expenditure amounting to GH¢2.06 billion was undertaken compared with GH¢1.9 billion in 2009.

TARGET 1B: Achieve full and productive employment and decent work for all, including women and young people

1. STATUS AND TREND

Indicator 1.5: Employment-to-population ratio

Employment-to-population ratio measures the ability of a country to provide jobs. It is the proportion of a country's working-age population that is employed. A high ratio means that a large proportion of a country's population is employed, while a low ratio means that a large share of the population is not involved directly in market-related activities, because they are either unemployed or, perhaps as more likely in the context of low income economies, out of the labour force altogether. Employment in this case include employers; wage employment; own account (self-employed) and contributing family workers and covers people working in both formal and informal sectors as well as those in farm and non-farm employment. It also includes persons who were temporarily absent from work for such reasons as illness, maternity or paternity leave, holiday, and training or industrial dispute. The indicator typically falls within the range of 50–75 per cent. A low ratio which is often the case in developed economies because of higher productivity and incomes implies that fewer workers are required to meet the needs of the entire population. On the other

hand, an estimated high ratio indicates that majority of the people are working out of necessity to subsist regardless of the quality of work.

Figure 4 reports employment-to-population ratio by region in 2005/06. At the national level, about two-thirds of the working population are in various kinds of employment. The ratio is lower in urban than in rural areas which confirms the dominance of subsistence employment and lower productivity and incomes in rural than urban areas. The ratio is highest in the Northern Region at 75 per cent and lowest in the Greater Accra Region at 42 per cent in 2005/06. This disparity could be explained by the fact that fewer workers are required to meet the needs of the entire population in the urban areas and in Greater Accra whereas the majority of the rural poor and those in the Northern region would be working out of necessity to subsist regardless of the quality of work.

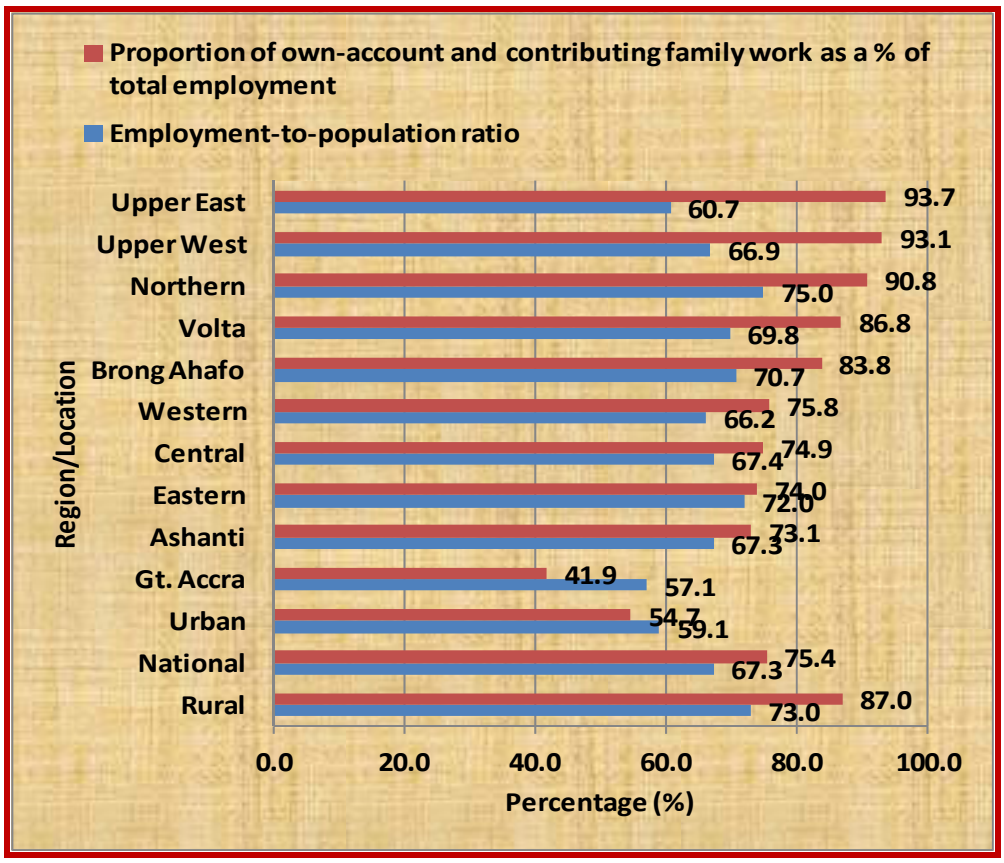

Figure 4: Employment to Population ratio and vulnerable employment, 2005/06
Source: Computed from GLSS 3, 4, & 5, Ghana Statistical Service.

Employment-to-population ratio declined from 75.1 per cent to 67.3 per cent between 1991 and 2006 (see Appendix Table A5) with similar trend observed in both rural and urban areas as well as in all the ten regions. This situation could mean that more and more people in the working population are dropping out of employment because of lack of jobs and are taking refuge in education to improve their skills. Alternatively, it may be explained by the fact that many people particularly the youth are becoming economically inactive through higher education and skill upgrading in response to increasing number of productive and skilled demanding jobs in the economy.

Indicator 1.6: Proportion of employed people living in extreme poverty

Working poverty rate is the proportion of working poor in total employment. It is measured by the number of employed persons living in a household with incomes below the poverty line as a percentage of total employment. The indicator provides a measure of quality of employment and poverty reduction implication of job creation. The rate is an indication of lack of decent work showing whether a person's work is decent and productive enough to earn him sufficient income to move him/her and the household members out of poverty. As a country sets out on the path of development, the proportion of working poor in total employment declines.

Appendix Table A6 reports extreme and upper working poverty rates in Ghana in 2005/06 and provides an indication of some improvement in the fight against working poverty. This is reflected in the consistent decline in the extreme and upper working poverty rates at the national level. From almost 34 per cent and 49 per cent in 1991/92, the extreme and upper working poverty rates respectively declined to 16.1 per cent and 25.6 per cent, suggesting that efforts are being made to provide decent and quality jobs for the working population. The declining pattern of upper and extreme working poverty rates is also reported in the urban and rural areas.

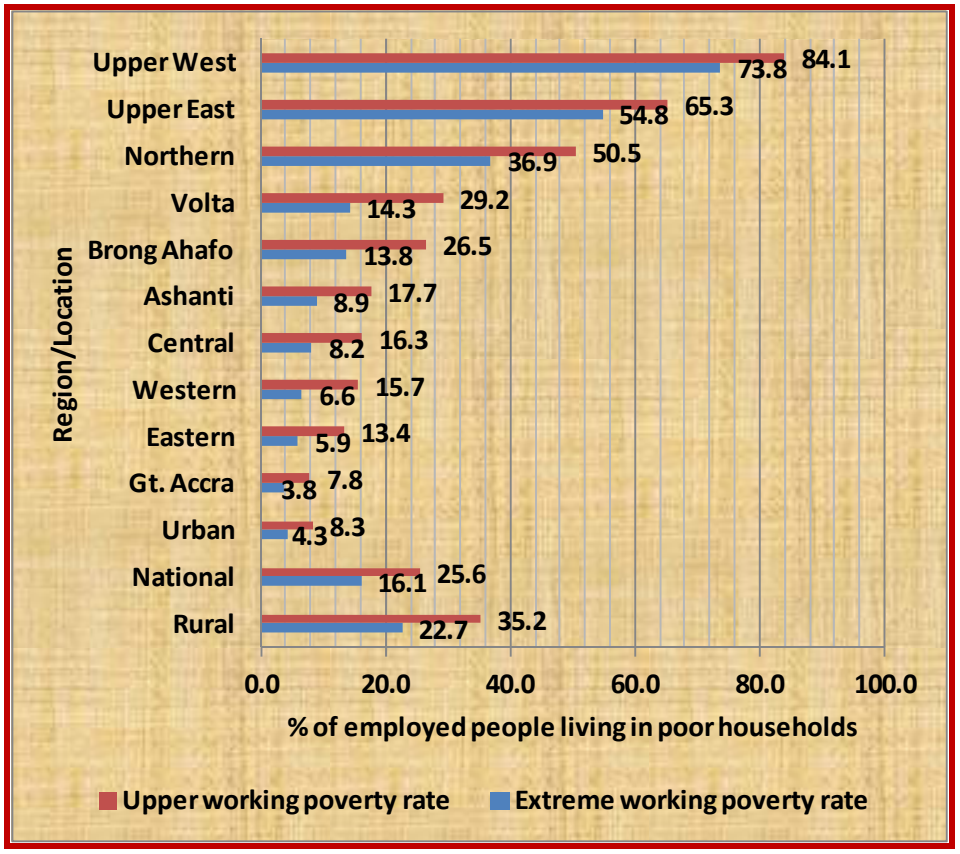

Figure 5: Upper and Extreme working poverty rate, 2005/06 (%)
Source: Computed from GLSS 3, 4, & 5, Ghana Statistical Service.

Working poverty rates are still higher in rural areas and the three northern savannah regions than in urban areas and coastal and forest regions reflecting the rural-urban and north-south disparities in overall poverty incidence. The highest upper and extreme working poverty rates of 84.1 per cent and 73.8 per cent were recorded in the Upper West region while Greater Accra

reported the lowest upper and extreme poverty rates of 7.8 per cent and 3.8 per cent respectively (Figure 5).

Indicator 1.7: Proportion of own account and contributing family workers in total employment
This measures the proportion of employed people working under precarious circumstances as indicated by the employment status. It gives an indication of quality of employment in the country and measures the rate of vulnerable employment. It is computed as the proportion of own-account and contributing family workers in total employment. Own account workers according to the International Classification of Status of Employment (ICSE) refer to those who, working on their own account or with one or more partners hold the type of jobs defined as a "self-employment jobs" and have not engaged on a continuous basis any employees to work for them.

People engaged in own account and contributing family jobs are deemed "vulnerable" because they are more likely to lack relevant elements associated with decent work. These elements include formal work arrangements and access to benefits or social protection programmes. Lack of these ingredients of decent work puts people in these types of employment "at risks" of economic cycles. This therefore underscores the direct connection between vulnerable employment and poverty. High vulnerable employment rate showing a large proportion of vulnerable workers may be an indication of widespread poverty. This is based on the fact that lack of social protection and safety nets for workers in vulnerable employment status makes it difficult for them to withstand low economic downturn because of incapability to generate enough savings from work to guard against these bad times.

There appears to be greater vulnerability among the employed in Ghana, an indication of a lack of social protection and safety net for workers and a high degree of informality in the Ghanaian labour force. As shown in figure 4, every 3 out of 4 people in employment are considered vulnerable with rural areas reporting higher rate (87%) than in urban areas (54.7%). Vulnerable employment rate is also higher in the three northern savannah regions, with a rate of at least 90 per cent than other regions indicating lack of decent and quality employment in these regions. Greater Accra Region has the least rate of vulnerable employment 41.9 per cent while the highest (93.7%) is recorded in the Upper West Region.

Vulnerable employment rate declined at the national level from 82.5 per cent to 75.4 per cent between 1991 and 2006 indicating some improvement in the quality of employment. Similar pattern was observed in both rural and urban areas and in nine regions of the country (see Appendix Table A5). The only region that recorded worsening employment quality is the Volta Region with a marginal increase in vulnerable employment rate from 85.4 to 86.8 per cent between 1991/92 and 2005/06 (see Appendix Table A5). The snail pace decline in vulnerable employment against the backdrop of impressive growth of the economy raises concern about the quality of growth in relation to the creation of decent and productive jobs.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

The decline in employment-to-population ratio and the marginal improvement in the quality of employment suggested by the marginal decline in vulnerable employment and working poverty rates are explained by a number of factors including:

- A decrease in the youth in employment on account of increased school attendance contributed to a decline in employment-to-population ratio.

- Marginal increase in wage employment and decreasing youth labour force participation due to increasing youth participation in education largely accounted for reduced vulnerable employment.
- Improved wages of many groups of workers due to shifts of workers from low-paying jobs (in agriculture) to better paying jobs (in industry and services) and increased share of wage and salaried workers contributed to reduced working poverty rate.

3. KEY CHALLENGES

Although some progress has been made in the area of productive and decent employment generation, many challenges still persist. These include:

- ***Weak employment friendly growth***: Ghana's remarkable growth over the past decades has been driven by low labour absorption sectors of mining, finance, and trade with manufacturing and agriculture which have high labour absorption capacity struggling.
- ***Low level of education of the workforce***: estimates from the GLSS5 indicates that less than 20 per cent of Ghana's working population have had secondary education or better with over 50 per cent tasted or completed basic education in 2006. This makes access to highly skilled and better remunerated job openings quite weak. Yet there are reports of several unemployed university graduates.

TARGET 1C: Halve between 1990 and 2015, the proportion of people who suffer from Hunger

1. STATUS AND TREND

Indicator 1.8: Food Security and Prevalence of underweight, stunting and wasted children
Ghana has made considerable progress in reducing the prevalence of wasting and underweight children. However, the same cannot be said of the prevalence of stunting children. The prevalence of wasting declined from 14 per cent in 1993 to 8.5 per cent in 2008 short of 1.5 percentage points of reaching the MDG target of halving the prevalence rate by 2015 (Figure 6). Similarly, the proportion of underweight children also declined from 23 per cent to 14 per cent over the same period with only 2.5 percentage points of hitting the target of 11.5 per cent ahead of 2015. However, the incidence of stunting among children has not seen equally significant improvement to the extent that the proportion of stunting children fell by only 5 percentage points from 33 per cent to 28 per cent between 1993 and 2008. These observations suggests that, while the country is poised to achieving the target of halving the prevalence of wasting and underweight among children ahead of 2015 with some extra effort, reaching the target of halving the prevalence of stunting children remains a challenge.

Table 2 reports disparities in nutritional status among children by geographical and socioeconomic groups. The prevalence of stunting is higher in rural (32%) than in urban (21%) areas and varies by region. Four regions, namely—Eastern, Upper East, Central and Northern regions reported incidence of stunting of at least 32 per cent while the remaining 8 regions recorded lower incidence than the national average of 28 per cent. A higher prevalence rate of wasting of at least 10 per cent above national average of 8.5 per cent is reported in the Central and the three northern

regions while Volta, Brong-Ahafo, Western and Greater Accra regions recorded incidence of wasting of less than 6 per cent. The highest proportion of underweight children was reported in the Upper East (27%) and Northern (21.8%) regions while Greater Accra and Eastern regions witnessed lowest (6.5% and 8.7% respectively) proportion of underweight children.

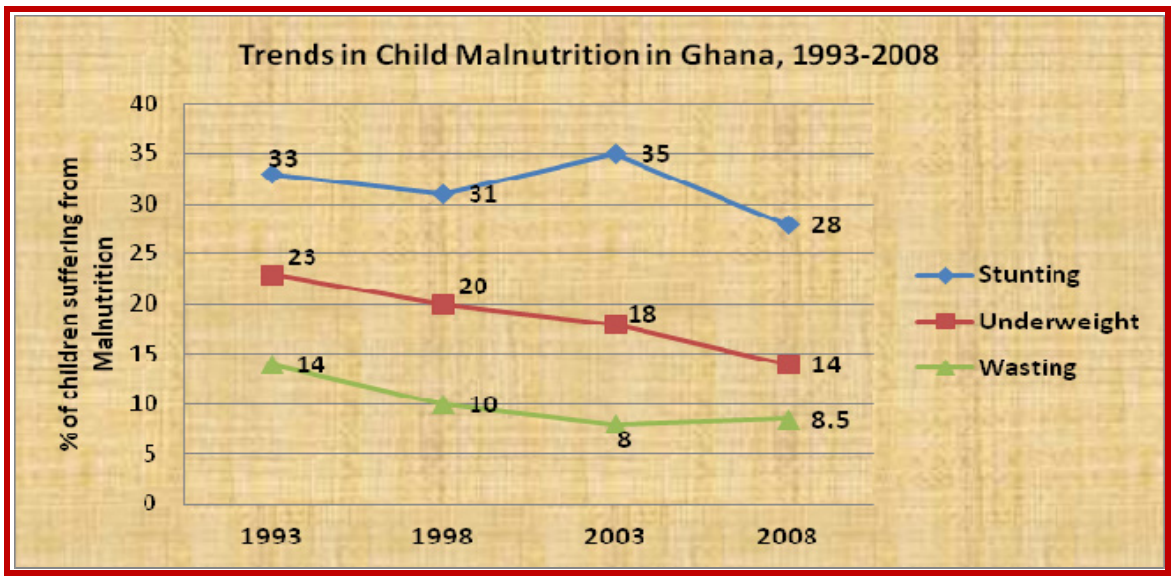

Figure 6: Trend in Children Malnutrition in Ghana*
* Figures adjusted in 2008.
Source: Ghana Demographic and Health Survey (GDHS), 2008.

Table 2: Nutritional Status of Children by Region and Socioeconomic Group, 2008 (%)

Region/ Location	Stunting	Underweight	Wasting	Socio-economic Group	Stunting	Underweight	Wasting
Western	27.0	10.3	5.6	***Mother's Education***			
Central	33.7	17.2	12.0	No education	29.6	17.2	11.4
Greater Accra	14.2	6.5	5.9	Primary education	31.6	13.5	7.7
Eastern	37.9	8.7	6.4	Middle/JHS	25.1	12.4	8.3
Volta	26.8	13.6	5.2	Secondary*	17.5	6.8	5.4
Ashanti	26.5	12.1	9.2				
Brong-Ahafo	25.2	13.5	5.4	***Wealth Quintile***			
Northern	32.4	21.8	12.9	Poorest Q1	35.1	19.2	9.4
Upper East	36.0	27.0	10.8	2nd, Q2	34.1	17.4	10.1
Upper West	24.6	13.1	13.9	3rd, Q3	28.3	12.5	9.4
Rural	32.3	16.0	9.1	4th, Q4	21.4	8.4	6.1
Urban	21.1	10.6	7.6	Richest, Q5	14.4	8.6	6.6

***Source:* Ghana Demographic and Health Survey, 2008.**

Table 2 provides evidence to indicate an inverse relationship between household wealth and mother's education on one hand and the prevalence of malnutrition among children on the other. Indeed, malnutrition among children is reported to generally decline with increasing mother's education level and suggesting the importance of mother's education towards improving the nutrition status of children. As reported in Table 2, all the three measures of malnutrition reported highest incidence among mothers with no or primary education and lowest among those with

secondary education or better. In addition, nutritional status of children is observed to be directly related to wealth quintile. Table 2 reports the lowest incidence of stunting, underweight and wasting among children in the highest or fourth quintile while highest prevalence rate of the three measures of malnutrition was observed among children in the lowest or second wealth quintile. The forgoing suggests that measures to enhance incomes of households and mother's education have the implications of improving nutritional status of children.

Ghana's quest for sustaining the progress of reducing the prevalence of wasting and underweight children and address the challenge of high prevalence of stunting children depends largely on adequate supply of food with good nutritional content. Food undoubtedly constitutes basic needs of humanity and, therefore, access to adequate food supply by many people including the poor is a major pre-requisite for human survival. Hunger is a product of insufficient supply of food, non-accessibility of adequate food supplies by household members and inappropriate utilization of available food supplies to meet the dietary needs of people. Indeed, Ghana has not suffered from food insecurity in terms of limited food production for human consumption in the recent past largely on account of improved food production over the years. Since 2008, Ghana has recorded surplus in the supply of most domestic food crop (see Table 3).

Table 3: Domestic Production and Deficit/Surplus of Key Staples ('000 metric tons)

Staple Food Crop	Domestic Production			Deficit/Surplus		
	2008	2009	2010	2008	2009	2010
Cassava	11,351	12,260	13,504	4,369.5	4,888.6	5,680.8
Cocoyam	1,688.3	1,503.9	1,354.7	668.3	467.9	300.3
Cowpea	179.7	204.9	219.3	35.8	54.1	63.1
Groundnut	470.1	526.0	530.9	142.4	185.2	181.8
Maize	1,470.1	1,619.6	1,871.7	65.6	145.6	310.6
Millet	193.8	245.6	219.0	145.2	189.6	165.8
Plantain	3,337.6	3,562.5	3,537.7	853.6	991.1	915.0
Rice (Milled)	301.9	391.4	491.6	-403.8	-372.2	-335.5
Sorghum	331	350.5	324.2	276.3	292.9	269.9
Soyabean	74.8	112.8	144.9	na	na	na
Yam	4,894.8	5,777.8	5,960.4	2,935.8	3,615.7	3,734.7
Total Food Production (in million metric tons)	24.1	26.6	28.2	na	na	na

Source: Ministry of Food and Agriculture (MOFA), 2011.

The agricultural sector which recorded -1.7 per cent in 2007 as a result of the 2007/08 global food crisis, recovered strongly to record a 6.6 per cent annual growth between 2008 and 2010 on the back of improved food production. Total domestic food production which stood at 24.1 million metric tons in 2008 rose to 26.6 million metric tons in 2009 representing 10.2 per cent increase and this further surged by 6.7 per cent to 28.2 million metric tons in 2010. As shown in table 3, production of most selected domestic staples increased consistently between 2008 and 2010. Total food production for human consumption increased considerably in 2010 far exceeding the national consumption needs by about 53 per cent of total production compared with about 51 per cent in 2009. In effect, the total surplus for all staples increased by about 9.2 per cent between 2009 and 2010. With the exception of rice which recorded deficit, all the domestic staples recorded surplus indicating food sufficiency and security in the country.

The improvements in food supply are expected to help sustain the progress made in the reduction of the prevalence of wasting and underweight and help address the challenge of stunting

among children. Indeed, the declining trend in child malnutrition reported in the 2008 report is expected to continue with the target highly likely to be reached if food supplies continue to improve.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

The improved domestic food supplies have largely emanated from the following factors:

- Continuous provision of fertilizer subsidies as part of efforts to increase productivity and increase farm yield;
- Intensification of Block Farm Programme in all the ten administrative regions that saw about 47,000 hectares of land under cultivation with maize, rice sorghum, soybeans and vegetables;
- Establishment of National Food Buffer Stock company (NAFCO) to hold food security buffer stocks and intervene in the market to ensure competitive prices at all times. About 6,949 metric tonnes of rice and 416 metric tonnes of maize were purchased and stored in 2010.

3. KEY CHALLENGES

- Perennial flooding of farmlands in the northern part of the country whenever the flood gate of the Bagri dam in Burkina Faso is opened;
- Heavy reliance on rain-fed agriculture coupled with limited number of irrigation dams continue to pose a challenge to productivity improvement in agriculture;
- Continuous application of traditional methods of farming also tends to undermine productivity enhancing effort in agriculture;
- Large family size in some parts of the country particularly in rural areas and northern Ghana where poverty incidence is relatively high continues to affect the ability of the poor to adequately feed their families.
- The well known practice that deny many children adequate protein intake in favour of adults have the implication of making children suffer from protein energy malnutrition and micronutrients deficiency.

4. RESOURCE REQUIREMENT

The provision of funds to meet the proposed annual investment expenditure of about US$117 million over the period 2005–2015 by the Millennium Project in 2004 could facilitate the country's quest to achieving the MDG target of halving the proportion of people who suffer from extreme hunger by 2015.

Goal 2: Achieve Universal Primary Education

TARGET 2A: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

1. STATUS AND TRENDS

Indicator 2.1: Net and Gross enrolment ratio in primary education

An indicator for effective assessment of participation of children in the educational system towards the attainment of Goal 2 is the Gross and Net Enrolment ratios. The Gross Enrolment Ratio (GER) measures the number of pupils/students at a given level of schooling, regardless of age, as a proportion of the number of children in the relevant age group. Net Enrolment Ratio (NER) also measures the number of appropriately aged pupils enrolled in school as proportion of total number of children in the relevant age groups.

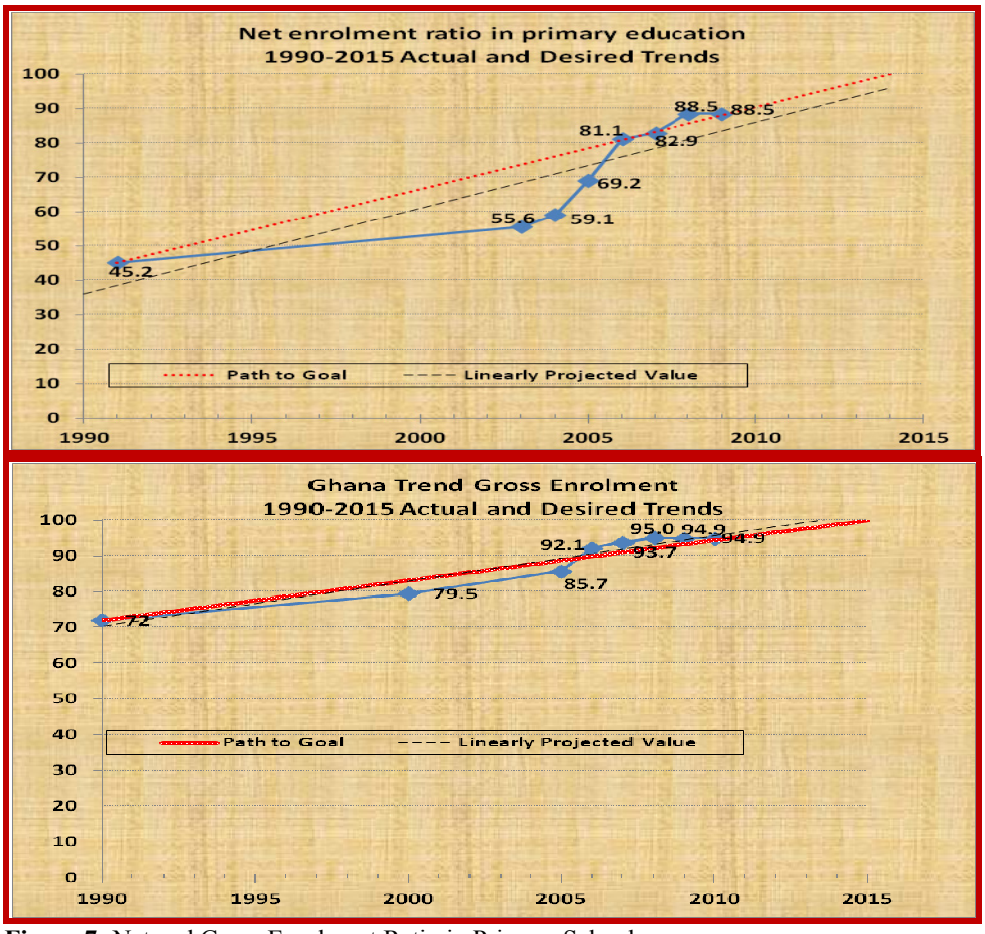

Figure 7: Net and Gross Enrolment Ratio in Primary School
Source: Ministry of Education, 2010.

Significant progress has been made in terms of primary school enrolment particularly over the past few years on account of strategies towards improved access to education such as school feeding

programme, capitation grant and free school uniforms. NER in primary school at the national level increased from 81 per cent in 2006/07 to 88.5 per cent in 2008/09 and remained at that level in 2009/10 (see Figure 7). GER at the national level also reached 95 per cent in 2007/08 and has virtually remained at that level for 3 years to 2010. Variation, however, exists across regions with four regions—Central, Western, Brong-Ahafo, and Upper West regions recording GER of more than 100 per cent in 2010 with Greater Accra Region reporting the lowest GER (see Appendix Table A7). Central Region recorded the highest NER of 97 per cent while the lowest ratio is reported in Greater Accra with the remaining eight regions recording NER within the range of 81–90 per cent. This seems to suggest that only Central region and, to some extent, Western (89.8%) and Brong-Ahafo (88.2%) regions are more likely to attain the NER target of 100 per cent by 2015.

Indicator 2.2: Proportion of pupils starting Grade 1 who reach last grade of primary 6

Survival rate measured by the proportion of pupils/students who stay and complete school after enrolment has generally worsened. To achieve universal primary education, children everywhere must complete a full cycle of primary schooling. Ghana continues to record increasing primary school completion rate but at a slower rate. The rate increased from 85.5 per cent in 2007/08 to 86.3% in 2008/09 and remained at that level in 2009/2010 (Table 4) creating some doubts about the ability of the country to reach the 100 per cent target in 2015. At the Junior High School (JHS) level, survival rate worsened drastically following a sharp decline from 75.0 per cent in 2008/09 to 66 per cent in 2009/10. The rate is higher for boys than girls at both primary and JHS level.

Table 4: Trends in Survival Rates (SRs) of Basic Education by Sex, 2003–2010 (%)

Levels	Group	2005/06	2006/07	2007/08	2008/09	2009/10	Target 2015
Primary	**All**	**75.6**	**85.4**	**85.5**	**86.3**	**86.3**	**100**
	Boys	78.4	**91.2**	88.7	89.3	89.3	100
	Girls	72.4	**79.6**	82.3	83.2	83.2	100
JHS	**All**	**86.6**	**64.9**	**67.7**	**75.0**	**66.0**	**100**
	Boys	87.4	**69.6**	72.4	79.7	70.1	100
	Girls	85.6	**60.0**	62.9	70.1	61.8	100

Source: **Ministry of Education, 2010.**

There are regional disparities in the completion rate. Central Region is reported to have achieved full completion rate of 100 per cent overall and for boys in 2010 ahead of time and is 1.1 percentage points away from the target for girls (appendix table A8). Three regions namely—Brong-Ahafo, Northern and Western regions are close to reaching full primary school completion rate for boys at 92.2 per cent, 94.3 per cent and 96.3 per cent respectively, and Upper West Region for girls at 91.3 per cent. Eastern Region recorded the least completion rate for both boys and girls at 80.5 per cent and 77.5 per cent respectively in 2009/10. The Upper East and West regions saw a higher completion rate for girls than boys with the reverse being the case for the other eight regions.

Besides school enrolment as an indicator of assessing a country's performance of achieving universal primary education is the need to uphold quality of education. Quality of education depends largely on availability of highly skilled, motivated and committed teachers and basic tools and infrastructure such as textbooks and seating and writing places. Table 5 presents trends in pupil-teacher ratio (PTR) as a proxy for measuring the quality of education. PTR at the primary level which increased from 34:1 in 2003/04 to about 36:1 in 2005/06, marginally above the 35:1 target has declined to reach 29:1 in 2009/10 (table 5). A similar trend is also observed at JHS level with declining PTR from 19.4:1 in 2006 to 13.9:1 in 2010. This decline at both primary and JHS was also

recorded in the three northern regions regarded as deprived regions of the country. This development may be explained by increased number of teachers relative to school enrolment which is expected to have enhancing effect on quality of education at both levels.

Table 5: Trends in Pupil-Teacher Ratio

Levels	Group	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	Target 2015
Primary	**National**	**34.9**	**34.9**	**35.7**	**34.0**	**34.1**	**32.0**	**29.1**	**35.0**
	Northern	38.6	40.2	38.0	34.0	32.0	32.3	28.7	na
	Upper East	58.9	57.4	48.0	42.0	46.0	48.0	39.3	na
	Upper West	46.2	49.0	40.0	34.0	39.0	42.0	36.2	na
	Deprived Districts	39.5	41.9	na	36.3	38.0	na	na	na
JHS	**National**	**18.6**	**19.0**	**19.4**	**17.9**	**17.4**	**17.0**	**13.9**	**25.0**
	Northern	24.0	25.4	22.9	20.0	19.0	19.1	15.0	na
	Upper East	25.1	25.1	24.9	21.0	20.0	22.4	17.0	na
	Upper West	20.3	24.1	22.0	16.0	17.0	18.3	14.0	na
	Deprived Districts	20.9	22.0	22.5	18.9	19.1	na	na	na

Source: **Ministry of Education, 2010.**

Indicator 2.3: Literacy rate of 15-24 year-olds, women and men

There has been improvement in overall literacy rate among the youth for both males and females since 1991 with better rates for males than females. In the urban areas, proportion of young males who can read and write in English improved consistently from 18.0 per cent in 1991/92 to 59.9 per cent in 2005/06 (Table 6). Similarly, about 15.5 per cent of young females were able to read and write in English in 1991/92 and this improved significantly to 47 per cent in 2005/06. The substantial improvement in the literacy rate among the youth over one-and-half decades is a reflection of the effort of government to provide education for all Ghanaians.

Table 6: Youth Literacy rates 1991–2006 (%)

Demographic Group	1991/92			1998/99			2005/06		
	Urban	Rural	National	Urban	Rural	National	Urban	Rural	National
Male	23.3	15.0	18.0	78.2	55.4	63.5	84.5	59.9	69.9
Female	20.8	12.1	15.5	63.8	37.1	48.0	75.2	47.0	59.7
All	21.9	13.6	16.7	70.6	46.8	55.8	79.6	53.6	64.8

Source: **Computed from GSS, *Ghana Living Standards Surveys 3, 4 and 5.***

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS/RETROGRESSION

The country's commitment to meeting the MDG2 of universal primary education is reflected in a number of policy measures in the period under review including provision and rehabilitation of school infrastructure; strengthening the capitation grant; expanding the coverage of school feeding programme; provision of free school uniforms and exercise books among others. These measures contributed to marginal improvement in both NER and GER in 2009 and remained the same level in 2010. Some relevant intervention that contributed to declining PTR and improved literacy rate are:

- motivation and retention of teachers through improved service condition;
- deployment of about 40,000 personnel and recruitment of 20,000 volunteers under the National Volunteer Programme accounted for the decline in PTR;
- Increased number of schools from basic to the tertiary level from 1991–2006 accounting for improved literacy rate.

3. KEY CHALLENGES

There are obvious challenges facing the education sector in reaching the targets despite the efforts being made. These include:

- *Inadequate infrastructure and basic tools*: many schools particularly at the basic level in rural and/or deprived areas do not have adequate classrooms and textbooks for effective teaching and learning thereby undermining quality of education in these areas.
- *Low morale and commitment of teachers*: Poor conditions of service of teachers relative to other professions (in spite of efforts by government to improve service conditions of teachers) coupled with inadequate teaching materials and poor quality infrastructure continue to dampen the morale of teachers especially in public schools which tend to undermine the quality of education.
- *The difficulty associated with teacher postings and retention*: Many teachers including newly trained ones are often reluctant to accept postings to rural and deprived areas of the country. Those who accept such postings do not also want to stay beyond a year or two. This accounts for the rural-urban disparity in the quality of education as reflected in the imbalance in performance of pupils/students at BECE and WASSSCE.
- *High and increasing cost of education particularly at the tertiary level*: High cost of secondary and tertiary education tends to marginalize the poor and thus make it difficult for them to get out of poverty. An establishment of scholarship scheme for the poor but brilliant students could help minimize the difficulty the poor faces in accessing secondary and tertiary education.

4. RESOURCE REQUIREMENT

Between 2010 and 2012 under the GSGDA, a total of US$2.02 billion is proposed for education to facilitate improvement in education. Out of this, a total amount of US$1.8 billion is earmarked for the promotion of equitable access to and participation in quality education at all levels; US$61.4 million for improved quality of teaching and learning; and US$6.8 million towards improving access to quality education for people with disability. A total of US$22.6 million is also budgeted to promote science and technical education at all levels and US$1.2 million to strengthen linkage between tertiary education and industry

Goal 3: Promote Gender Equality and empowerment of women

TARGET 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education by 2015

1. STATUS AND TRENDS

Indicator 3.1: Ratios of girls to boys in primary, secondary and tertiary education

The Gender Parity Index (GPI) is the ratio of boys to girls' enrolment, with the balance of parity being one. Active implementation of activities to promote girls education has the potential of removing barriers to access of girls to education, increase the completion rate and improve their participation in the labour market. Figure 8 shows trend in GPI at the primary level and indicates considerable improvement from 0.77 in 2003/04 to 0.96 in 2006 but has stagnated at that level since. At Kindergarten level, the nation attained the target in 2007/08 but has gradually drifted away to reach 0.98 in 2009/10. At the JHS level, the index has remained stagnant at 0.92 since 2007/08 (Table 7).

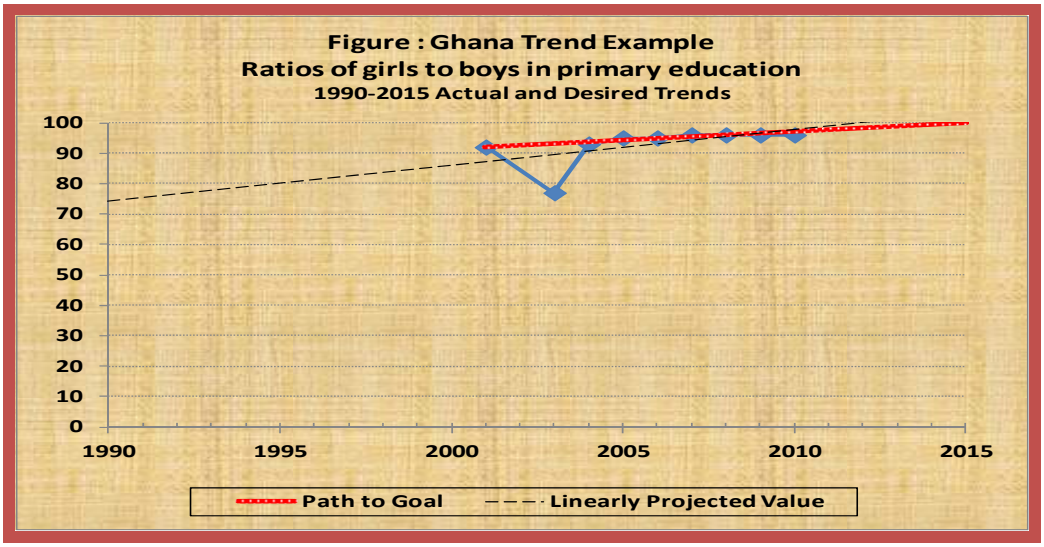

Figure 8: Trend in Gender Parity Index 2002–2010
Source: Ministry of Education, 2010.

Table 7: Trends in GPI in Basic Education 2003–2010

Group	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	Target 2015
Kindergarten	0.98	0.98	1.03	0.99	1.0	0.88	0.98	1.0
Primary	0.93	0.93	0.95	0.96	0.96	0.96	0.96	1.0
Junior High	0.88	0.88	0.93	0.91	0.92	0.92	0.92	1.0

Source: Ministry of Education, 2010.

Regional disparities exist in GPI with the Upper East and West regions being the only two regions that have managed to reach the target of 1.00 GPI in 2009/10 ahead of 2015 (see Appendix Table A7). Northern Region recorded the lowest GPI of 0.87 in 2010, a drop from 0.88 in 2007/08, drifting off-track of reaching the 2015 parity target. The remaining 7 regions recorded GPI ranging

from 0.93 in Volta and 0.98 in the Ashanti and the Greater Accra regions. With the exception of the Northern Region and to some extent Volta Region, six other regions in addition to two Upper regions are poised to reach the parity target by 2015.

Indicator 3.2: Share of Women in wage employment in non-agricultural sector

The ability of the country to achieve gender equality and empowerment of women depends largely on access of women to wage employment. Ghana's performance of achieving gender equality in productive employment to promote their empowerment has been quite poor. In 2006, one out of every four wage employees in Ghana was a woman as with the reverse being the case for non-agriculture self-employees. As shown in figure 9, the share of women in wage employment in non-agricultural sector dropped from 29.8 per cent in 1991/92 to 24.8 per cent in 1998/99 and improved marginally to 25.4 per cent in 2005/06. This is far from the target of 50 per cent share by the year 2015.

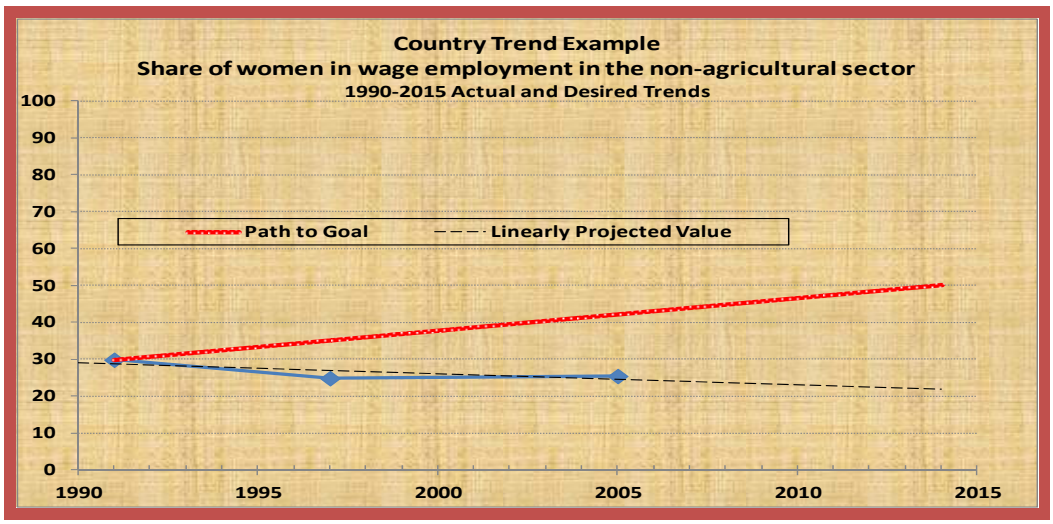

Figure 9: Share of women in wage employment in the non-agricultural sector
Source: Computed by Authors from Ghana Living Standards Survey 3, 4 & 5.

The women's share in non-agriculture wage employment is higher in urban than in rural areas and higher among the youth than for all adults aged 15 years and above (see Appendix Table A9). The share also increases with education indicating that increased access of women to higher education has the implication of creating the opportunity of women to access non-agriculture wage employment to raise their income levels and promote their empowerment.

Indicator 3.3: Proportion of Seats held by women in national parliament

Women are woefully underrepresented in major political positions in the country. Proportion of seats held by women in national parliament is one of the indicators used to track the goal of promoting gender equality and empower women in relation to decision making. Progress towards improving the proportion of women in Parliament suffered a setback in 2009 when the share of seats held by women in Parliament dropped from 10 per cent in 2005 to 8.3 per cent in 2009 (Figure 10).

Similarly, the proportion of elected district assembly members dropped from 11 per cent in 2009 to 7 per cent in 2010 while district appointees also fell from 28 per cent in 2008 to 7 per cent in 2009 (see Appendix Table A10). At the regional level, there are no women MPs in Brong-Ahafo and Eastern Region while Ashanti and Greater Accra regions have 4 Members of Parliament each. The

situation is not likely to significantly improve in the next Parliament in the absence of any deliberate attempt by the State and political parties to get more women in Parliament.

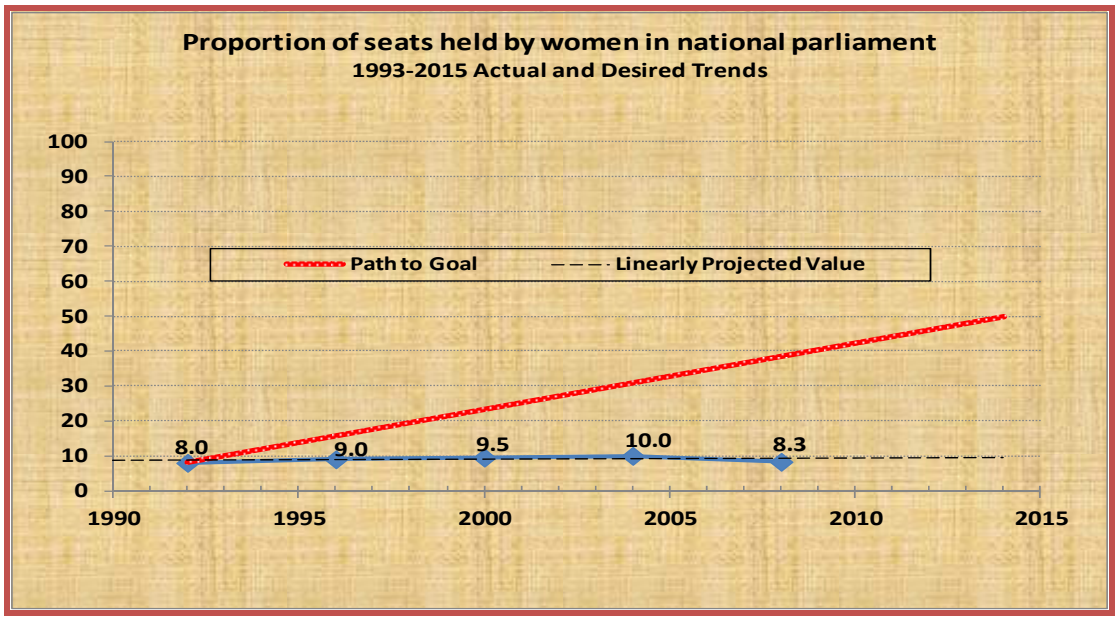

Figure 10: Proportion of seats held by women in National Parliament 1990–2010
Source: Parliament of Ghana, 2010

Women's share in other major political position is also low to the extent that only 19 per cent and 20 per cent of ministers and deputy ministers are women (Table 8). In the Judicial Service, only 29 per cent of Supreme Court and 25 per cent of High Court Judges are women. Similarly, in the Civil Service, only 24 per cent of chief directors are women and this trend has not changed since 2008. At the local government level, only 14 of the 170 MCE/DCEs representing 8.2 per cent are women (see Appendix Table A11). There is no woman DCE/MCE in the Northern region with Central Region having 3 women DCE/MCE. Ashanti, Eastern and Western regions have 2 women DCE/MCE each while five regions namely Brong-Ahafo, Greater Accra, Upper East, Upper West and Volta have one MCE/DCE each. Clearly, Ghana's performance in ensuring gender equality and women empowerment has been quite disappointing and requires strong commitment of the State to reverse the situation through affirmative action and advocacy in the area of education and political appointment without compromising competence.

Table 8: The Share of Women in Key Political and Administrative Positions

POSITION	2008	2009	2010
Ministers	na	21.0	18.9
Deputy Ministers	na	20.0	20.0
Supreme Court Judges	29.0	29.0	29.0
High Court Judges	25.0	na	25.0
Chief Directors	24.0	24.0	24.0
Members of Parliament	9.0	8.7	8.3
District Assembly Appointee	28.0	7.3	na
District Assembly Elected	11.0	11.0	6.8

Source: Department of Women, MOWAC, 2010.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

Some policy actions carried out by government to promote gender equality and women empowerment, in the absence of which the situation could have been worse include:

- Strengthening capacity of MDAs and MMDAs to enhance gender mainstreaming and gender responsive budgeting;
- Build capacity of 50 women aspirants for the 2010 District Assembly election from each region;
- Compilation of data on potential women in leadership positions at MMDAs was completed to monitor progress of women involvement in decision making at that level;
- Scholarship schemes for brilliant but needy school girls;
- Rehabilitation of senior secondary school facilities including the construction of female dormitories to encourage female participation at that level;
- District Assemblies and local and international development partners, continued to provide school uniforms, school bags, shoes for school, exercise books and other school supplies for girls.

3. KEY CHALLENGES

- GPI at primary and JHS has stagnated for at least 3 years while at Kindergarten, the index has been declining consistently with potentially adverse implications for GPI over the remaining period up to 2015;
- Low female enrolment at secondary and tertiary level poses a challenge to women participation in decision-making at higher levels and their access to wage employment and higher level occupations;
- Socio-cultural practices, norms and societal attitude that tend to discourage women from engaging in wage employment and some occupations such as commercial driving, welding, auto-mechanics etc;
- Challenges facing girl-child education such as socio-cultural practices including early marriages, customary fostering, female ritual servitude (Trokosi) and puberty rites still persist.

4. RESOURCE REQUIREMENT

Over the period of 4 years from 2010 under the GSGDA, a total amount of US$ 3.4 million has been budgeted to reduce feminized poverty while US$9.6 million has been devoted to empower women and mainstream gender into the socio-economic development. To enhance women's access to economic resources, an amount of US$2.0 million is budgeted for such purpose while US$1.1 million is earmarked for the introduction and strengthening of gender budgeting.

Goal 4: Reduce Child Mortality

Target 4A: Reduce by two-thirds between 1990 and 2015 the Under-five Mortality Rate

1. STATUS AND TRENDS

Indicator: 4.1 Under-five mortality Rate

Under-five mortality is one of the major public health concerns in the country. Although data is not available on annual basis, the 2008 Ghana Demographic and Health Survey (GDHS) report indicates 80 per 1000 live births. This, however, is an improvement from the previous years' figures. After declining successively from 122 deaths per 1,000 live births in 1990 to 98 deaths per 1,000 live births in 1998, the under-5 mortality rate appears to have stagnated at 111 deaths per 1,000 live births during the period of 2003 and 2008 (Figure 11). Data from Interagency Group Child Mortality Estimation (IGME)[3], however, shows under-five mortality rate has reduced from 122 in 1990 to 74 per 1000 live births in 2010, with an annual average rate of reduction being 2.5. With this average rate of reduction it will be a challenge to achieve the MDG target of 41 per 1000 live births in 2015. According to a Ghana Health Service report (2010), pneumonia has been rated as the leading cause of under-five morbidity and mortality in Ghana, with an upsetting annual death toll record of 16,200 children, representing 20 per cent deaths per year.

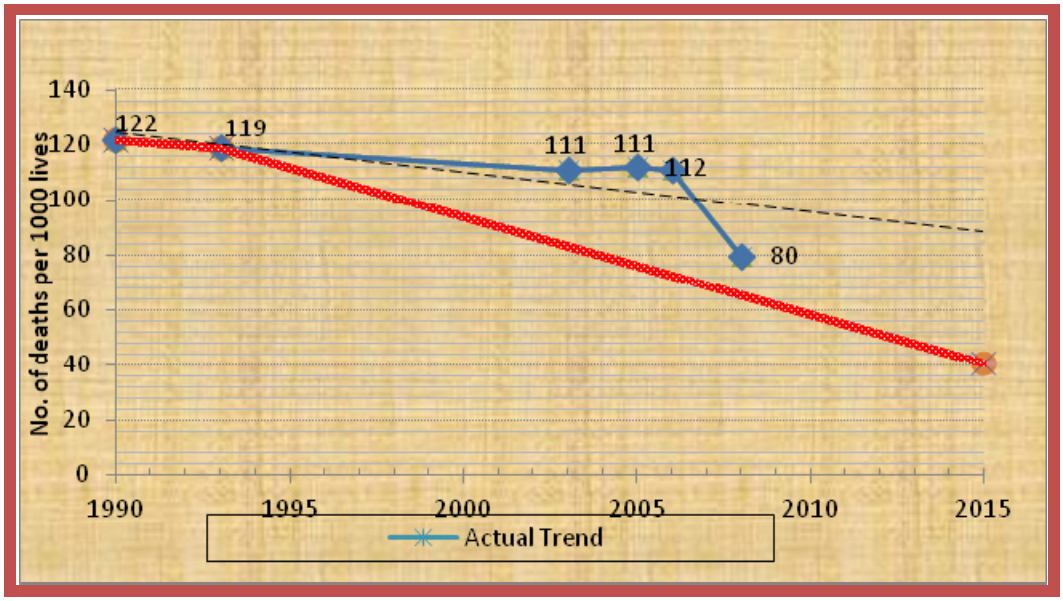

Figure 11: Trends in under-five mortality rate, Ghana, 1990–2015
Source: GDHS, 2003, 2008.

At the regional level, according the GDHS reports, the regions with significant reduction in under-five mortality rate between 1998 and 2008, are Upper East (reduction of up to 77.6 per 1000 live births), Western, Brong-Ahafo and Volta Regions (up to 52.7 per 1000 live births reduction),

[3] Including UNICEF, WHO, the World Bank and The UN Department of Economic and Social Affairs.

while those that recorded the least improvement over the same period, are Ashanti (increased by 1.8 per 1000 live births), Eastern, Greater Accra and Upper West (reduced by up to 13.3 per 1000 live births only). So far Upper East, Western, Brong-Ahafo and Volta Regions are on track to achieving the MDG on under-five mortality, while the rest are off-track.

Indicator 4.2: Infant mortality rate

Infant mortality rate (IMR) which increased from 57 per 1000 live births between 1994 and 1998 to 64 per 1,000 live births between 1998 and 2003, has also declined to 50 per 1000 live births by 2008 (table 9). The IGME data also shows a decline from 77 per 1,000 live births in 1990 to 50 per 1000 live births by the year 2010 (i.e., decreasing from 43,000 deaths to 38,000 deaths). With regard to Neonatal mortality there has been a decline from 38 per 1000 live births to 28 per 1000 live births in 2010. Similarly the regions with significant reduction in IMR between 1998 and 2008 are Brong-Ahafo (down to 40.3 per 1000); and 24.6 per 1000 in Western, Upper East and Volta Regions, while Ashanti, Eastern and Upper West Regions experienced worse IMR between 1998 and 2008, registering a decline of less than 15.5 per 1000 live births.

Table 9: Child Mortality Rates and Immunization

Indicator	2003	2008	Target, 2015
Under-five mortality rate	111	80	39.88
Infant mortality	64	50	21.5
Proportion of under 1 year immunized against measles (%)	68.8	79.9	83.0

Source: GDHS, 2003 and 2008.

Indicator 4.3: Proportion of 1 year-old children immunized against measles

Other important indicators on child survival including measles vaccination coverage also showed positive progress. Immunization of under 1 year old against measles improved from a low of 68.8 per cent in 1998 to 79.9 per cent in 2008 (Table 8) and further increased to 87.7 per cent in 2010 (Figure 12). The proportion of children aged 12–23 months who received measles vaccine has increased from 83 per cent in 2003 to 90 per cent in 2008. Measles vaccine coverage needs to be above 90% to stop transmission.

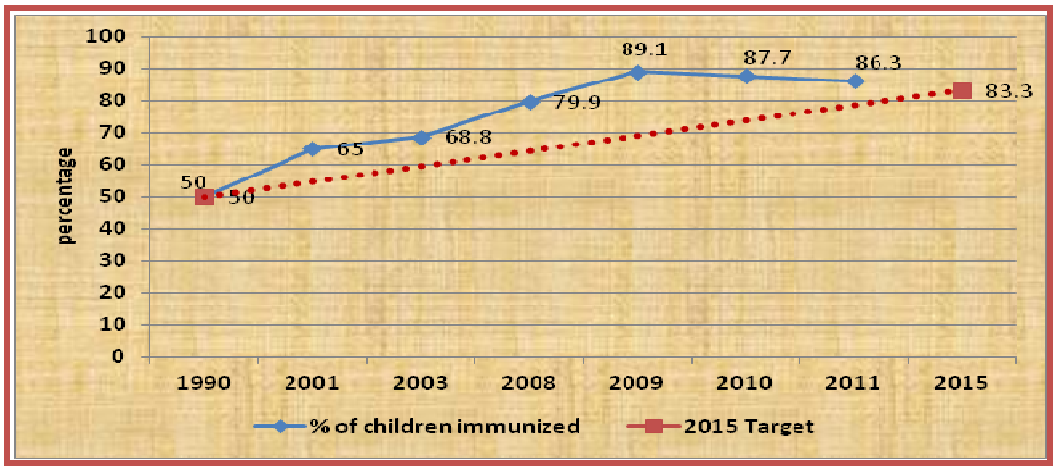

Figure 12: Trends in Proportion of 1 year-old children immunized against measles
Source: MOH, 2011.

However, the routine immunization coverage (i.e. estimated based on the proportion of children under the age of one year that have received the first dose of pentavalent vaccine) appears to have encountered a setback in recent times. Data available from Ghana Health Sector Review Report (2010) indicates that in 2010, the coverage of Penta 3 immunization dropped by 4.9 percentage points to 84.9 per cent. Nine regions out of ten experienced a drop in coverage, with only the Eastern Region sustaining performance. The most significant drop was recorded in Upper East Region with 16 per cent decline from 106 per cent to 89 per cent Penta 3 coverage. The Region, however, continued to perform above the national target and better than the national average. Thus urgent steps are required to accelerate the Expanded Programme on Immunization (EPI) to reach every district as part of an integrated child health strategy to improve coverage of key child survival interventions e.g. vaccination, vitamin A, de-worming, growth monitoring, birth registration and ITN distribution and hang-up.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

Key policy interventions to reduce by two-thirds between 1990 and 2015 the under -5 mortality rate is the implementation of the Child Health Policy and Child Health Strategy. To significantly improve the child survival indicators, which for the longest period showed stagnation and had not responded to the many interventions, Ghana has launched a new Child Health Policy and Child Health Strategy. The Strategy outlines the key interventions to be scaled up along the continuum of care and focuses on improving access to, quality of, and demand for essential services. It also includes recent new technologies such as low osmolarity ORS and zinc for the management of diarrhoea, and introduction of new vaccines such as 2nd dose measles vaccine, pneumococcal vaccine and rotavirus vaccine through the national EPI.

The strategy has contributed to the scaling up and sustenance of the child health interventions. The following are some of the interventions that have been taking place over the years:

- De-coupling children from their parents for NHIS coverage;
- Developing guidelines for neonatal care;
- Establishment of at least one fully operational and furnished hospital in every district to deal with complications from maternal health delivery;
- Result-oriented strategies for under-five, maternal health care and malnutrition;
- Increased access to health services under the National Health Insurance Scheme;
- High vaccination coverage;
- Using integrated campaigns to improve coverage of key child survival interventions e.g. vaccination, vitamin A, de-worming, growth monitoring, birth registration and ITN distribution and hang-up;
- Development of guidelines for neonatal care as well as management of malaria, pneumonia and diarrhoea in the community;
- Child Health Policy and Strategy in place;
- Infant and Young Child Feeding Strategy;
- Prevention of Mother-to-Child Transmission (PMTCT) policy and strategy;
- Increased use of ITNs;
- Continuous advocacy to District Assemblies and DHMTs to devote more resources to maternal and child health;
- Sustaining the Expanded Programme on Immunization (EPI) and reaching every district;
- Expansion of community-based health service delivery.

3. KEY CHALLENGES

Although evidence shows that there has been a significant reduction in both infant and under-five mortality rates in recent times, it is unlikely that the 2015 target of reducing the child mortality rates will be achieved, unless there is an effort to scale-up and sustain the recent child survival interventions which have brought about the current improvement in these indicators. Key challenges include:

- The inability to sustain the funds used to support activities under EPI which require enormous donor support;
- Funding: more innovation is required in the use of existing resources, in addition to sustaining resource mobilization and allocation to the child health programme.
- Inadequate human resources and skills within the health system to improve the poor quality of care;
- Need to improve coverage of some key interventions e.g. Integrated Management of Neonatal and Childhood Illnesses (IMNCIs), skilled deliveries, and postnatal care;
- In order to give more up-to-date data analysis of child mortality in the country, the on-going mortality and morbidity data collection needs to be conducted at all levels to provide complete and reliable information on child health;
- Inadequate national data to provide complete and reliable information on child health.
- Inadequate human resources within the health system to improve on the poor quality of care; and
- Socio-economic and socio-cultural factors—low female literacy rate; low level of women's empowerment (in some parts of the country men make decisions about household healthcare choices and practices, including decisions about the healthcare practices of their wives or female partners);

4. RESOURCE REQUIREMENT

The Ghana Macroeconomics and Health Initiative report indicates that about US$620 million is required as investment towards reducing under-five mortality by two-third by 2015.

Goal 5: Improve Maternal Health

TARGET 5A: Reduce by three-quarters, between 1990 and 2015 the maternal mortality ratio

1. Status and Trend

Indicator 5.1: Maternal mortality ratio

Ghana's maternal mortality ratio remains high despite several efforts and interventions by government and development partners to achieving the MDG 5 targets. A large number of women die annually as a result of pregnancy related complications such as severe bleeding (haemorrhage), hypertensive diseases, infections and abortions. Even though, there has not been any new national health survey since 2008, the institutional maternal mortality ratio (IMMR), which measures maternal deaths occurring in health facilities and reported through the routine health management system, indicates a decline from 170 per 100,000 live births in 2009 to 164 per 100,000 live births in 2010 (Figure 13). This shows a better outcome than the target of 185 per 100,000 live births set for the year. The 2008 Ghana Maternal Mortality Survey, however, reported maternal mortality ratio of 451 maternal deaths per 100,000 live births which was the average of the seven years preceding the survey period.

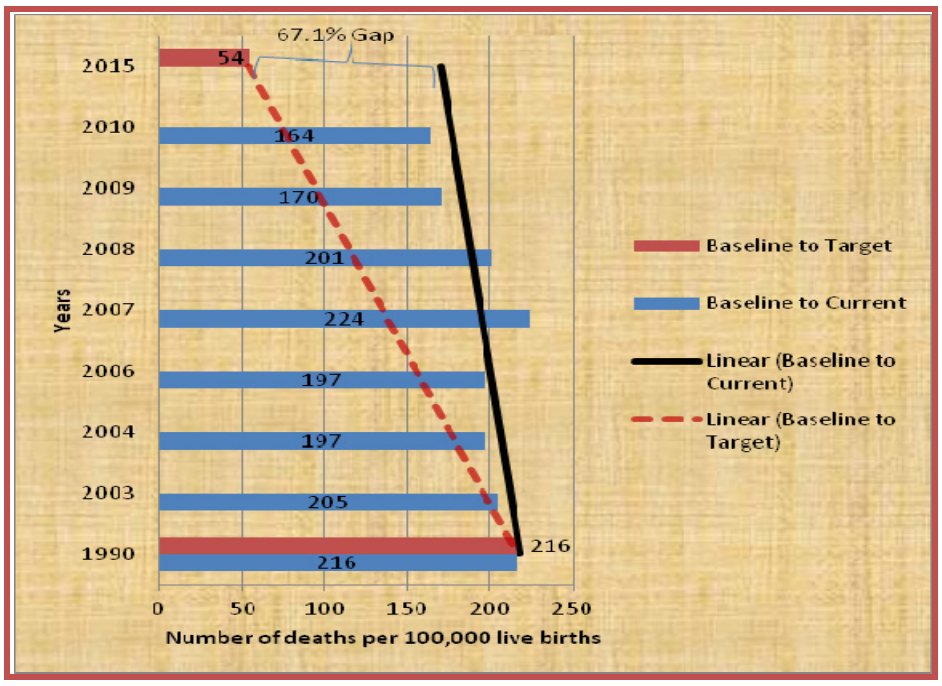

Figure 13: Trends in Institutional Maternal Mortality ratio
Source: Ghana Health Sector Review Report, 2010.

Even though the available data suggests significant progress (as shown in Figure 13), achieving the MDG 5 target remains a challenge. From 1990 to 2010, spanning a period of 20 years, the IMMR indicates only 24.1 per cent reduction in maternal deaths in the country, showing one of

the slowest progresses among all the MDG targets. And with only five years to 2015, indications are that we will need a further reduction of about 67 per cent in IMMR in order to reach the MDG target of 50 per 100,000 live in 2015 (Figure 13). This clearly shows that Ghana is unlikely to achieve this MDG target of maternal mortality ratio. Public action and intervention policies should therefore be expedited to address the challenges for an improvement in the current level.

Indicator5.2: Proportion of births attended by skilled health personnel

It is widely believed that supervised delivery reduces the risk of complications and infections during childbirth and thereby decreases maternal mortality. In this regard, ensuring skilled care provided by skilled professionals during pregnancy and childbirth is a critical intervention for safe motherhood. Yet, in Ghana, supervised delivery remains low. In Ghana three quarters of all maternal deaths occur during birth and the immediate post-partum period (GDHS, 2008). However, skilled birth attendance (SBA) or supervised delivery does not only remain low in Ghana, but also a significant equity gap exists across regions and within regions – urban and rural disparities. The last health survey, GDHS (2008), shows that while 62 per cent of births were reported to occur in rural areas, less than half of births (43%) were assisted by SBA in rural areas, as against the national average of approximately 57 per cent of births (Figure 14).

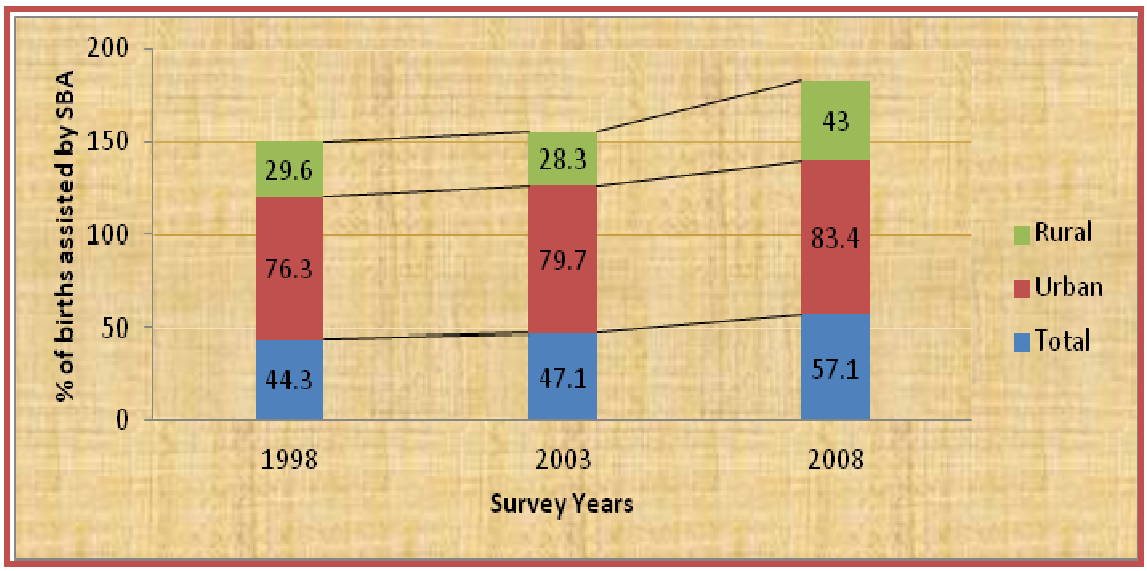

Figure 14: Skilled Birth Attendant (SBA) at birth (1998–2008)
Source: GDHS, 1998, 2003 and 2008.

With regard to regional variations, the utilization of SBA ranged from a high of 84 per cent in the Greater Accra region to a low of 27 per cent in the Northern areas (Figure 15). These disparities among the regions have worsened as recent data on supervised delivery from the 2010 Ghana Health Sector Review report indicates. According to the report, the previous 4 years' positive trend was reversed and the equity indicator for supervised deliveries worsened significantly, indicating a widened gap between the regions with the highest and the lowest performance. Six of Ghana's ten regions improved coverage of supervised delivery, but four regions experienced negative trends. While Western Region, Eastern Region, and Greater Accra Region experienced minor decreases, Volta Region reduced coverage by over 15 per cent (Figure 15).

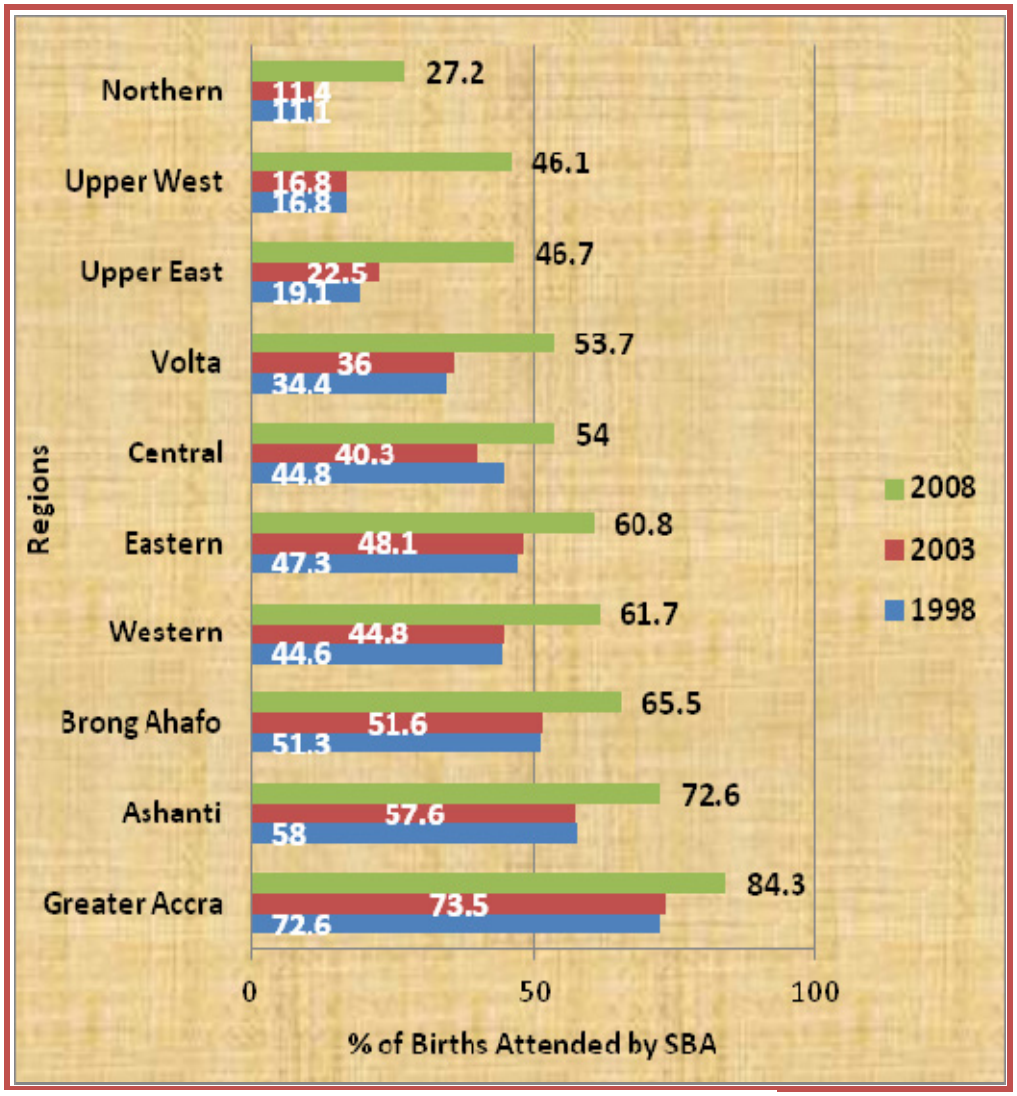

Figure 15: Skilled Birth Attendant (SBA) at birth by Region (1998–2008)
Source: GDHS, 1998, 2003 and 2008.

TARGET 5B: Achieve, by 2015, universal access to reproductive health

Indicator 5.3: Contraceptive Prevalence Rate (CPR)
Contraceptive Prevalence Rate (CPR) is defined as the percentage of currently married women who are currently using a contraceptive method. In other words, CPR is the percentage of women who are practicing, or whose sexual partners are practicing, any form of contraception. It is usually measured for married women ages 15–49 only. The CPR is used as a measure of success of an ongoing family planning programme. Table 10 reports contraceptive prevalence rate for women reported in GDHS (2008) and indicates that a quarter of all currently married women use some kind of contraception. Besides, 17 per cent of married women claim to use Modern contraceptive method while 7 per cent use the traditional method.

Table 10: Contraceptive Prevalence Rate for Women			
Method	**All women (%)**	**Currently married women (%)**	**Sexually active unmarried women (%)**
Any method	19.3	23.5	50.4
Any modern method	13.5	16.6	33.8
Female sterilization	1	1.6	0.6
Pill	3.6	4.7	9.5
IUD	0.2	0.2	0.6
Injectables	4.2	6.2	4.2
Implants	0.7	0.9	0.8
Male condom	3.6	2.4	17.6
Female condom	0	0.1	0
Diaphragm	0	0.1	0
Foam/jelly	0.2	0.2	0.4
Any traditional method	5.9	6.9	16.6
Rhythm	4	4.7	11.7
Withdrawal	1.3	1.4	4
Folk method	0.6	0.8	0.9
Source: **GDHS, 2008.**			

The most patronized methods of contraception by married women are injectables (6%), the pills (5%) and rhythm (5%). The male condoms and female sterilization follow suit with 2 per cent each. However, the male condom is by far the most popular method among sexually active unmarried women (women who had sexual intercourse within the past 30 days). Further, the survey adds that sexually active unmarried women are seven times more likely to use male condoms than those who just got married. Even so, sexually active unmarried women also patronize other contraceptives such as the pill (10%) and rhythm (12%). Female sterilization scores less than 1 per cent among younger women but a little higher (5%) among currently married women in their 40s due to higher risk of pregnancy (See Table 10).

In sum, the percentage of currently married women using any form of modern contraceptives increases with age. For instance, only 8 per cent of women between the ages of 15–19 according to the GDHS (2008) use contraceptives, 19 percent of those between the ages of 35–44, after which it falls. A comparison of the findings from the GDHS surveys conducted over the past 20 years depicts that, the use of contraceptives among married women has nearly doubled but most of the increases occurred during the first 10 years from 13 per cent in 1988 to 22 per cent in 1998 (Figure 16). It further continued to increase to 25 per cent in 2003 but failed to maintain its greater heights and fell to 24 per cent in 2008. Also, the use of modern contraceptive methods almost doubled from 10 per cent in 1993 to 19 per cent in 2003, before showing a reversal in the trend in 2008 at 17 per cent.

Indicator 5.5: Antenatal care coverage (at least one visit)

Early detection of pregnancy related health problems prevents most medical problems during and after childbirth, making antenatal care an important maternal health intervention for reducing maternal mortality. Even though there have been marked improvements in antenatal care from health professionals (i.e. nurses, doctors, midwives or community health officers) over the last two decades in Ghana (82% in 1988 to 95% in 2008 of at least one antenatal care), the recent data indicates that in 2010 the coverage of pregnant women, who received one or more antenatal care visits, dropped by 1.6 per cent to 90.9 per cent from 92.1 per cent in 2009 (see Figure 17).

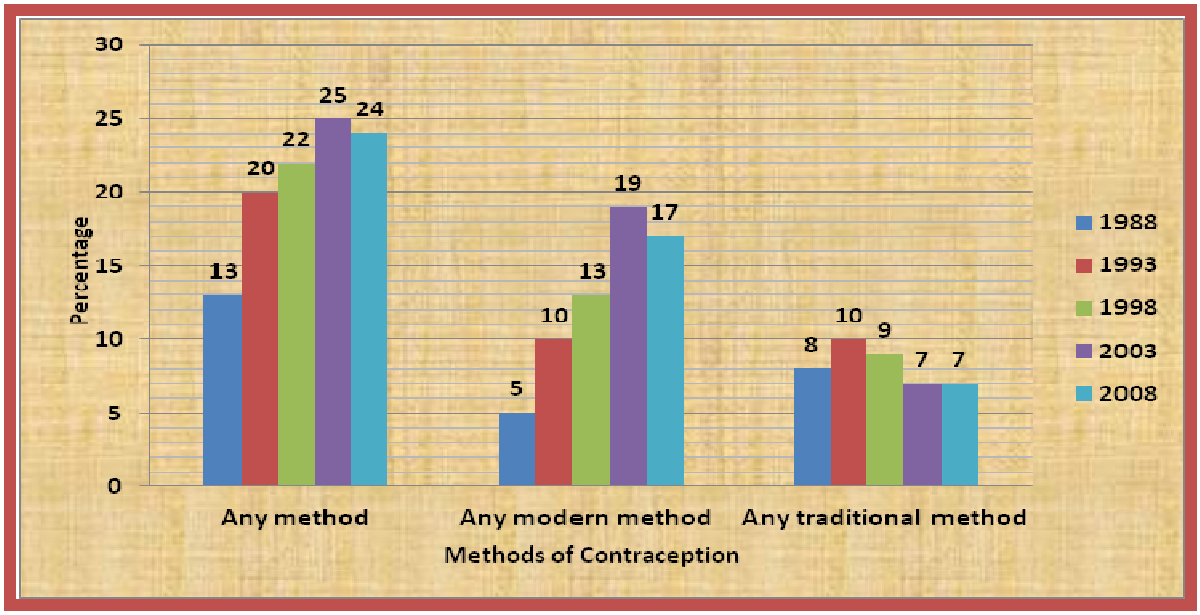

Figure 16: Trends in Contraceptive Prevalence Rate among currently married women
Source: GDHS, 2008.

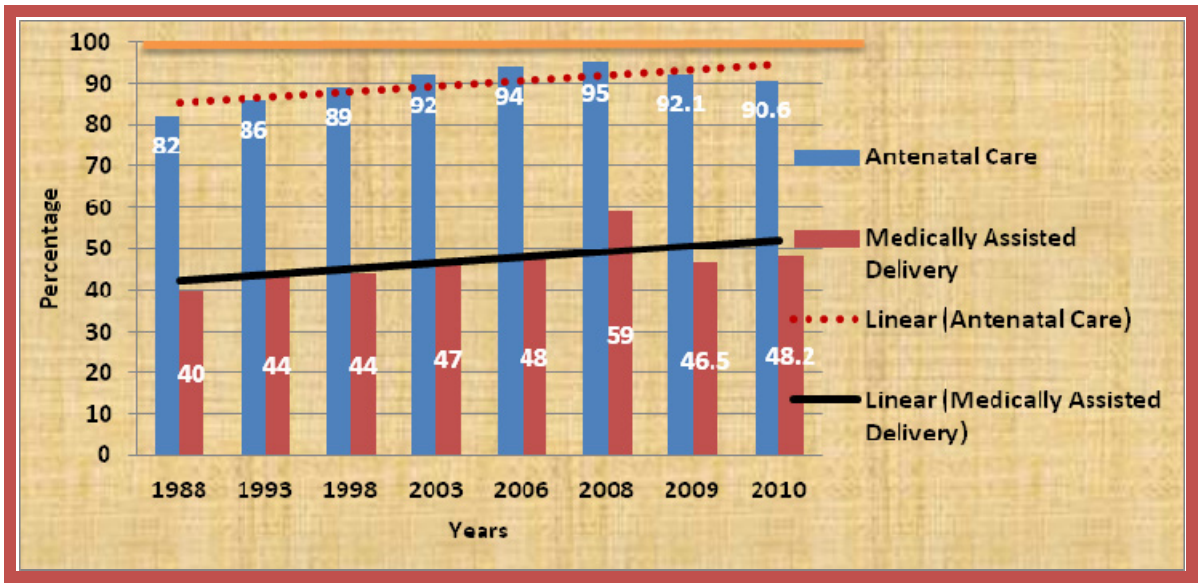

Figure 17: Trends in Antenatal Care Coverage and Medically Assisted Delivery (1988–2010)
Source: Ghana Health Sector Review Report, 2010.

Volta Region has the lowest coverage at 70.9 per cent, which is almost 20 per cent below the national average. No specific reasons are known for this drop in attendance during two consecutive years. Although the percentage of Volta women seeking ANC from health professional has remained the lowest in the country for some time now, the recent sharp drop-out rates should be a matter of concern that needs to be carefully investigated. However, this downturn is quite worrying, particularly at a time when the government is offering free maternal care to pregnant women under the National Health Insurance Scheme.

The trends however show that achieving the 100 per cent coverage by 2015 is a possibility with a little more effort. For example, information about the use of antenatal care should be intensified while actively promoting and extending the supply of antenatal care services in the rural areas in particular. It is believed that factors that hinder the demand for antenatal care are income, cost of consultation, travel distance to the health care facility, time spent on consultation and cultural as well as the educational background of the mother.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

A number of interventions introduced by government to improve maternal health care include:

- The implementation of free maternal health services, repositioning family planning and training as well as repositioning reproductive and child health staff;
- A safe motherhood task force is operational and government is supporting increased production of midwives through direct midwifery training. For example, with two new midwifery training schools opened in Tamale and other places, the initiative has resulted in 13 per cent increase in national enrolment between 2007 and 2009. Moreover, in 2010, midwives received specific training on the use of partograph. Knowledge in the use of partograph promotes confidence, reduces prolonged labour, caesarean sections and intrapartum still births.
- The High Impact Rapid Delivery (HIRD) approach is also being implemented as a complementary strategy to reduce maternal and child mortality. Several districts have indicated progress in service indicators achieved and innovative strategies implemented with regard to improving maternal health.
- Other interventions also include Ghana VAST Survival Programme, Prevention of Maternal Mortality Programme (PMMP), and Safe-Motherhood Initiative.
- There are also projects such as Making Pregnancy Safer Initiative, Prevention and Management of Safe Abortion Programme, Maternal and Neonatal Health Programme and Roll Back Malaria Programme, Intermittent Preventive Treatment (IPT).
- Emergency Obstetric and Neonatal Care (EmONC) is being implemented in all 10 regions, but not yet with full complement of required resources (midwives, equipment). Four regions have so far received EmONC equipment: Eastern and Brong-Ahafo in 2009, Ashanti and Northern regions in 2010. It is however recommended that in order to accelerate the achievement of MDG 5 by 2015, immediate steps should be taken to provide equipment to the remaining 6 regions.

3. KEY CHALLENGES

In order to achieve MDG 5 targets, several challenges and bottlenecks have been identified in maternal health services. These challenges include:

- Increase in scaling up maternal health services, particularly at the district level as well as investments in Community Health Planning Services and related Primary Health Care infrastructure and systems within the context of the Ouagadougou Declaration.

- Improving Deployment of skilled health workers, supply of equipment, logistics, staff accommodation, transportation and ambulance services in addressing human resource constraints and poor quality of care continue.
- Referrals still remain a problem in many districts. Three out the five districts visited had no ambulance services. Although regional and district hospitals are well equipped to handle complicated labour cases, the main issue is how to timely transport women in labour to these facilities. The national ambulance service is said to be expensive (and probably not yet able to ensure district based services).
- The NHIS does not cover the cost of conveying women in labour to the facilities. The fact that the additional costs of transporting the women in labour together with the responsible TBA to the nearby hospital or health facility is not covered may be one of the major factors explaining the reluctance of mothers to deliver at the facility.
- Unavailable data set on maternal health care for systematic investigation into maternal health and lack of well-structured plans and procedures to check and assess where maternal health programmes are absent.
- Barriers to access to critical health services by families and communities, mainly due to inadequate financial capabilities of families or mothers, long distance to the health facility and low female literacy rate as well as poor health-seeking behaviours among the poor and socio-cultural factors such as men's influence in healthcare decision making.

4. RESOURCE REQUIREMENT

In order to achieve the MDG of reducing maternal mortality by three-quarters, according to the Ghana Macroeconomics and Health Initiative report, about US$790 million of resources for the period 2002–2015 are required.

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

TARGET 6A: Have halted by 2015 and begun to reverse the spread of HIV/ADIS

1. STATUS AND TRENDS

Indicator 6.1: HIV prevalence among the population aged 15–24 years

Available data shows that HIV prevalence rates have been declining. The national median HIV prevalence which increased in 2009 to 2.9 per cent, after declining for two successive years, decreased to 2.0 per cent in 2010 (see Figure 18). While the years preceding 2004 had witnessed a steady increase from 2.3 per cent in 2000 to 3.6 per cent in 2003, the years 2004 to 2010 had rather been inconsistent, indicating both upwards and downwards trends—albeit declining in overall incidence. This notwithstanding, the drop in 2010 represents the beginning of a third consecutive declining trend within the period 2000 and 2010. The declining trend also reflects the decline in the overall HIV prevalence in the country from 1.9 per cent in 2009 to 1.5 per cent in 2010 (Figure 19). This is estimated as 221,941 persons made up of 95,206 males and 126,735 females (with male to female ratio of 1:1.33) living with HIV/AIDS. It is however projected to fall gradually to 1.3 per cent in 2015 (National HIV Prevalence and Estimates Report 2010–2015).

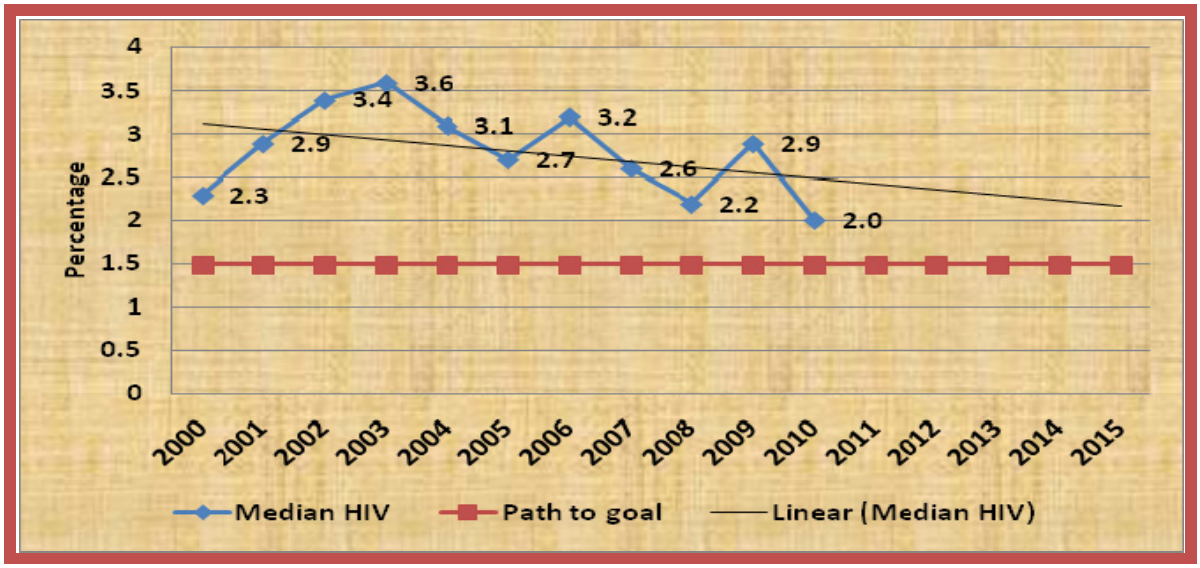

Figure 18: Median HIV Prevalence 2000–2010, with Linear Trend
Source: The HIV Sentinel Report, 2010.

With regard to age group variation, the highest HIV prevalence was recorded within the age groups, 30–34 and 35–39 years (2.8% respectively), and declining to the least (1.1%) within the 15-19 year age group. Prevalence among young persons aged 15–24 years which is an MDG 6 indicator group and also used as a proxy for new infections was 1.5 per cent, a decrease from the 2.1 per cent observed in 2009. It is also significant to note that HIV prevalence decreased in all age groups except the 45–49 year group. Only the age group 20–24 years has witnessed consecutive declines over a four year period (2007–2010) while the 15–19 year group has consistently remained the age

group with the lowest mean prevalence. The figure also shows that HIV prevalence among pregnant women decreased from 2.9 per cent in 2009 to 2.0 per cent in 2010 after it increased in 2009.

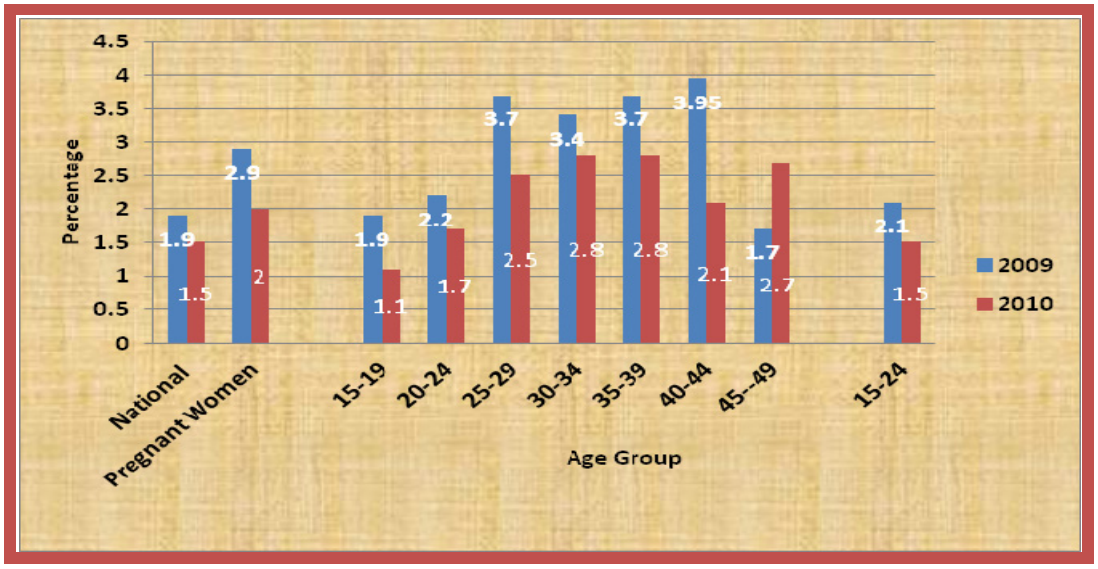

Figure 19: HIV Prevalence Rate by Age Group &National, 2009 and 2010
Source: NACP, 2010–2015 National HIV Prevalence and AIDS Estimates Report.

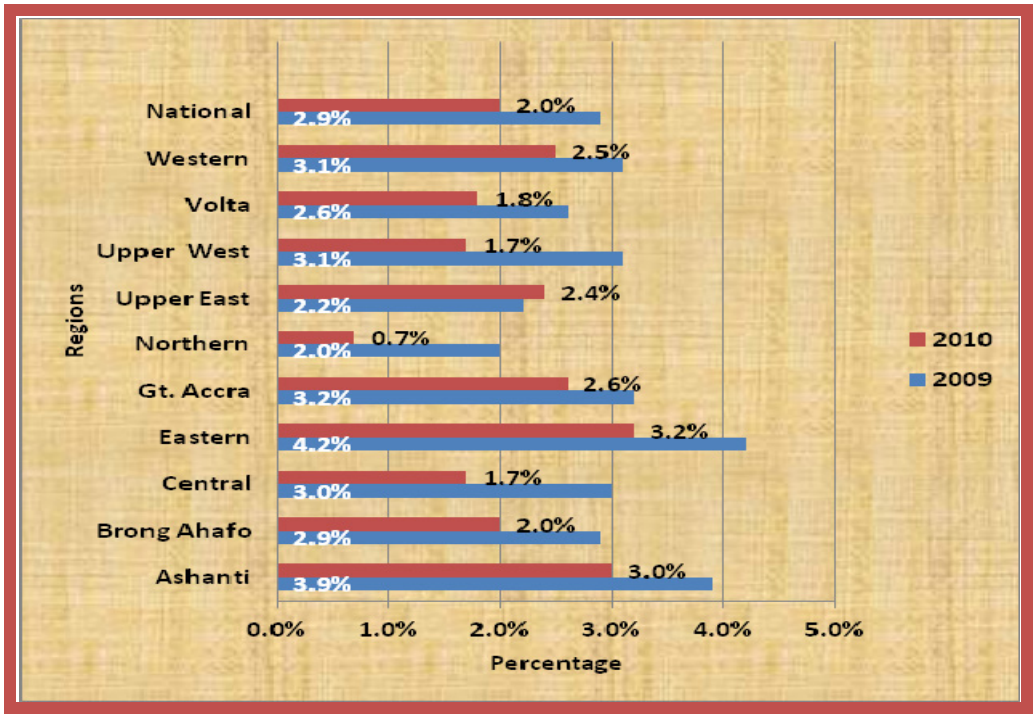

Figure 20: Median Antenatal HIV Prevalence Rate by Region
Source: NACP, 2010–2015 National HIV Prevalence and AIDS Estimates Report.

In 2010, HIV prevalence at the regional level ranged from 0.7 per cent in the Northern Region to 3.2 per cent in the Eastern Region (Figure 20). Only Eastern and Ashanti regions recorded 3 per cent and above. The Eastern Region prevalence represents a 24 per cent drop from the previous

year's survey figure of 4.2 per cent. Moreover, all regions, with the exception of Upper East, experienced a decline compared with the 2009 figures. Upper East increased from 2.2 per cent in 2009 to about 2.4 per cent in 2010.

TARGET 6B: Achieve by 2010, universal access to treatment

1. STATUS AND TRENDS

Indicator 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs

Available evidence suggests that access to anti-retroviral therapy reduces mortality and morbidity among people living with HIV/AIDS (PLWA). It is against this backdrop that the government, through the National AIDS Commission and Development Partners as well as some NGOs has spared no effort to broaden access to antiretroviral (ART) drugs among PLWA. These efforts have yielded considerable improvements in the number of PLWA living on ART in the last five years. In 2010, patients receiving antiretroviral treatment increased from 13,429 in 2007 to 47,559, representing more than 250 per cent increase (Figure 21). The Figure also shows that the number of service delivery points providing ART and laboratories with capacity to monitor ART have increased consistently over the same period.

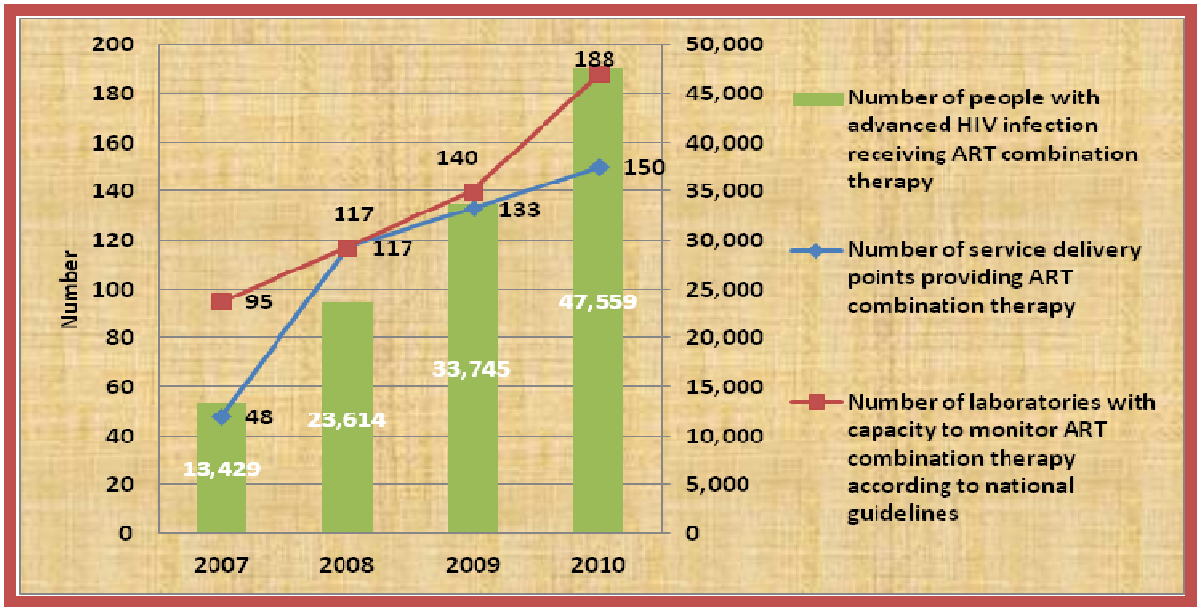

Figure 21: Proportion of PLHIV Receiving Antiretroviral Treatment, 2007–2010
Source: NACP, 2010–2015 National HIV Prevalence and AIDS Estimates Report, and APR, 2010.

As previously mentioned, this increasing number of HIV infected persons that are living on ART has drastically reduced the number of AIDs death countrywide. The number of AIDS deaths reduced from 20,313 in 2009 to 16,319 in 2010 of which 16 per cent were children (see Figure 22). According to the National HIV Prevalence and AIDS Estimates Report (2010), annual deaths in adults not on ART were estimated to be 93 per cent of total annual deaths and 13 times the annual deaths of adult on ART in 2010. It is also significant to note that while the number of newly infected

HIV persons reduced to 12,890 in 2010 from the previous year's high of 25,531, the report indicates that the number of PLHIV and AIDS will decrease steadily till 2015, despite the combined effects of population growth and an increasing number of HIV infected persons that are living on ART.

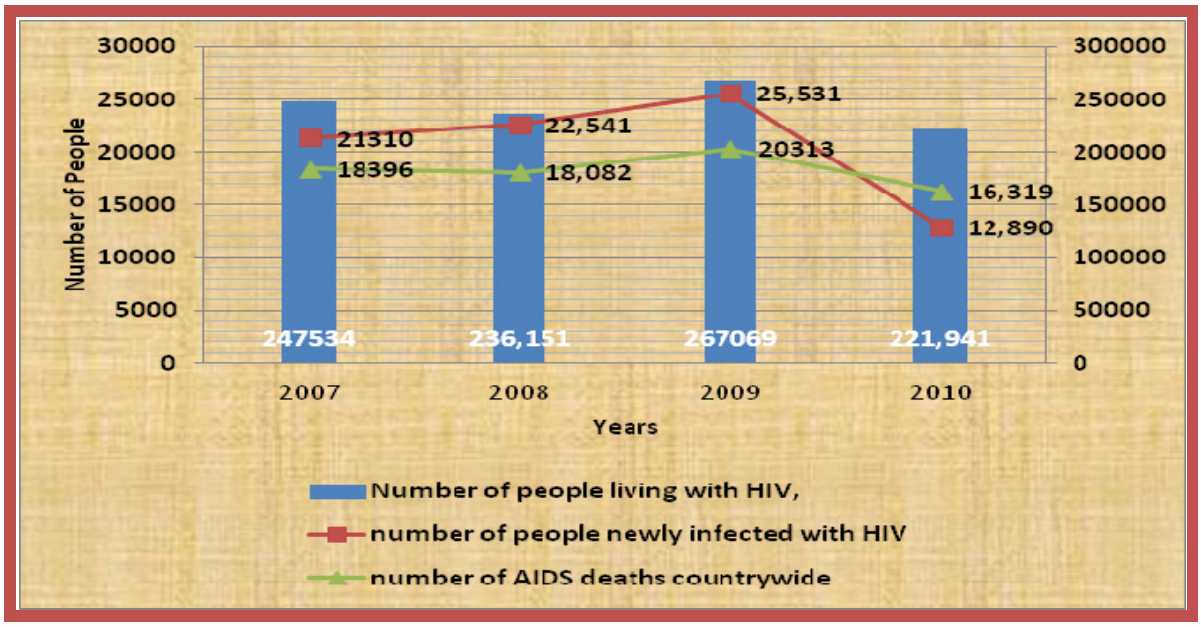

Figure 22: Number of people living with HIV, newly infected with HIV, and AIDS deaths countrywide (2007–2010)
Source: NACP, 2010–2015 National HIV Prevalence and AIDS Estimates Report.

2. KEY FACTORS CONTRIBUTING TO THE PROGRESS

Various bodies and institutions in the country and elsewhere have supported the government's fight against HIV/AIDS pandemic in Ghana. These include the Global Fund (to Fight AIDS, Tuberculosis and Malaria), multilateral partners such as the World Bank and other bilateral partners, NGOs and CSOs. Practicing safe sex, especially among the most vulnerable, reducing mother-to-child transmission, promoting voluntary counselling and testing, and increasing use of Anti-retroviral Therapy (ART) for Persons Living with HIV/AIDS (PLWAs) are some of the measures being undertaken by all stakeholders to reduce the spread of the disease.

Specific initiatives that have been taking place to address the prevalence of HIV/AIDS since 2008 are as follows:

- Training of 75 healthcare workers from district level facilities in the management of HIV and AIDS;
- Monitoring, supervision and supporting sites providing ART services and also assessing potential sites for ART accreditation;
- Providing nutritional support for PLWAs;
- Strengthening referrals and collaboration between facilities and communities to increase ART uptake and adherence;
- Support to the most-at-risk-population (MARP);
- Coordinated District Response Initiative to HIV;

- The launch of the Know Your Status campaign that has taken HIV counselling and testing to the doorsteps of people at the community level;
- Training of over 1000 health care workers from facilities across the country in the management of HIV and AIDS;
- A successful Round 8 application to the Global Fund to increase funding for HIV prevention activities.

3. KEY CHALLENGES

There are a number of challenges facing the fight against HIV/AIDS, but the key ones include:

- Stigma and discrimination against people living with HIV/AIDS is quite high, coupled with misconceptions about the disease;
- High levels of sero-discordance and consensual unions or marriages;
- The lack of efficient monitoring and accountability on spending on HIV/AIDS -related programmes;
- The absence of a vibrant unit under the Ghana AIDS Commission to coordinate national response;
- Gender issues are vital in tackling the HIV/AIDS epidemic especially in cases where women are powerless in relation to their counterparts due to poor economic empowerment and negative social norms which subject them to the will of their partners;
- Human resource constraints;
- Weak coordination of the national response.

4. RESOURCE REQUIREMENT

According to the Ghana Macroeconomics and Health Initiative report, to successfully fight HIV/AIDS and achieve the MDG 6 target of halting and reversing the spread of HIV/AIDS by 2015, about US$976 million of resources over the period 2002-2015 will be required.

TARGET 6C: Halted by 2015 and reverse the incidence of malaria and other major diseases

1. STATUS AND TRENDS

Indicators 6.7: Proportion of children under 5 sleeping under insecticide-treated bed nets
Malaria has been a major cause of mortality and morbidity in Ghana, especially among children under five years and pregnant women. It remains a public health concern and a leading cause of poverty and low productivity. This is because malaria accounts for about 32.5 per cent of all OPD attendances and 48.8 per cent of under-five admissions in the country (NMCP Annual Report, 2009). Table 10 reports some selected indicators of malaria infections and shows a declining pattern of under-five Malaria Case Fatality Rate. The rate reduced from 2.2 per cent in 2006 to about 1.32 per cent in 2010, although there was a slight increase compared to the 2009 rate of 1.24 per cent.

However, the general incidence of malaria as well as deaths associated with malaria has increased sharply from 79.7 per 1000 and 3378 deaths in 2009 to 108.3 per 1000 and 3859 deaths in

2010 respectively (Table 11). Moreover, the percentage of pregnant women put on intermittent preventive treatment (IPT) reduced from 81.0 per cent in 2009 to 67.1 per cent in 2010, although the total number increased marginally.

Table 11: Trends in some Selected Indicators on Malaria Infections

Indicators	2006	2007	2008	2009	2010
%U5s sleeping under ITN	41.70%	55.30%	40.50%	–	–
Incidence of malaria (per 1000 of all ages)	158.4	137.5	131.1	79.7	108.3
Under 5 years Malaria Case Fatality Care	2.20%	2.00%	1.89%	1.24%	1.32%
Total number of pregnant women put on IPT (SP) (Percentage in brackets)	361,785 (or 65.5%)	442,640 (or 80.5%)	485,221 (or 82.5%)	576,163 (or 81.0%)	578,142 (or 67.1%)

Source: Ghana Malaria Control Programme Report (2010) and Ghana Health Service.

Although major advances have been made towards reducing malaria through national control programmes such as the promotion of the use of ITNs over the past decade, the increasing high incidence of malaria makes the country's attainment of this MDG target a challenge. One of the factors working against the preventive campaign (as a recent survey revealed) is the fact that people who received the ITNs were not using them for various reasons, including difficulty in hanging them over the sleeping places. This is confirmed in Table 12 which reveals that only 22 per cent of children under-five years in all households slept under treated mosquito net in 2008. Moreover, only 34 per cent of pregnant women slept under ITN in the previous night of the survey while the proportion of households with at least one insecticide treated net was 32.6 per cent. In addition, the proportion of children under-five years with fever who are treated with appropriate anti-malaria drugs (ACTS) was 22.4 per cent (Table 12).

Table 12: Nationwide Survey Results for Malaria Control Programmes

INDICATOR	2003 GDHS	2006 MICS	2008 GDHS
Proportion of children under-five years with fever who are treated with appropriate	0%	21.8%	22.4%
Percentage of Households with at least one insecticide treated net (LLINs)	5.2%	19.0%	32.6%
Proportion of children under-five years sleeping under insecticide treated nets (LLINs)	.0%	21.8%	22.0%
Proportion of Pregnant women who slept under ITN(LLINs) the previous night	2.7%	n.a	34.0%
Proportion of Women who received at least 2 doses of SP/Fansider during their last pregnancy	1.8%	27.5%	43.7%

Source: NMCP, GHS/MICS, 2010.

2. KEY FACTORS CONTRIBUTING TO PROGRESS

As part of measures to control the disease and to ensure that a greater number of households do not only own ITNs, but also use them, a multi-interventional strategy has been developed by NMCP to help in controlling malaria. Among such measures are the NMCP/GHS decisions to modify the distribution strategy and adopt a campaign style dubbed "Door-to-Door Distribution and Hang Up." With the support of other partners and stakeholders, this innovative approach was initially implemented in the Northern Region targeting households with children under five years and

pregnant women. According to NMCP report, an evaluation conducted six months afterwards showed dramatic increase in net ownership and usage among the target population. Following the successful implementation in the Northern Region, a nationwide implementation plan has been drawn to ensure that the entire country is covered with ITNs targeting every two persons with one net in conformity with what is called "universal coverage." If this is achieved, then the country is likely to make a striking impact in malaria control.

Other specific interventions implemented by the National Malaria Control Programme of the Ghana Health Service in 2009 to manage the disease included:

- Promotion of the availability and use of insecticide treated nets (ITN), with focus on children under five years and pregnant women;
- Scaling-up the Intermittent Preventive Treatment (IPT) to provide chemoprophylaxis for pregnant women;
- Improving malaria case management in all health facilities; and
- Intensifying community education on the synergy between malaria and environmental sanitation.

3. KEY CHALLENGES

The major challenges facing the government despite all its efforts remain the following.

- Due to inadequate supply, the poor has limited access to ITNs;
- Limited finance to scale-up malaria control programmes;
- The lack of proper waste disposal system in the country and poor drainage systems in the cities which ensure that stagnant waters are always collected across the city;
- Poor sanitation habits by many city dwellers;
- Duplication and wastage of resources especially by key implementation agencies due to lack of coordination.

4. RESOURCE REQUIREMENT

According to the Ghana Macroeconomics and Health Initiative report, investment requirements aimed at attaining this target is estimated to be about US$788 million over the period 2002–2015, of which an estimated amount equivalent to 0.45 per cent of GDP over the same period is needed.

Goal 7: Ensure Environmental Sustainability

TARGET 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

1. STATUS AND TRENDS

Indicator7.1: Proportion of land area covered by forest

Available data indicates that Ghana's forests are disappearing rapidly. This brings to the fore questions about the sustainability of the current growth and development of the country and how green our development policies have been. According to the Food and Agricultural Organization's (FAO) Global Forest Assessment Report (2010), as at the end of 2010, 21.7 per cent or about 4,680,000 hectares of Ghana were forested (see Figure 23). Meanwhile, between 1990 and 2010, Ghana lost an average of 125,400 ha or 1.96 per cent per year of forest cover, with the highest (2.24%) occurring between 2005 and 2010. However, over the 20 year period (1990–2010) only 530,000 ha were planted with the highest of 260,000 ha occurring in 2010 (representing about 5% of the total).

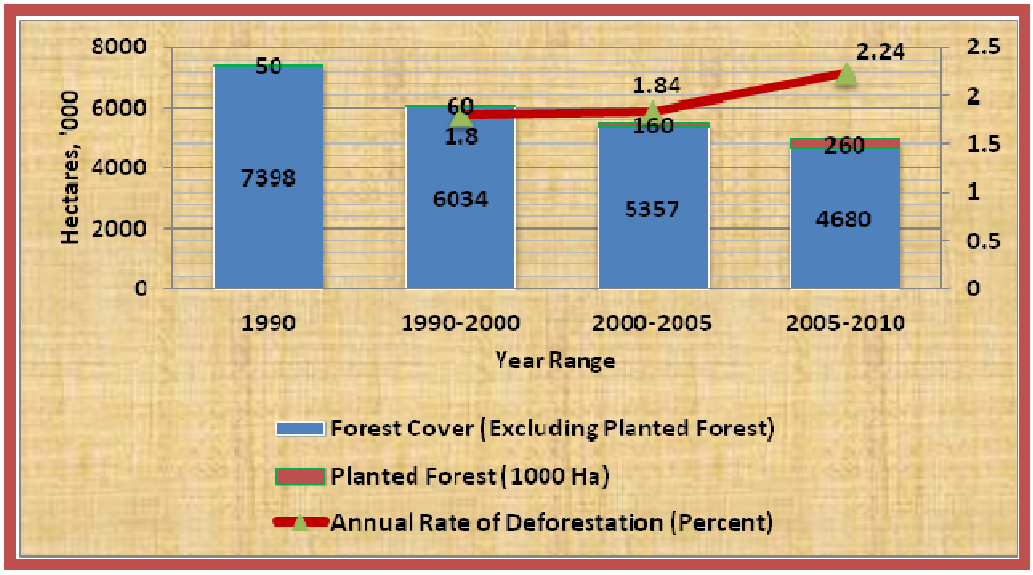

Figure 23: Change in Forest Cover and Annual Rate of Deforestation for Specific Periods (Million hectares per year)

Source: FAO of UN's Global Forest Resources Assessment (2005 & 2010) and the State of the World's Forests, 2009.

Although current data on cost of environmental degradation (lands, forest, fisheries) is not available, projections based on 2007 Country Environmental Analysis (CEA) show high cost of environmental degradation of about 10 per cent of GDP in 2010 (NDPC 2010). Several factors such as subsistence agriculture and cutting for fuel wood, bushfires, logging (chain saw operators) and pursuit of gold and other mineral resources as well as high population growth have been mentioned as the main causes of rapid deforestation or depletion of the country's natural areas.

2. KEY FACTORS CONTRIBUTING TO PROGRESS

To halt the rapid rate of deforestation, government has engineered several interventions aimed at accelerating the pace of implementation of policies of re-forestation or restoring degraded forest. This support is mainly being provided through the recently launched National Forest Plantation Development Programme. The following specific policy measures were pursued in 2010 to reverse environmental degradation and ensure efficient land management:

- The Ministry of Lands and Natural Resources embarked on studies in the Yakaso (35.7 ha) and Tontokrom (115 ha) in the Ashanti Region and at Adjakaa-Manso (134 ha) and Ataasi (29 ha) in the Western Region to reclaim land degraded through illegal mining activities. These areas will be planted with economic and citrus trees and handed over to the communities;
- The Ministry of Lands and Natural Resources continued to implement six key forest plantation projects including the Modified Taungya System (implemented by the FC), and Government Forestry Plantation Development Project, funded under the HIPC initiative;
- The framework for the land bill; land ownership and tenure, land management and administration and survey and mapping has been prepared and shared with stakeholders;
- The Lands Commission commenced scanning of all lands registry and state land records in Accra as part of the process of migrating from manual to digital. Accra Land registry is about 80 per cent complete and the state land record is 20 per cent complete;
- Eight Deeds Registry offices have been established in Sekondi, Sunyani, Koforidua, Tamale, Wa, Bolga, Cape Coast and Ho, in addition to two registries existing in Kumasi and Accra. This is the beginning of the process of decentralizing the registration of land transaction and the preparation of the grounds for eventual title registration.

3. KEY CHALLENGES

The key challenge facing the nation is policy enforcement. There is a critical need for stronger enforcement of forestry and wildlife policies and strategies to ensure that forest and wildlife resources are managed on economically viable, socially beneficial and environmentally sound principles. To effectively do this will mean doing the following:

- Streamlining institutional responsibilities to solve the problem of low institutional capacity for environmental management;
- Strengthening inter-agency co-ordination and strict enforcement of policies and legislation to ensure compliance;
- Undertaking education and awareness creation to curb the problem of low awareness on the effects of human activities on the environment; and
- Providing adequate resources both human and financial to implement reforestation programmes not only at the national level but more importantly at the district levels.

4. RESOURCE REQUIREMENT

Although an estimated amount of resource requirement needed to restore and conserve the country's forest reserve is not available, projections based on 2007 Country Environmental Analysis (CEA) show high cost of environmental degradation of about 10 per cent of GDP in 2010 (NDPC 2010).

TARGET 7C: halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

1. STATUS AND TRENDS

Indicator 7.8: Proportion of population using an improved drinking water source
An improved access to safe or potable drinking water for both rural and urban household is critical for the health and increased productivity of the country. The available indicator for measuring MDG target 7C (i.e., the proportion of population using an improved drinking water source) has shown a remarkable improvement since 1990. Table 13 shows classification of improved and unimproved water sources by the WHO and UNICEF.

Table 13: Classification of Improved and Unimproved Water Sources

Improved Water Sources	Unimproved Water
✓ Household connection	✓ Unprotected well
✓ Borehole	✓ Unprotected spring
✓ Protected dug well	✓ Bucket
✓ Protected spring	✓ Rivers or ponds
✓ Public standpipe	✓ Vendor provided water
	✓ Tanker truck water
	✓ Bottled (& sachet) water

Source: WHO/UNICEF Joint Monitoring Programme (JMP).

Figure 24 shows trends of improved water sources in Ghana since 1990. It provides evidence to indicate that the proportion of Ghanaian population that uses improved drinking water source or delivery points (as defined below) has increased considerably from 56 per cent in 1990 to 84 per cent in 2008. Similarly, the proportion of the urban population with access to improved drinking water has increased from 86 per cent in 1990 to 93 per cent in 2008 while rural areas also saw an increase in the proportion with access to improved drinking water from 39 per cent to 77 per cent over the same period (Figure 24). This suggests that the country is likely to achieve and even exceed significantly above the MDG targets of reducing the proportion of Ghanaians without access to improved water sources to 22 per cent by 2015. Thus, Ghana is on track in achieving this MDG target ahead of the 2015 target since the data indicates only 16 per cent of the population in 2008 has no access to improved drinking water source (Figure 24).

With regard to the national coverage of sustainable access to safe or potable and affordable drinking water, two responsible agencies operating under the Ministry of Water Resources Works and Housing (MWRWH) are the Ghana Water Company Limited for the urban areas and Community Water and Sanitation Agency for the rural communities. According to the available data from the MWRWH, the percentage of the population with access to safe water in urban areas was

estimated at 58 per cent in 2010 while that for the rural areas is 62 per cent (See Table 14). While the population with access to safe water in urban areas remain same as the proportion in 2009, that for rural areas represent an increase of about 2 per cent over the 2009 level. The total number of communities served with safe water services nationwide increased by 5.4 per cent from the 2009 level of 9,242,366 ((NDPC 2010). These figures were achieved against a target of 85 per cent coverage for the urban dwellers and a target of 76 per cent for rural and small town dwellers by 2015.

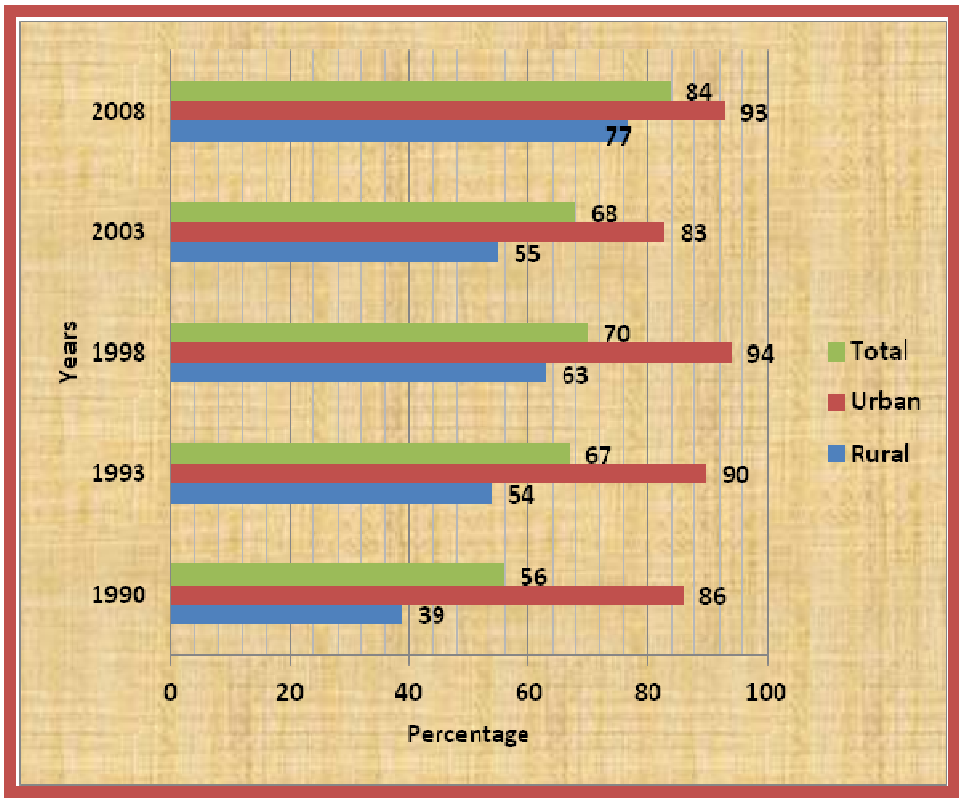

Figure 24: National Trends in Access to Improved Water Sources
Source: GDHS, 1993, 1998, 2003 & 2008.

Table 14: Percentage of Rural-Urban Safe Water Coverage by Region, 2010

Region	Estimated Rural Population	% Covered in 2010	Estimated Urban Population	% Covered in 2010
Ashanti	3,265,524	72.64	2,617.06	39
Brong-Ahafo	1,975,833	55.88	575,510	39
Central	1,559,278	56.77	1,987,440	51
Eastern	1,642,518	58.58	1,116,021	36
Greater Accra	699,545	58.95	3,950,746	74
Northern	2,151,632	60.68	580,886	68
Upper East	1,187,524	59.22	185,529	41
Upper West	625,355	76.94	128,492	10
Volta	1,776,776	63.08	490,980	46
Western	1,692,083	52.45	665,764	60
National	16,576,168	61.74	11,408,428	58

Sources: MWRWH/CWSA, 2010.

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Sources: **MWRWH/CWSA, 2010.**				

2. KEY FACTORS CONTRIBUTING TO PROGRESS

A number of interventions have been made over the last couple of years by government to improve and facilitate the provision of safe water in rural and urban communities within the policy framework of the Ghana Shared Growth and Development Agenda (GSGDA) with the objectives to: (i) accelerate the provision of affordable and safe water; (ii) develop capacity to manage water resources at all levels. In 2010, for instance, there was an increase in the number of water projects undertaken by both the Community Water and Sanitation Agency (CWSA) in the rural areas and the Ghana Water Company in the urban areas. Specifically, the following projects and programmes were undertaken in the water sub-sector in the year 2010:

- Building and rehabilitation of water treatment plants in Kumasi, Tamale, Koforidua (Ph3), Bolgatanga, ATMA Rurals, Mampong;
- Rehabilitation and expansion of medium capacity water treatment plants in district capitals;
- Rehabilitation and expansion of low capacity (minor) water treatment plants at Axim, Breman Asikuma and Kpando;
- 265 new boreholes, 47 boreholes, 5 hand-dug wells, 2 community pipe system were completed; and
- 73 small towns new pipe systems completed.

3. KEY CHALLENGES

Key challenges that have been identified and that require critical attention remain as follows:

- The fast pace of urbanization and the need to meet the growing demand for water for consumption, industry and commerce;
- Inadequate financial resources required to undertake and maintain huge water projects;
- Inadequate infrastructure especially unreliable energy sources to power and pump water to households. Competition between the CWSA and the private sector for technical expertise;

- Pollution of river bodies by small scale illegal miners particularly in the rural areas;
- Substantial regional variations in access to safe water still remain;
- The vital need to ensure public private partnerships in water provision for urban areas; and
- A more concrete role for communities in the management and delivery of urban water within their areas.

4. RESOURCE REQUIREMENT

The Ghana Macroeconomics and Health Initiative report (2008) indicates that to facilitate the achievement of this target, an estimated amount of US$732 million and US$850 million over the period 2002–2015 are required for what it terms as base and ideal scenarios respectfully. However, on annual basis, an amount of about US$179 million has been estimated by the Millennium Project as resource requirement for the period 2002–2015.

1. STATUS AND TRENDS

Indicator 7.9: Proportion of the population using an improved sanitation facility
Sanitation and good hygiene as well as safe water are fundamental to health, survival, growth and development of mankind. However, in Ghana it is a luxury for many households. It is now widely acknowledged that the country is far from achieving the MDG target for sanitation by 2015. Whereas the MDG target for the country is 53 per cent by 2015, as of 2010, the national coverage for improved sanitation was only 13 per cent (Figure 25). National coverage of improved sanitation facilities has been very slow creating a widening gap between actual trend and path to Goal (see Figure 25). The implication of this is that about one million, two hundred thousand people will need to have access to or use an improved sanitation facility each year till the target date of 2015. Put differently, the gap suggests that there must be approximately five times increase in coverage to be able to achieve the set target.

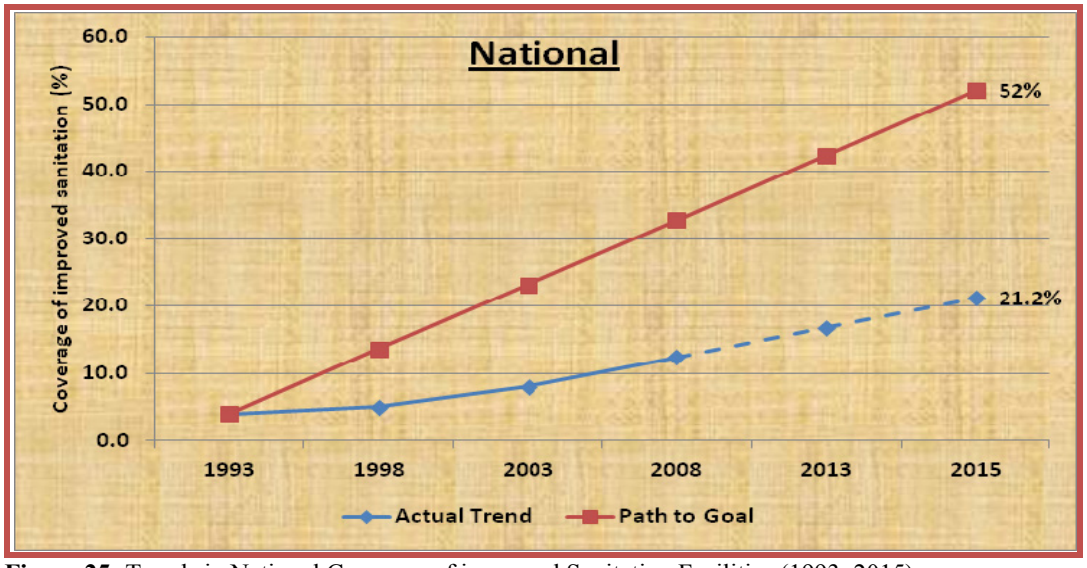


Figure 25: Trends in National Coverage of improved Sanitation Facilities (1993–2015)
Source: GDHS, 1993, 1998, 2003 & 2008.

According to WHO/UNICEF Joint Monitoring Platform (JMP), an improved sanitation facility is defined as one that hygienically separates human excreta from human contact. In other words, users of improved sanitation facilities are those that are not shared by multiple households. Table 15 shows the examples and indications of sanitation facilities in the improved and unimproved categories:

Table 15: Classification of Improved and Unimproved Sanitation Facility

Improved Sanitation Facilities	Unimproved Sanitation Facilities
✓ Flush or pour-flush to piped sewer system, piped sewer system and pit latrine	✓ Flush or pour-flush to elsewhere
✓ Ventilated improved pit latrine (VIP)	✓ Pit latrine without slab or open pit
✓ Composting toilet	✓ Bucket
	✓ Hanging toilet or hanging latrine
	✓ No facilities/bush/field (open defecation)

Source: WHO/UNICEF joint Monitoring Platform (JMP).

With regard to the urban and rural areas, the GDHS (2008) report indicates that for urban areas, coverage increased by about three percentage point between 2003 and 2008 to reach 17.8 per cent (Figure 26). Sanitation coverage in rural areas was recorded at 8.2 per cent in 2008, from a low of 2 per cent in 2003. The GLSS reports from 1991/92 to 2005/06 complement this evidence by suggesting that the proportion of households having access to adequate toilet facilities (a flush toilet or the KVIP toilet) has increased sharply in urban areas between 1991/1992 and 1998/99, and further to the years leading to 2005–2006. However, the changes observed in rural areas have been rather small. Further analysis reveals that the increase in access is predominantly due to large increases in the use of KVIP toilets in urban areas over the fifteen year period. The data suggests that although all groups have benefited from recent increases in the provision of KVIPs, wealthier groups are still much more likely to have access to adequate sanitation.

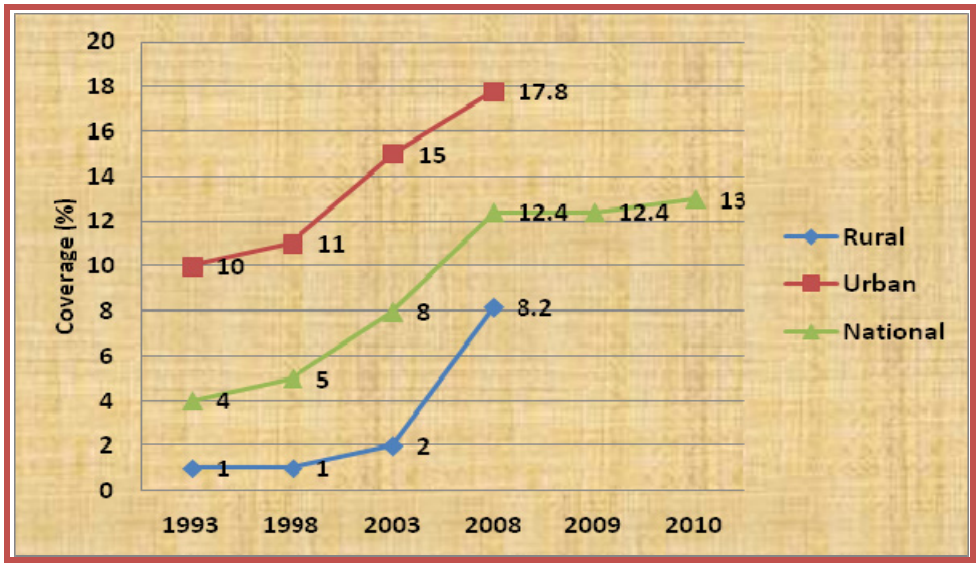


Figure 26: Trends in Coverage of improved Sanitation Facilities (1993–2010)
Source: GDHS, 1993, 1998, 2003 & 2008.

2. FACTORS CONTRIBUTING TO THE PROGRESS

As part of government's efforts to improve sanitation, a number of interventions and projects have been implemented or are on-going.

- Ghana has developed another MDG Acceleration Framework (MAF) for Sanitation in order to fast track the attainment of MDG 7C by 2015. The three key strategic intervention areas identified for improving basic sanitation under the MAF are, scaling-up Community-Led Total Sanitation (CLTS) country-wide, implementing decentralized treatment/disposal systems incorporating harvesting/re-use of biogas, and rolling out targeted Micro-finance credit scheme for household latrine construction.
- In order to restore the biodiversity of our coastal communities, the Coastal Development Programme aimed at keeping the coastal line clean is being implemented in the Volta, Greater Accra and Western Regions to promote coastal eco-tourism and generate jobs.
- Under the Urban Environmental Sanitation Project, construction of additional storm drainage and community infrastructure upgrading in major towns and cities including Accra and Kumasi was initiated. This also involved the construction of primary storm water drains in various places across the country to improve sanitation and ensure sustainable environment.
- Under IDA funding a number of sanitation related projects were initiated and some completed. Between 2010 and 2011, 8,501 units of household lavatories as against a target of 8,200 units have been completed in 5 metropolitan Assemblies under the project.
- Introduction of Sanitation Guards under the National Youth Employment Programme to assist Environmental Health Officers in intensifying education and enforcing sanitation laws.
- A unit has also been set to implement the Community Led Total Sanitation Strategy in all regions and develop Information, Education and Communication (IEC) materials. It will also implement awareness programmes.
- In addition, the Unit will support MMDAs to legally acquire treatment and disposal sites and review bye-laws of MMDAs and ensure enforcement.
- The MMDAs outlawed of the use of pan latrines in every community in 2010 after which individuals and households using pan latrines will face prosecution.

3. KEY CHALLENGES

Challenges identified in improving sanitation still remain as follows:

- Inability to effectively monitor environmental sanitation due to the unavailability of accurate and timely data on sanitation.
- Access to improved sanitation is more prevalent in urban than rural areas.
- Significant regional differences in access to improved sanitation continue to exist, with the three northern regions having the lowest proportions of households with access to improved sanitation facilities. Even within regions wide disparities exist between urban

and rural population. In the three northern regions, lack of access to improved sanitation was more prevalent in the rural population than in the urban population; and

- Rapid urbanization, population pressures, poor sanitation and solid waste management, low level of investment in sanitation delivery, and fast unplanned expansion of cities pose major challenges for the full attainment of this MDG 7 target.
- The challenge in effecting attitudinal and behavioural change as a more extensive education and awareness creation is required.

4. RESOURCE REQUIREMENT

According to the Environmental Health and Sanitation Directorate (EHSD) of the Ministry of Local Government and Rural Development, Ghana requires about US$1.5 billion within the next five years in order to attain the MDG in Sanitation by 2015. This means that Ghana will require a capital investment of about US$300 million on an annual basis to be able to attain the MDG 7 target for improved sanitation.

TARGET 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

1. STATUS AND TRENDS

Indicator 7.10a: Population with access to secure housing (%)
7.10b: Proportion of urban population living in slums (%)

Shelter is an integral component of human settlement necessary for the survival and efficient functioning of mankind. However, shelter or housing in Ghana is woefully inadequate. The housing deficit is currently estimated to be approximately 1.6 million units. This means that 160,000 housing units are needed annually to address the deficit over the next 10 years; yet public and the private sector combined to deliver only 25,000 new housing units onto the market each year. This situation has resulted in a large increase in insecure housing and growing expansion of slums particularly in the urban areas. It is against this backdrop that the Ghana government has adopted the MDG target 7 and to track its performance with regard to the two indicators specified above.

Population with access to secure housing

The Ghana Statistical Services (GSS) defines a secure house in Ghana as "…a structurally separate and independent place of abode such that a person or group of persons can isolate themselves from the hazards of climate such as storms and the sun". However this type of housing is only a small proportion of dwelling units in the country which is broadly defined as "a specific area or space occupied by a particular household and therefore need not necessarily be the same as a house". Although there is no new data, existing statistics from the 2000 Population and Housing Census shows that, out of 3.88 million dwelling units recorded in 2000 in Ghana, less than 50 per cent were classified as houses, while the remaining were dwelling units constructed with poor quality mud bricks and earth, mostly with thatched roof and poor floor construction materials.

Increasing population growth, poverty and rural-urban migration have contributed largely to make makeshift housing or dwelling units as described above as place of abodes for many

households in both rural and urban areas. At a projected average urban growth rate of around 3 per cent between 2000 and 2030, Ghana's urban population is expected to increase from about 52 per cent of the total population in 2010 to around 65 per cent by 2030 (Figure 27a). Meanwhile, the proportion of the population with access to secure housing is just about 13 per cent, which based on the current trend, is only projected to reach about 18.5 per cent (Figure 27b).

The proportion of urban population living in slums

The steep rise in urban population, however, puts a strain on the limited social infrastructure resulting in congestion, overcrowding and the emergence of slums with its attendant social vices. According to UN-HABITAT, a slum is a run-down area of a city characterized by substandard housing and squalor and lacking in tenure security. These areas often lack one or more of the following conditions: (i) access to improved water; (ii) access to improved sanitation; (iii) sufficient-living area; (iv) durability of housing; and (v) security of tenure. On the average, it is estimated that about 20 per cent of urban dwellers live in slums, although MWRWH data indicates that the percentage has been declining since 2005 and is expected to further decline to about 14 per cent by the year 2020 (Figure 28).

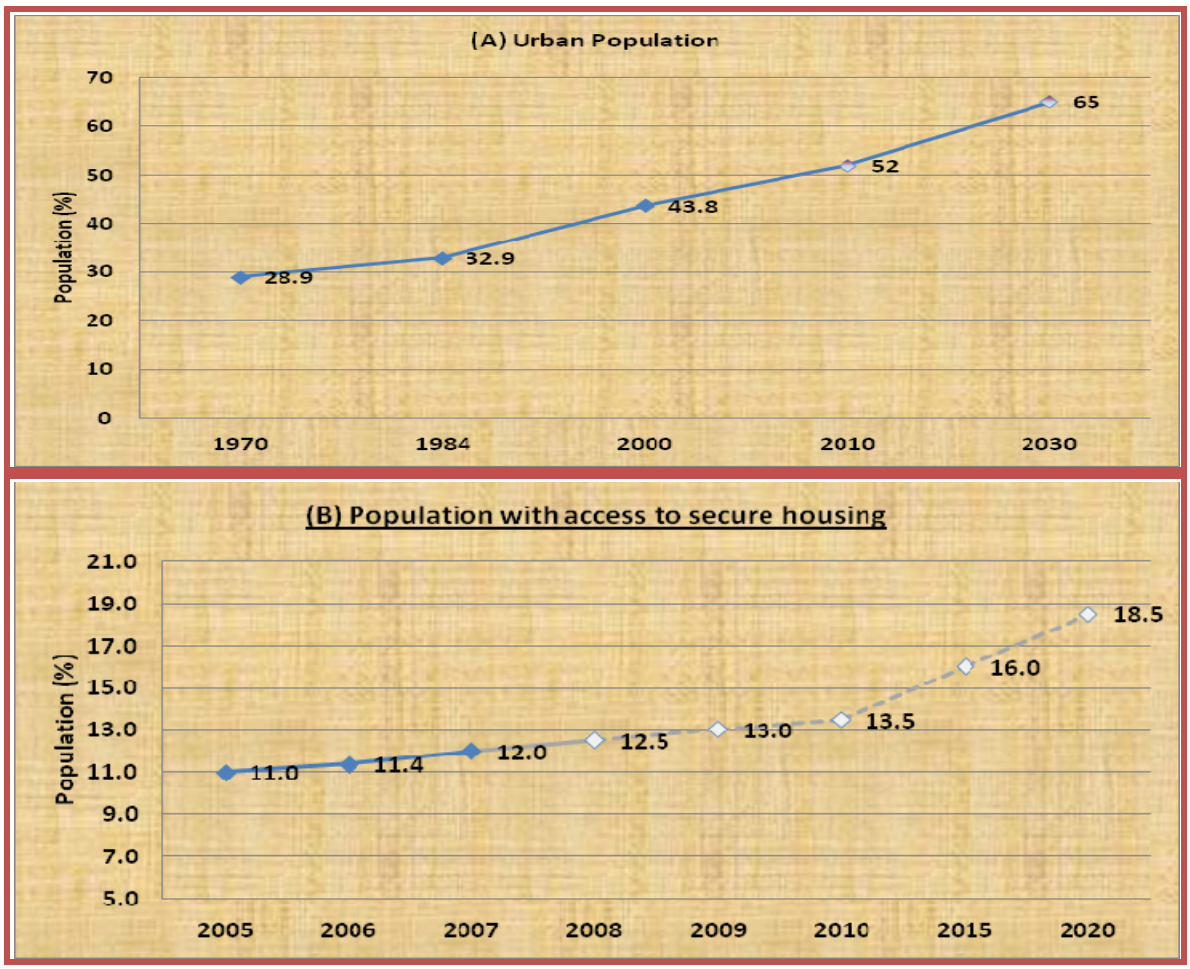


Figure 27: Trends in Proportion of Urban Population and Population with Access to Secured Housing
Source: MWRWH, 2010.

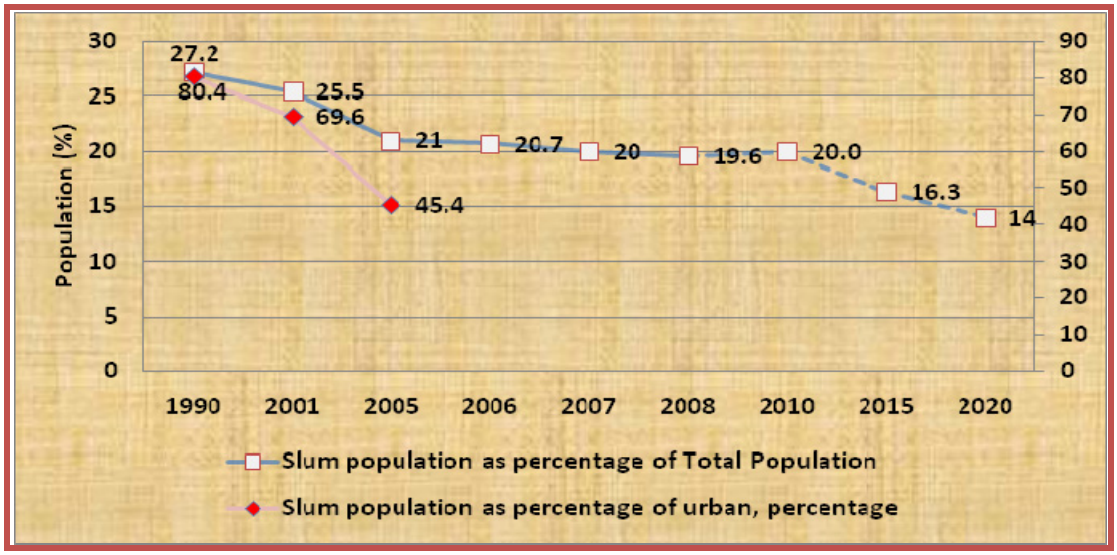


Figure 28: Proportion of Urban Population living in slum
Source: MWRWH, 2010.

The increasing emergence of slums in urban areas is attributed largely to the rapid process of urbanization in the country, the accompanying attractive pull factor for people from the rural areas to the urban cities and conflicts. Moreover, limited supply of land and regulatory frameworks to address the needs of the urban poor has also been identified as another major contributory factor. This has been attributed to the fact the lack of a housing policy that addresses the needs of low income earners also creates a shortage of housing units for the urban poor.

2. FACTORS CONTRIBUTING TO THE PROGRESS

Several interventions/initiatives have been embarked on by the government to make housing accessible to low and middle income groups in the country and to reduce the slums situations through the Affordable Housing Programme and Slum Upgrading Facility. Notable among these initiatives in 2010 are:

- To ensure sustainable urban development through the upgrading of slum areas, the government initiated The Slum Upgrading Facility (SUF) in collaboration with the UN-Habitat in 2008. The SUF operated under the premise that slums can be upgraded successfully when slum dwellers are involved in the planning and design of upgrading projects and able to work collaboratively with a range of other key stakeholders.
- In 2009, SUF established two Local Finance Facilities (LFF's) managed under a joint secretariat called the Ghana Slum Upgrading Facility Secretariat located at the Institute of Local Government Studies. The two facilities have a series of projects that are being evaluated to ascertain their financial viability prior to approval for implementation.
- Under the Tema-Ashaiman SUF (TAMSUF), a mixed use residential facility has been constructed at Amui-Djor, an electoral area in the Ashaiman Municipality to accommodate 31 families with 15 stores and some toilet and bathing facilities to generate extra income. The project will be handed over to the Amui-Djor Housing Co-operative society. This is a Four Hundred and Twenty-Six Thousand Ghana Cedis (GH¢426,000)

project which was supported by the Ministry of Water Resources, Works and Housing to the tune of GH¢29,714.

- Work slowed down considerably on the 4720 units that are at various stages of completion, but is picking up again at the six sites, namely Borteyman and Kpone in the Greater Accra Region, Asokore-Mampong in the Ashanti Region, Koforidua in the Eastern Region, Tamale in the Northern Region, and Wa in the Upper West Region.
- A number of the house types at Borteyman, Kpone and Asokore-Mampong have reached advanced stages of completion requiring the installation of electrical and plumbing fixtures and fittings and connection to the mains. Work on the access and internal roads as well as the construction of sewage treatment plants are in progress at these sites.
- With the support of Government, COCOBOD continued the implementation of the Cocoa Farmers Housing Scheme. An amount of GH¢868,000 was released in 2010 to the Department of Rural Housing for the construction of 26 houses. Contracts for all the 26 houses have been awarded for construction.
- As a policy to facilitate the acquisition of houses, Government provided loans to 101 public servants to complete or purchase SSNIT/Estate Houses.
- A Draft Urban Policy has been produced and subjected to stakeholder consultations. In the area of land use a bill on land use and planning was produced and also subjected to stakeholder consultations. In addition, Draft Legislative Instruments were produced and also subjected to consultations among stakeholders.

3. KEY CHALLENGES

A number of challenges in expanding improved and affordable housing units as well as upgrading of slum areas remain as follows:

- In the area of housing, constraints militating against the country's ability and capacity to resolve the housing deficits have been identified to include high cost and access to land with title that is free from disputes; inadequate long term finance for the housing sector; heavy reliance on expensive imported building materials and undeveloped local building materials.
- Weak capacity of Government agencies, particularly the Metropolitan, Municipal And District Assemblies (MMDAs) to provide adequate housing facilities and map out well planned residential and commercial areas, have all contributed to the haphazard development of social and economic activities in the cities. Statistics from the Town and Country Planning Department indicate that, 60 per cent of districts have no town and Country Planning establishments and professionals.
- Weak enforcement of planning laws as well as weak legal framework (ACT 462, ACT 480) on slum development and slum upgrading and prevention.
- Susceptibility and lack of appropriate land and regulatory framework to address the needs of the urban poor as well as unclear mandate of local authorities to facilitate housing provision.

4. RESOURCE REQUIREMENT

It is estimated that 160,000 houses are required annually in the next 10 years to resolve the housing deficit. According to the Ministry of Water Resources, Works and Housing and Construction, this will require an estimated $2 billion to $3.6 billion each year over the next decade to put up these houses. This, therefore, poses enormous challenge for the country in order to meet the MDG 7 target of achieving a significant improvement in the lives of proportion of the population living in slums and those with access to secure housing.

Goal 8: Development a Global Partnership for Development

TARGET 8A: Address the special needs of the least developed countries

1. STATUS AND TRENDS

Indicator: (c) Official Development Assistance (ODA) Receipts by Government of Ghana, as a percentage of GDP

(d) Programme Aid as % of share of total ODA

The UN MDG 8 has a target of increase in aid from developed countries to 0.7 per cent of Gross National Income by 2015. While many developed countries have not met this target, a few such as Denmark, Luxembourg, the Netherlands, Norway and Sweden have exceeded it. Aid inflow into Ghana takes different forms, including project aid, budget support aid and sector budget aid. Prior to the mid-1960s, aid flows were relatively unimportant in Ghana partly due to the substantial foreign exchange reserves, little debt, and a relatively small public sector. However, this trend has changed in recent times as the country has increased its dependence on foreign aid. Ghana is noted for its heavy dependence on external aid as a source of financing both soft and hard infrastructure and other state expenditure. Over the decade, ODA inflow to Ghana has been fluctuating, particularly if it is compared to the total ODA flows to the developing countries. Figure 29 shows that Ghana's Net ODA in relation to total ODAs to the Least Developed Countries has been hovering around 0.04 per cent from the period 2005 to 2009.

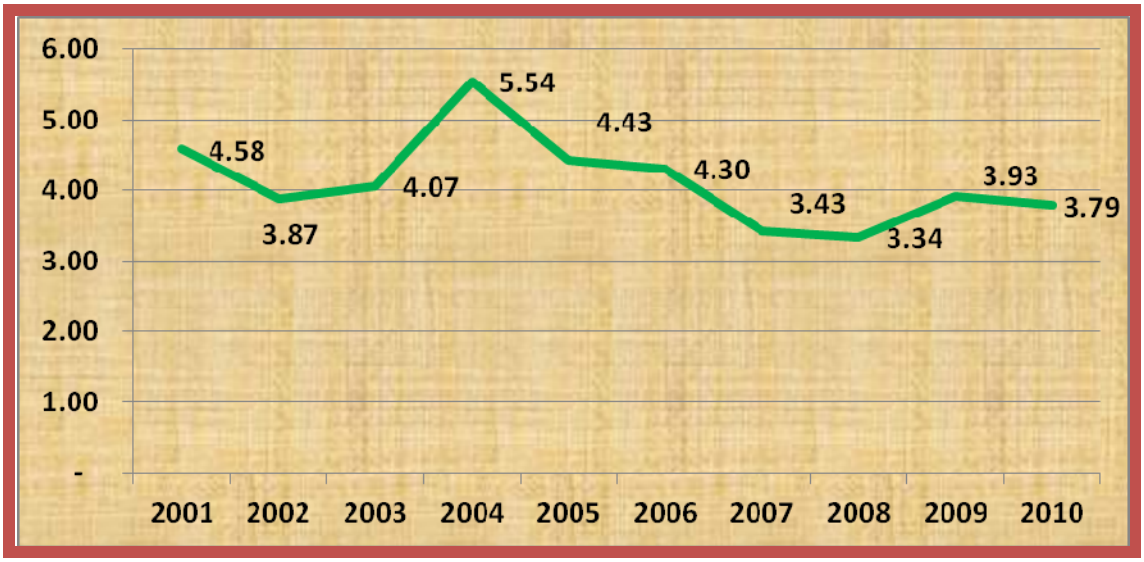
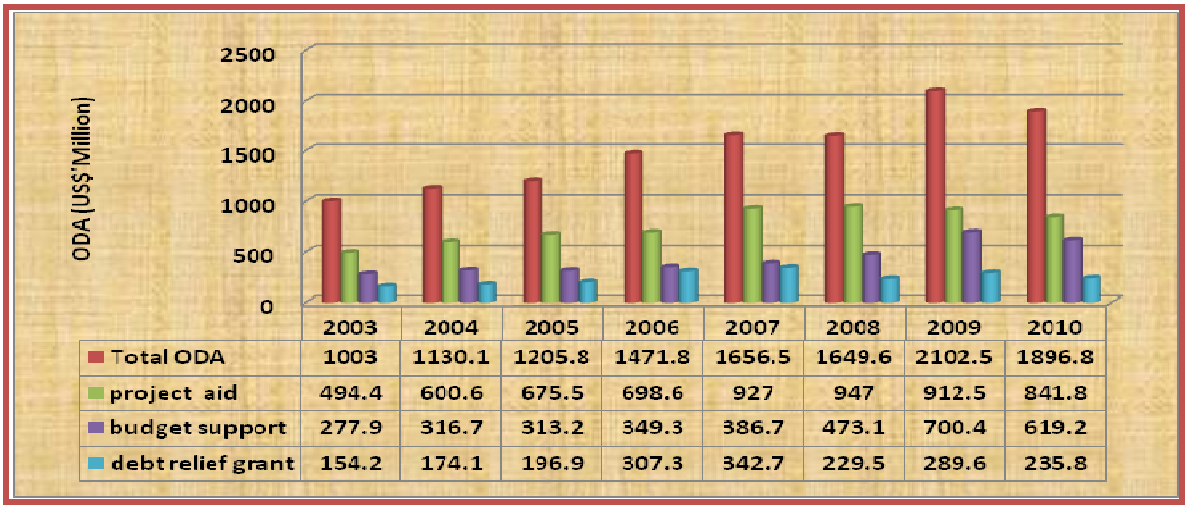


Figure 29: Ghana's ODA (as per cent of ODA to Least Developed Countries)
Source: MOFEP, 2011.

The total ODA inflows into the country increased steadily from the period 2003 to 2007. However, there was a small decline in 2008 before increasing again in 2009 and then declining in 2010 (See Figure 30). Project aid constitutes the highest percentage of total ODA received from 2003 to 2010. This is followed by budget support aid. Debt relief grant has declined in recent years. Debt relief, which has been declining in recent years, amounted to USD 235.8 million in 2010, representing 12.43 per cent of total ODA received.



	2003	2004	2005	2006	2007	2008	2009	2010
Total ODA	1003	1130.1	1205.8	1471.8	1656.5	1649.6	2102.5	1896.8
project aid	494.4	600.6	675.5	698.6	927	947	912.5	841.8
budget support	277.9	316.7	313.2	349.3	386.7	473.1	700.4	619.2
debt relief grant	154.2	174.1	196.9	307.3	342.7	229.5	289.6	235.8

Figure 30: Total ODA Inflows and Programme Aid, 2003–2010 (%)
Source: Ministry of Finance and Economic Planning.

The World Bank and the European Union were the major multi-lateral development partners while the Netherlands and the United Kingdom were the major bi-lateral contributors. ODA received as percentage of GDP has not shown unique trend over the years. It swings in both directions of decrease and increase over the years. In 2010, the percentage of ODA to GDP was 12.8 per cent (Figure 31), indicating a decrease of 2 percentage point from a value of 14.6 per cent in 2009.

Likewise, the ODA per capita has also increased overtime. ODA per capita stood at USD 66.44 in 2009. The net ODA as a percentage of capital formation has also reverted to an increasing trend since 2008 to 30.9 per cent in 2009 (Figure 32).

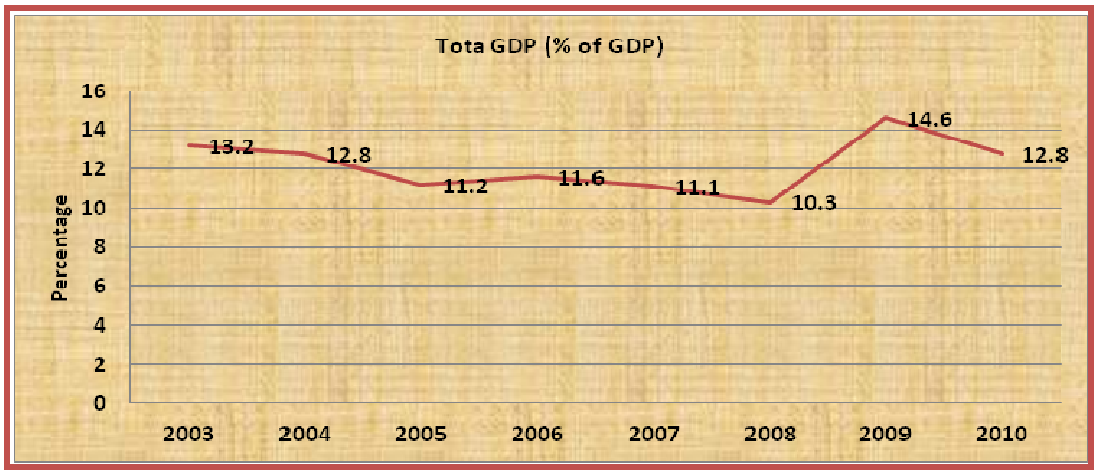


Figure 31: Total ODA as a Percentage of GDP
Source: MOFEP, 2010.

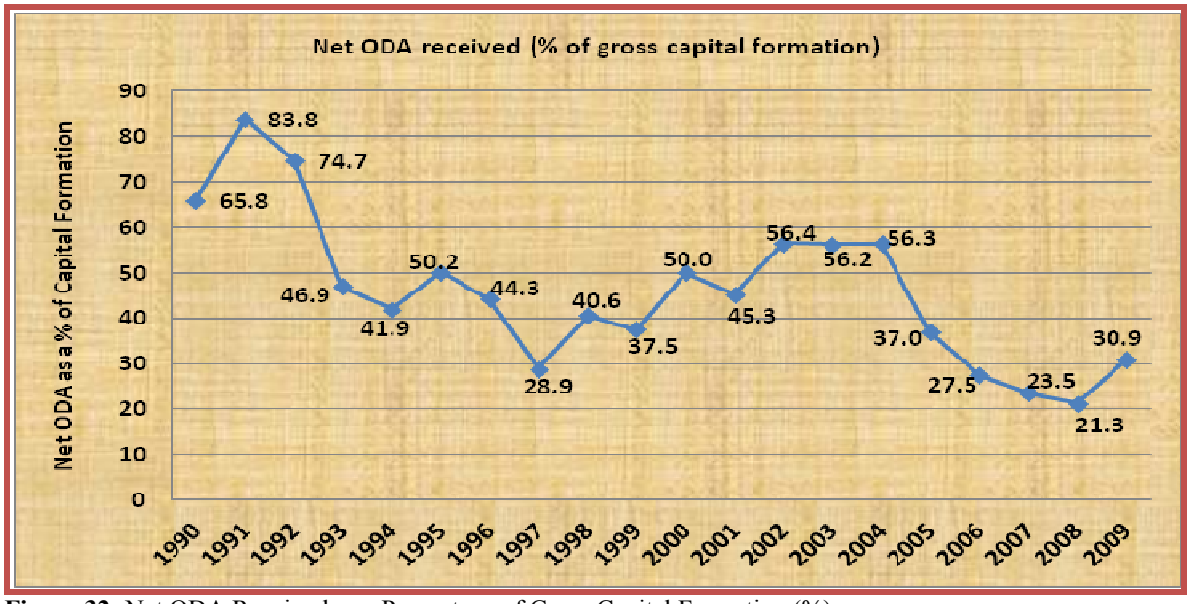


Figure 32: Net ODA Received as a Percentage of Gross Capital Formation (%)
Source: MOFEP, 2010.

2. KEY FACTORS CONTRIBUTING TO PROGRESS

The main factors contributing to the progress remain:

- Good governance: Political stability and improved democratic governance including strengthening of Parliament, protecting of rights under rule of law, ensuring public safety and security, empowering women and vulnerable groups, and improving domestic accountability, has led to growing confidence of development partners in the country

systems. Since 2003, the country has introduced new rules governing procurement and competitive bidding systems (Public Procurement Act 663), accountability (Internal Audit Agency Act, 2003 (Act 658), and efficient utilization of resources (Financial Administration Act, 2003 (Act 654). Furthermore, Parliament through the Public Accounts Committee continues to exercise its statutory oversight control over the budgetary process by holding public hearings on the Auditor General's report on the use of public funds. The essence is to ensure accountability of public officers in the use of public funds, reduce duplication, transaction costs, and misdirected aid as well as to make the country and donor aid resource utilization more effective and efficient.

- Improved partnership between government and development partners based on the Paris Declaration: The period between 1983 and 1999 was characterized by disproportionate power imbalance in aid administration in Ghana, with large number of agencies, a high proportion of bilateral aid, high proportion of project and investment aid, and high proportion of technical assistance. The government begun to transform government-development partner relations into mechanisms or important forum for policy dialogue on strategic reforms and allowed international partners to commit resources to measurable results. The partnership has evolved through regular sector dialogues, Consultative Group (CG) meetings and country review missions. As part of the process of deepening the government-donor partnership, regular meetings have been introduced at the sectoral levels by the government to dialogue with Sectoral Working Groups (SWGs). These meetings, usually led by government agencies, are structured to identify and prioritize focal areas which require support from specific development partners. Overall, improved government-donor partnership has facilitated a shift from activity-based to results-oriented approach to aid delivery and management, and has contributed positively to changing the aid architecture in Ghana.

- The ownership of development process and alignment of donor resource towards implementation of the development policy framework: Ownership of the development process as characterized by a country's ability to exercise effective leadership over its development policies and strategies is critical to achieving development results and is central to the Paris Declaration. In acknowledgement of this fact, Ghana has since 2003 prepared three Medium Term National Development Policy Frameworks, namely Ghana Poverty Reduction Strategy (GPRS I), the Growth and Poverty Reduction Strategy (GPRS II) and the Ghana Shared Growth and Development Agenda, which have provided the basis for donor coordination and alignment. Sector and local governments derive their respective medium-term development plans from them, and also monitor the progress made in achieving sector and district development targets. This process has enabled the government to deepen the ownership of the development process as well as the coordination of donor assistance towards implementation of the development policy framework.

- Transparency and Accountability through improvement in public financial management: The improved public financial management increases the confidence of Development Partners in the use of the country's systems. Though some weaknesses exist in the rules, systems and capacity of users in the public sector, improvements have been observed in:

- budget execution and control,
- timely external auditing of the accounts of the consolidated fund,
- broadening of budget coverage to include more information on internally generated funds and external grants (including HIPC and MDRI grants), and
- external audit reports being produced in a more timely fashion with the Annual Report by the Accountant General being submitted to Parliament within 12 months of the closing of the accounts.

3. KEY CHALLENGES

The key challenges to the continued aid inflows are:

- The current debt crisis in EU and poor economic performance in the USA and Japan both of which are major contributors. Preliminary findings based on DAC members' returns to the forward spending survey suggest slower aid growth ahead. Global country programmable aid is planned to grow at a real rate of 2 per cent per year from 2011 to 2013, compared to 8 per cent per year on average over the past three years. For DAC countries' bilateral aid only, the projected increase is slightly lower at 1.3 per cent per year.
- The implications of the country's attainment of a middle income status in relation to the availability of donor support and the terms on which loans are provided to the government;
- Weakness in aid administration in Ghana due to the absence of a Comprehensive framework guidelines and targets to facilitate effective aid delivery is another challenge. The participatory process towards formulating a National Aid Policy, currently in progress, is expected to address this weakness.

The broad consensus emerging from the consultative process towards formulating a Ghana Aid Policy includes addressing issues linked to the following broad objectives:

- Ensure Value for Money through the reduction of untied aid (including food and technical assistance by 100 per cent by the year 2010;
- Setting of concessionality/grant element floors in aid inflows with a clearly defined link of such facilities to a national debt policy;
- Ensure strong elements of multi-year and in-year predictability of aid delivery and a measure of flexibility in contingency provisions required to address shocks and emergency priorities of GOG;
- A rolling medium term programme and results-based aid expenditure plan linked to the Medium Term Expenditure Frameworks;
- Encourage DPs to identify and explicitly put targets on relative preference for budget support on one hand and sectoral and pooled funds on the other;
- Reduce the levels of donor conditionalities which tend to undermine country ownership and exacerbate unpredictability;
- Reduce the requirement for counterpart funds, multiple PIUs and pre-shipment regimes;
- Increase the capacity to use Ghana-led studies, analysis and reports;

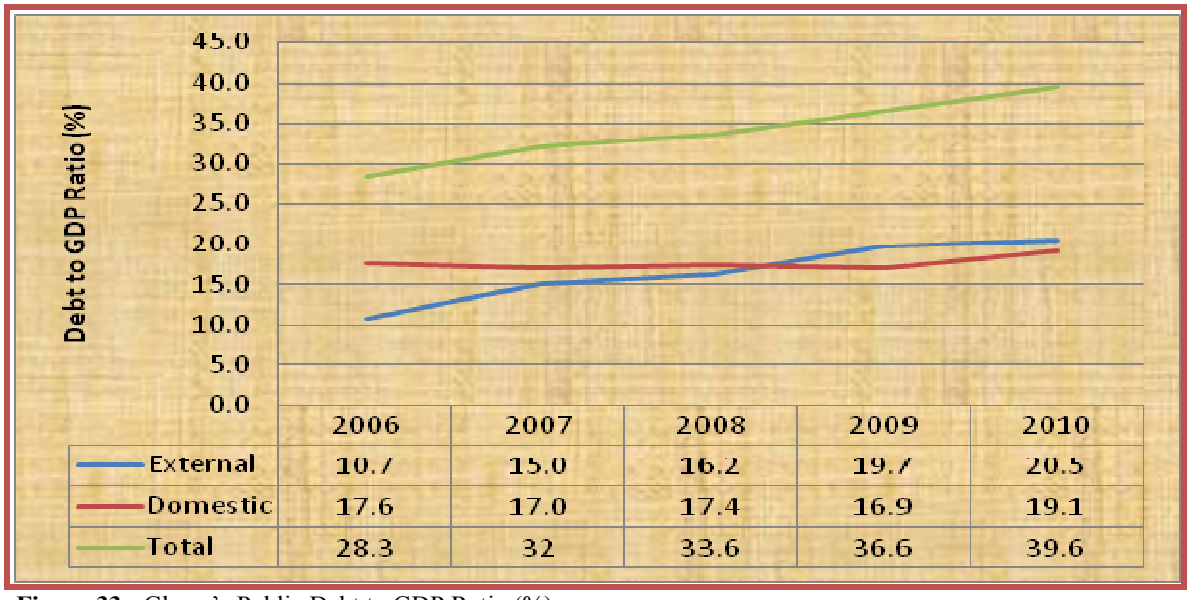
- Switch from the payment modality of re-imbursements to accountable cash advances; and
- Observe a national mission-free period in the calendar year.

Target 8D: Deal comprehensively with the debt problems of developing countries

1. STATUS AND TRENDS

Indicator: 8.12a. Public Debt as a percentage of GDP
8.12b. Debt servicing as a percentage of exports of goods and services

The total debt situation in the country continued its upward trend since 2006. The total public debt consists of domestic and external debts. While both domestic and external debts have increased over the years, the increase in the former outweighed that of the latter. The changing importance of external and domestic debt can partly be attributed to debt relief such as the Highly Indebted Poor Countries (HIPC) and the Multilateral Debt Relief Initiative (MDRI) and other debt reliefs. It may also be due to increase in borrowing by government. Between 2009 and 2010, the external debt to GDP ratio increased slightly from about 19.7 per cent to about 19.8 per cent, while domestic debt to GDP increased from 16.9 per cent to 18 per cent (Figure 33).



	2006	2007	2008	2009	2010
External	10.7	15.0	16.2	19.7	20.5
Domestic	17.6	17.0	17.4	16.9	19.1
Total	28.3	32	33.6	36.6	39.6

Figure 33: Ghana's Public Debt to GDP Ratio (%)
Source: MOFEP, 2000–2011.

For debt sustainability issues, the country's Debt Sustainability Analysis (DSA) shows total public debt as a percentage of GDP has witnessed upward trend since 2006 (the initial year of the rebasing) to the present. From 28.3 per cent in 2006 it increased to 33.6 per cent in 2008 and to about 37.8 per cent in 2010 (Figure 33). The ratio is, however, projected to remain at 37.8 per cent of GDP in 2015 since debt dynamics and trajectories of debt ratios assessed under the DSA showed that the solvency and liquidity conditions which demonstrate ability to service debt are favourable over the medium to long-term.

Debt Amortization

Though the external debt stock has increased over the period, the external debt servicing ratios have been declining since 2008. The external debt services to domestic revenue ratio decreased from 7.8 per cent in 2008 to 6.6 per cent in 2010, though it increased to 9.7 per cent in 2009 (Figure 34). The external debt services to export of goods and services ratio decreased by 100 basis points in 2010 from a rate of 4.3 per cent in 2009. The 2011 Budget Statement indicates that an amount of US$502.3 million was used to service debt in 2010. The debt service situation in Ghana is becoming sustainable mainly due to the expansion of the economy and the rebasing of the GDP.

2. KEY FACTORS CONTRIBUTING TO PROGRESS

A number of policy initiatives have been introduced by government. This includes efforts to improve the regulatory and legal environment for effective debt management. This takes the form of consultation with relevant stakeholders to review the loans Act and other regulations, with capacity being built continuously for credit and risk management, hedging, external and domestic debt. The government also commenced conducting of a periodic Debt Sustainability Analysis and updated the Medium-term Debt Strategy to ensure continuous public debt sustainability and the adoption of appropriate strategies. The debt management strategy is also expected to be guided by strict adherence to the maintenance of fiscal sustainability and deepening of the domestic debt market by ensuring the following:

- Achieve a target of at least 35.0 per cent level of concessionality in the external loan portfolio, including those loans under the mixed credit facility of the export credit agencies;
- Ensure that floating interest rate loans do not exceed 10.0 per cent of the total loan portfolio;
- Extend the maturity profile of domestic debt; and
- Keep the total public debt ratio below a ceiling of 50.0 per cent of GDP.

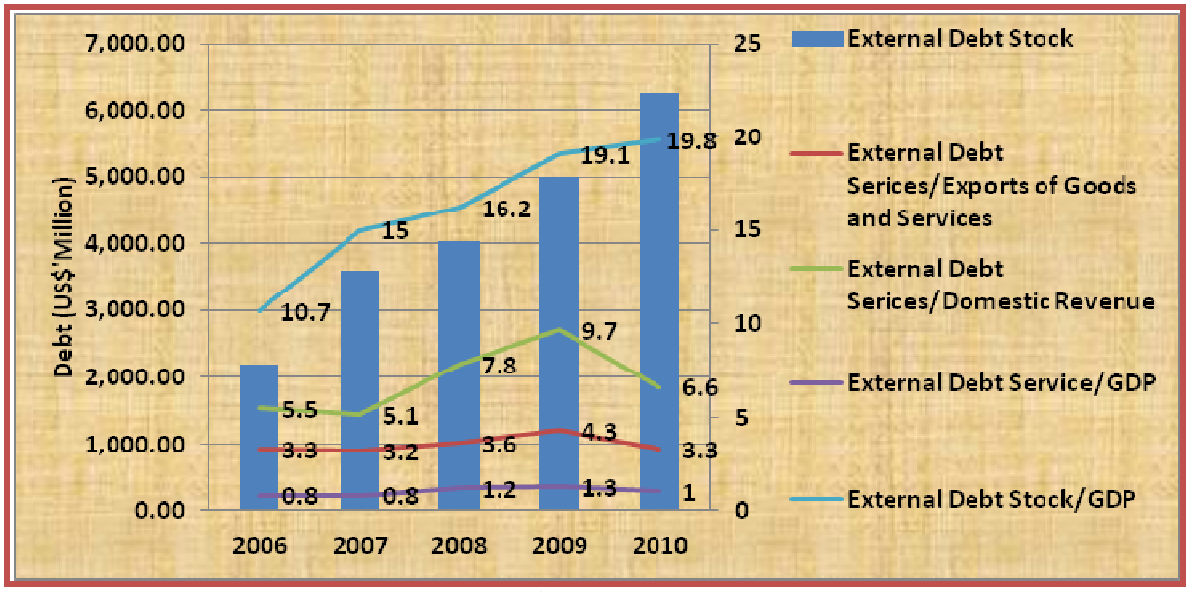


Figure 34: Selected External Debt Indicators (US$' Million)
Source: Bank of Ghana.

3. KEY CHALLENGES

- Debt sustainability continues to pose a challenge to the country despite prudent measures to ensure proper fiscal management of resources and spending;
- Over-reliance on donor support could pose severe financial gaps in the face of unfavourable external shock such as the global financial and economic crisis that stifled the flow of aid and other donor support;
- Changes in the international economic environment and the need for effective and efficient debt management in current debt management operations; and
- The rising floating rate external debt poses significant risks to debt servicing when the London Inter-Bank Offer Rate (LIBOR) increases in the medium-term.

Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

1. STATUS AND TREND

Indicators:
8.14: Telephone lines per 100 population
8.15: Cellular subscribers per 100 population
8.16: Internet users per 100 population

Ghana is experiencing a technological revolution centred on information and communication technologies (ICT), which is shaping, at an accelerated rate, the very structural transformation and the social fabric of the country. In the entire 1990s, less than 0.5 per cent of the population had access to any ICT services (e.g. mobile telephony or internet). The situation, however, changed drastically from 2000. Currently, the contribution of ICT to GDP in 2009 stood at 2.3 per cent, increasing to 3 per cent by the end of 2010.

Mobile Phone Usage
Mobile phone subscription has since 2000 increased significantly. Mobile cellular phone subscription jumped from about 0.67 per 100 inhabitants in 2000 to 63 per in 100 inhabitants in 2009 (Figure 35). According to the National Communication Authority (NCA), the total subscription stood at 17.4 million at the end of 2010, which represented a penetration rate of about 71.5 per cent. This has been facilitated by the increase in the number of service providers and the expansion in the network coverage across the country. The reduction in the price of mobile phones and the cost of using these phones can also explain the rapid expansion. The same success story cannot be said of the fixed lines whose expansion has been much slower than the cellular's. The total fixed lines were 267,389 in 2009 and increased marginally to 277,897 in 2010. These figures give a teledensity/ penetration rate of 1.2 per cent in 2010 for fixed lines and 75 per cent for mobile phones (NCA 2010).

Internet Usage
Like the cellular phone, internet usage has expanded rapidly since 1995, although its rate of increase has been slower. With virtually only isolated cases of internet access in 1995, usage has increased

dramatically to about 5.3 per cent of the population in 2009 (Figure 36). However, According to the NCA (2010), subscribers of internet service for the entire population almost doubled from 2,300,000 in 2009 to 4,200,000 in 2010. Moreover, the number of authorized providers of internet service stood at 90 in 2009, although only 35 of them were believed to be in actual operation. The NDPC's (2010) Annual Progress Report also indicates that the number of schools that have access to internet services grew steadily over the same period. In 2009 about 22 per cent of the secondary schools had access to the service. This number had remarkably jumped to 50 per cent in 2010. It is significant to note that internet subscribers are much lower than the proportion of the population that uses the internet. This is largely because much of the internet user population access the internet at internet cafes.

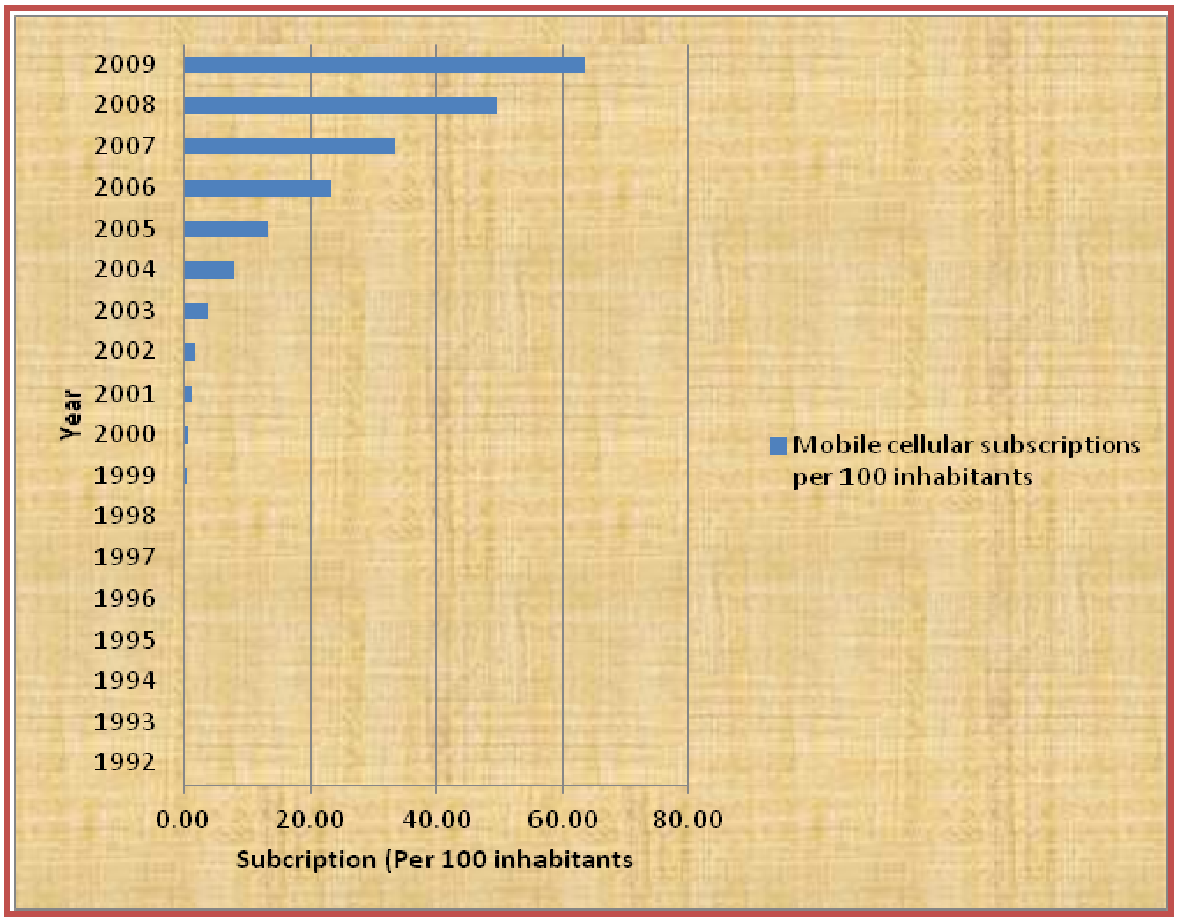


Figure 35: Number of Mobile Cellular Subscribers per 100 inhabitants, 1992–2010
Source: International Telecommunication Data, 2010.

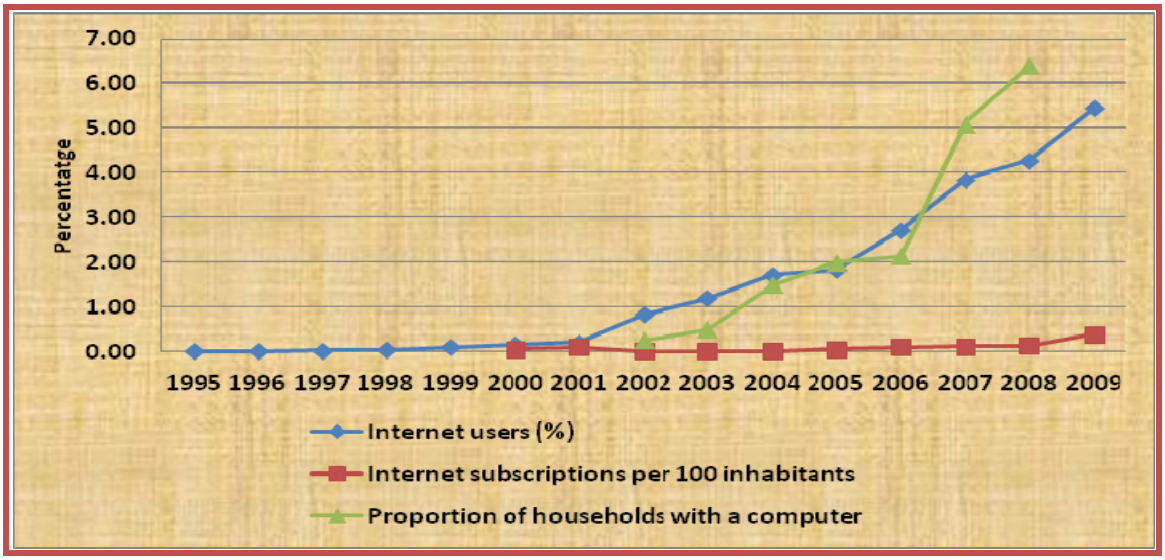


Figure 36: Percentage of Internet Users and Percentage of Households with Computers
Source: International Telecommunication Data, 2010 and NCA, 2010.

There has been a sharp rise in the ownership of computers by households, although the proportion itself is still low at less than 7 per cent in 2008 (Figure 36). Again, the number of schools with computers saw an improvement. All the Technical and Teacher Training schools and almost all the SHS have computers, but only 20 of the 7,969 JHS.

2. FACTORS CONTRIBUTING TO PROGRESS

A number of policy interventions were initiated by government through the ICT regulator, NCA. This was informed by the main policy direction for the information communication technology in GSGDA (2010–13) which are outlined as follows:

- Strengthening of the institutional and regulatory framework for managing the ICT sector,
- Promotion of rapid development and deployment of the ICT infrastructure, the promotion and use of ICT in all sectors of the economy. The key projects driving these objectives include telecom penetration, mobile number portability (MNP), telecommunication Gateway, National Fibre Optic Backbone and Broadband.

The year 2010 saw the following key policy measures and activities undertaken in the Information and Communication Technology subsector:

- In the 2010, NCA and Bureau of National Communications (BNC) undertook a nationwide exercise to clear all illegal spectrum occupants in the 450MHz band. In furtherance to this, NCA collaborated successfully to migrate BNC from the 800MHz band to 450MHz band to pave way for the rolling out of the sixth mobile network that will operate on the 800MHz band.
- The Ministry in collaboration with the National Information Technology Agency (NITA) pursued the e-Government network infrastructure project aimed at creating a platform for the use of shared services among the MDAs nationwide. It helped to facilitate

communication within Government. In this regard, 8 communication masts were constructed to facilitate the deployment of WIMAX. 5 new ones were at various stages of completion at the time.

- In line with the effective implementation of the Electronic Communications Act, Act 775 of 2008, the Ministry through NCA developed 2 regulatory documents namely, the National Specifications and Technical Standards and Equipment Type Approval Guidelines to help prevent the importation of sub-standard ICT equipments and generate employment.
- The telecom market experienced a growth of 10.8 per cent in 2010. This greatly improved the access to the market.
- A consolidated national gateway monitoring system was installed. This was done by Ministry of Communication through the National Communication Authority (NCA). The system was to help the sector accelerate the development of mobile telephony throughout Ghana and also create the environment for a competitive terrain to enhance the delivery of affordable ICT services. Under this sector the Ministry supervised the implementation of the 2nd phase of the Fibre Optic Backbone Project. In addition 90 per cent of the Kumasi-Techiman-Sunyani and Tamale-Bolga stretches were completed. Furthermore, the Navrongo-Paga path as well as Tumu-Wenchi stretch was 90 per cent and 50 per cent complete respectively.
- The MEST led an inter-ministerial committee to develop new guidelines to regulate the deployment of telecommunication masts in the country. These guidelines were to address public concerns on the haphazard sitting of communication towers and masts in the country and its implication on health and safety.

3. KEY CHALLENGES

Major challenges within the ICT sector are the following:

- Improving upon the service delivery by the providers which has been abysmal in recent times.
- Continued expansion of internet services to SHS and JSS across the country.
- The regulator, the NCA, improving and building its capacity to be more visible and credible and acquire the regulatory skills to effectively guide the growth of the sector.
- The regulator should intervene in the Internet market to engender dynamism to promote growth of the industry. The Internet market should be made competitive so as to attract adequate foreign investment, buy-ups and mergers as epitomised in the mobile telephone market.
- NCA should develop standards for mast construction and ensure compliance of such standards.
- Investigate public perception that cellular telephony masts emit x-rays, which is harmful to mankind, into the atmosphere.
- The fixed line telephone should be given a critical attention by the Government, and as a matter of urgency, should provide a clear and elaborate policy with incentive schemes to revamp the fixed-line telephone market.

4. CONCLUSION

With approximately five years to the target year of 2015, Ghana's progress is mixed. While some targets have been achieved ahead of time with others likely and/or potentially attainable, others are either off-track or limited availability to track progress. MDG 1A target of halving extreme poverty and MDG 7B of halving the proportion of people without access to safe drinking water have been achieved ahead of time. MDG 1C of halving proportion of people who suffer from hunger; MDG 2 of achieving universal basic education; MDG 3 of eliminating gender disparity in school for both boys and girls; MDG 4 of reducing under-five mortality; MDG 6 of halting and reversing the spread of HIV/AIDS and malaria; MDG 8 of ensuring debt sustainability are found to be on track of potentially or probably achieving the targets. Five targets—MDG 1B of achieving full and productive employment and decent work; MDG 3 of achieving equal share of women in wage employment in non-agriculture sector; MDG 5 of reducing maternal mortality; and MDG 7 target of reversing the loss of environmental resources and address the problem of sanitation are unlikely to be achieved.

Indeed, the robust economic growth realized in recent years and the effort to ensure its sustenance suggests that the gains made in reducing poverty would be off-tracked. However, challenges remain in the three northern regions where the target of halving extreme poverty is unlikely to be achieved. In addition, the depth of poverty particularly in the urban areas also raises some concerns about the few people who would find it difficult to escape from poverty. Significant progress has also been made in reducing child malnutrition but challenges exist in reducing the incidence of stunting among children. The high incidence of vulnerable employment and considerable proportion of working people living in poor household need to engage the attention of policy makers in making economic growth much more decent employment-oriented.

An intensification of the basic education support programmes and policies including school feeding programme, capitation grant and free school uniform is required to speed up the progress towards the target of achieving universal basic education. Incentives for teachers to accept posting into rural areas to help improve the quality of rural education is also vital. Although, the country is on track to probably eliminate GPI at the primary and JHS, women are woefully underrepresented in wage employment and political decision making which undermines the effort of achieving gender equality and women empowerment.

The country has made significant progress in achieving the MDG 4 target of reducing both infant and under-five mortality rates by two-thirds by 2015. However, with the average rate of reduction it will be a challenge to achieve the MDG target for 2015 of 41 per 1000 live births unless greater effort is made to scale-up and sustain the recent child survival interventions which have brought about the current improvement in these indicators. The MDG 5 Improve-maternal health is way off-track. The IMMR at 164 per 100,000 live births in 2010 Ghana is unlikely to attain the target of reducing by three quarters the maternal mortality ratio between 1990 and 2015, despite the introduction of free maternal health in 2008 and other similar interventions.

Regarding MDG 6, HIV/AIDS prevalence rates are declining. The national median HIV prevalence which increased in 2009 to 2.9 per cent, after declining for two successive years, decreased in 2010 to 2.0 per cent. If this trend continues, then it is likely that the country may achieve the 2015 target of halting and reversing the spread of the epidemic. A lot however needs to be done on educational campaign and other HIV/AIDS programmes to promote significant

behavioural change. It is also significant to note that the increasing number of HIV infected persons that are living on ART has drastically reduced the number of AIDs death countrywide. The number of AIDS deaths reduced from 20,313 in 2009 to 16,319 in 2010 of which 16 per cent were children. Malaria remains a public health concern and a leading cause of poverty and low productivity. Although major advances have been made towards reducing malaria through national control programmes such as the promotion of the use of ITNs over the past decade, the increasing high incidence of malaria makes the country's attainment of this MDG target a challenge.

Clearly, the MDG target of reducing by half the proportion of people without access to improved water has been achieved ahead of time. The slow progress in improving environmental sanitation and the continuous loss of forest cover and the slow pace of decline in the proportion of urban population living in slum areas remain a big challenge. The forest cover is continuously being depleted with the cost of environmental degradation (lands, forest, fisheries) pegged at about 10 per cent of GDP in 2010. Even though access to improve sanitation has been increasing over the years, Ghana is unlikely to achieve the MDG target for sanitation. Efforts should, therefore, be accelerated to quicken the pace of policy implementation rolled out to improve the situation. There is also the urgent need to effect attitudinal and behavioural change in the people through extensive educational and awareness creation programmes.

Ghana continued to sustain the progress under MDG 8 of dealing comprehensively with the domestic debt burden. Like the total ODA inflows into the country, which declined in 2010, ODA as a percentage of GDP has not shown any consistent trend over the years. The portfolio of aid inflows continued to be dominated by project aid. Project aid constitutes the highest percentage of total ODA received from 2003 to 2010. This is followed by budget support aid. Debt relief grant has declined in recent years. The key challenge to the continued aid inflows is the current debt crisis in EU and poor economic performance in the USA and Japan, both of which are major contributors. There is also a challenge of the country's attainment of a middle income status which may have implications for the availability of donor support and the terms on which loans are provided to the government.

The total public debt situation in the country continued its upward trend since 2006. The total debt consists of domestic and external debts. While both domestic and external debts have increased, the increase in the former outweighed that of the latter. The changing importance of external and domestic debt can partly be attributed to debt relief such as the Highly Indebted Poor Countries (HIPC) and the Multilateral Debt Relief Initiative (MDRI) and other debt reliefs. Finally, the country is well on track regarding the MDG target of making available the benefits of new technologies, especially information and communications. Mobile phone and internet access has since 2000 increased significantly. Regarding internet access, with virtually only isolated cases of internet access in 1995, usage has increased dramatically to about 5.3 per cent of the population in 2009.

MDGs Status at a Glance

Table 16: Ghana's Progress Towards the Millennium Development Goals

Goals	Will goal be reached?				State of supportive environment			
Extreme poverty and hunger								
— Halve the proportion of people below the national poverty line by 2015	Probably	Potentially	Achieved	Lack of data	Strong	Fair	*Weak but improving*	Weak
— Achieve full and productive employment and decent work for all, including women and young people	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
— Halve the proportion of people who suffer from hunger	Probably	Potentially	Achieved	Lack of data	Strong	Fair	*Weak but improving*	Weak
Universal primary education								
— Achieve universal access to primary education by 2015	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
Gender equality								
— Eliminate gender disparity in primary and junior secondary education by 2005	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
— Achieve equal access for boys and girls to senior secondary by 2005	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
— Achieve equal share of women in wage employment in non-agric sector	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
Under-five mortality								
— Reduce under-five mortality by two-thirds by 2015	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
Maternal mortality								
— Reduce maternal mortality ratio by three-quarters by 2015	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
HIV/AIDS & Malaria								
— Halt and reverse the spread of HIV/AIDS by 2015	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
— Halt and reverse the incidence of malaria	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
Ensure environmental sustainability								
— Integrate the principles of sustainable development into the country policies and programmes and reverse the loss of environmental resources	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
— Half the proportion of people without access to safe drinking water by 2012	Probably	Potentially	Achieved	Lack of data	Strong	Fair	*Weak but improving*	Weak
— Half the proportion of people without access to improved sanitation by 2015	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak
Global partnership for development								
— Deal comprehensively with debt and make debt sustainable in the long term	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	*Weak but improving*	Weak

Quantifiable Progress Towards the MDGs

Table 17: Progress Towards the MDGs

Goals/Targets	Indicator	Indicator Status										MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2010	2015
Goal 1: Eradicate extreme poverty and hunger	Proportion below extreme poverty (national basic needs) line (%)	26.8	–	–	–	–	–	18.0	–	–	–	18.5
a. Halve the proportion of people below the extreme poverty line by 2015	Proportion below upper poverty line (%)	39.5	–	–	–	–	–	28.5	–	–	–	25.8
b. Achieve full and productive employment and decent work for all including women and young people	Proportion of adult working pop in employment	61.4	–	–	–	–	–	67.3	–	–	–	–
	Proportion of employed people living in extreme poverty	23.5	–	–	–	–	–	16.1	–	–	–	–
	Proportion of own account and contributing family workers in total employment	82.8	–	–	–	–	–	75.4	–	–	–	–
c. Halve the proportion of people who suffer from hunger	Proportion of children who are malnourished (%)											
	- Underweight	31 *(1988)*	27.4 *(1993)*	25 *(1998)*	22.1	–	–	–	–	13.9	–	15.5
	- Stunting	30 *(1988)*	26 *(1993)*	30.5 *(1988)*	29.9	–	–	–	–	28	–	15
	- Wasting	7.5 *(1988)*	11.4 *(1993)*	10.0 *(1988)*	7.1	–	–	–	–	85	–	3.8
Goal 2: Achieve Universal primary edu. Achieve universal access to primary educ. by 2015	- Gross Enrolment ratio (%)	72.7 *(1990)*	79.5 *(2000)*	–	–	–	85.7	92.1	93.1	95.2	94.9	100
	- Net Primary Enrol. ratio (%)	54 *(1990)*	61 *(2000)*	–	–	–	59.1	69.2	81.1	83.7	88.5	100
	- Primary completion/ survival rate (%)	63 *(1990)*	63 *(2000)*	–	–	83.2	82.6	75.6	85.4	85.5	86.3	100

Table 17: Progress towards the MDGs (Cont'd)

Goals/Targets	Indicator	Indicator Status										MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2010	2015
Goal 3: Promote Gender Equality and Empower Women	Ratio of females to males in primary schools (%)	–	–	0.92	0.77	0.93	0.95	0.95	0.96	0.96	0.96	1.0
a. Eliminate gender disparity in primary and junior secondary education by 2009	Ratio of females to males in junior secondary schools (%)	–	–	0.88	0.88	0.88	0.88	0.88	0.91	0.92	0.92	1.0
	Ration of females to males in senior secondary school	–	–	–	–	–	–	–	–	–	–	–
b. Achieve equal access for boys and girls to senior secondary by 2009	Percentage of female enrolment in SSS (%)	–	–	–	–	–	43.5	49.5	–	–	–	–
	Share of women in wage employment in non-agric sector	24.8	–	–	–	–	–	25.4	–	–	–	–
Goal 4: Under-five Mortality	- Under-five mortality Rate (per 1000 live births)	122 (1990)	110 (1995)	109 (2000)	111	–	–	111	Na	80	–	53
Reduce under-five mortality by two-thirds by 2015	- Immunization coverage (%)	61 (1990)	70 (2000)	–	83	–	84	85	89	90	86.3	100
Goal 5: Maternal Mortality Reduce maternal mortality ration by three-quarters by 2015	- Maternal mortality per 100,000 live births (Survey)	740 (1990)	Na	Na	Na	Na	503	Na	Na	451	–	185
	- Maternal mortality per 100,000 live births in health facilities (Institutional)	216 (1990)	260	204	205	187	205	197	224	201	164	54
	- Birth attended by skilled health personnel (%)	40 (1988)	44 (1993)	44 (1998)	47	–	–	48	–	59	–	100
Goal 6: Combat HIV/AIDS & Malaria												
a. Halt and reverse the spread of HIV/AIDS by 2015	National HIV prevalence Rate	15%	2.9%	3.4%	3.6%	3.1%	2.7%	3.2%	2.6%	2.2%	2.0%	≤1.5%
b. Halt and reverse the incidence of malaria	Under-five Malaria case facility (Institutional)	–	–	2.9%	2.8%	2.7%	2.4%	2.1%	1.89 %	1.24%	1.32%	–

Table 17: Progress towards the MDGs (Cont'd)

Goals/Targets	Indicator	Indicator Status									MDG Target
		1999	2001	2002	2003	2004	2005	2006	2007	2008	2010	2015
Goal 7: Ensure Environmental Sustainability												
a. Integrate the principles of sustainable development into the country policies and programmes and reverse the loss of environment resources	a. Proportion of land area covered by forest (ha/ annum)	6,229,400 (27.4% of total land area)	–	–	–	–	5,517,000 (24.3 % of land area)	–	Na	Na	Na	≥7,448,000ha
	b. Annual rate of deforestation (%)	1.82 (135,400 ha)	1.89 (115,400 ha)	–	–	–	1.7 (93,789 ha)	–	Na	Na	Na	≤1.82%
	Proportion of population with access to safe drinking water (%)	56 *(1990)*	67 *(1993)*	70 *(1998)*	69	–	–	–	–	83.8	Na	78
	— Urban	86 *(1990)*	90 *(1993)*	94 *(1998)*	83	–	–	–	–	93	Na	93
	— Rural	39 *(1990)*	54 *(1993)*	63 *(1998)*	55	–	–	–	–	76.6	Na	69.5
b. Half the proportion of people without access to safe drinking water by 2015	Proportion of population with access to improved sanitation (%)	–	4 *(1993)*	5 *(1998)*	8	–	–	–	–	12.4	Na	52
	— Urban	–	10 *(1993)*	11 *(1998)*	15	–	–	–	–	17.8	Na	55
	— Rural		1 *(1993)*	1 (1998)	2	–	–	–	–	8.2	Na	50.5
	Population with access to secure housing (%)	–	–	–	–	–	11	11.4	12	12.5	13.5	18.5 (2020)
	Population living in slums (%)	27.2 *(1990)*	25.5	–	–	–	21	20.7	20	19.6	20.0	<13
Goal 8: Global partnership for development	Public Debt Ratio (% of GDP)											
	— External	– *(2000)*	–	–	–	–	–	10.7	15.0	16.2	19.8	–
	— Domestic	– *(2000)*	–	–	–	–	–	17.6	17.0	17.4	18.0	–
	— Total	– *(2000)*	–	–	–	–	–	28.3	32.0	33.6	37.8	–
Deal comprehensively with debt and make debt sustainable in the long term	External Debt service as a percentage of exports of goods & services (%)	– *(2000)*	–	–	–	–	–	3.2	3.2	3.6	3.3	–
	ODA Inflows (% of GDP)											
	— Total	–	–	–	–	–	–	11.6	11.1	10.3	12.8	–
	— Programme Aid	30		58	49	40	35	37.6	31	37	–	–

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APPENDIX

Table A1: Official List of MDG Targets and Indicators

All indicators should be disaggregated by sex and urban/rural as far as possible *(Effective 15 January 2008)*	
Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	**Indicators for monitoring progress**
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below $1 (PPP) per day[i] 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below $1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15–24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits)

	5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15–24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources **Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss**	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per $1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums[ii]
Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system **Includes a commitment to good governance, development and poverty reduction—both nationally and internationally** **Target 8.B: Address the special needs of the least developed countries** **Includes: tariff and quota free access for the least developed countries'**	*Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.* Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes

exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	8.5 ODA received in small island developing States as a proportion of their gross national incomes
Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)	Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity
Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly—A/RES/60/1, (http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment—at the national and global levels alike—which is conducive to development and the elimination of poverty".

Table A2: Trends in Poverty Incidence by Region, 1991–2006

Region/Location	Proportion below the Upper Poverty Line				Proportion below the Poverty Line			
	1991/92	1998/99	2005/06	Target Gap	1991/92	1998/99	2005/06	Target Gap
Western	60.0	27.3	18.4	–11.6	42.0	13.6	7.9	–13.1
Central	44.0	48.4	19.9	–2.1	24.1	31.5	9.7	–2.4
Greater Accra	26.0	5.2	11.8	–1.2	13.4	2.4	6.2	–0.5
Eastern	48.0	43.7	15.1	–8.9	34.8	30.4	6.6	–10.8
Volta	57.0	37.7	31.4	2.9	42.1	20.4	15.2	–5.9
Ashanti	41.0	27.7	20.3	–0.2	25.5	16.4	11.2	–1.6
Brong-Ahafo	65.0	35.8	29.5	–3.0	45.9	18.8	14.9	–8.1
Northern	63.0	69.2	52.3	20.8	54.2	57.5	38.7	11.6
Upper East	67.0	88	70.4	36.9	53.5	79.6	60.1	33.4
Upper West	88.0	83.9	87.9	43.9	74.3	68.3	79.0	41.9
Rural	63.6	49.5	39.2	7.4	47.2	34.6	25.6	2.0
Urban	27.7	19.4	10.8	–3.1	15.1	11.6	5.7	–1.9
National	51.7	39.5	28.5	2.7	36.5	26.8	18.2	–0.1

Source: Ghana Statistical Service, GLSS 4 & 5.

Table A3: Basic Poverty Indicators in the MiDA Zone, 2008

Zone/Locality	Upper Poverty	Extreme Poverty	Poverty Gap Ratio	Share of Poorest Quintile
Northern Zone	52.0	38.0	38.4	9.7
Afram Basin	47.9	28.4	32.4	12.9
Southern Horticulture	35.3	23.6	35.2	10.4
Urban	29.9	17.9	31.1	11.6
Rural	48.0	32.6	36.2	11.0
All	43.1	29.9	35.3	10.5

Source: Computed from MiDA Baseline Survey, 2008.

Table A4: The Depth of Poverty and Share of Poorest Quintile in National Consumption

Region/Location	Poverty Gap Ratio			Share of Poorest Quintile		
	1991/92	1998/99	2005/06	1991/92	1998/99	2005/06
Western	23.0	25	34	8.4	8.2	7.5
Central	22.0	31	29	7.6	8.2	7.1
Greater Accra	26.0	20	25	7.5	8.6	6.1
Eastern	23.0	36	33	8.3	6.9	8.3
Volta	23.0	26	35	8.0	8.6	7.9
Ashanti	26.0	32	31	7.0	6.1	6.6
Brong-Ahafo	26.0	27	35	8.2	8.2	7.3
Northern	40.0	43	47	5.7	7.6	6.0
Upper East	46.0	50	43	7.3	8.8	6.2
Upper West	55.0	47	47	9.3	8.5	6.2
Rural	38	37	34	7.7	6.6	6.4
Urban	27	28	29	7.5	6.8	6.5
National	36	35	34	6.8	5.8	5.6

Source: Ghana Statistical Service, GLSS 3, 4 & 5.

Table A5: Employment-to-Population Ratio and Proportion of Own-account and Contributing Family Work in Total Employment by Region, 1991–2006

Region/Location	Employment-to-population Ratio			Proportion of Own-account and Contributing Family Workers in Total Employment		
Western	77.3	61.7	66.2	80.0	78.9	75.8
Central	78.9	71.0	67.4	84.7	86.6	74.9
Greater Accra	60.0	52.1	57.1	58.1	60.1	41.9
Eastern	73.0	68.5	72.0	84.5	86.7	74.0
Volta	75.6	59.3	69.8	85.4	86.9	86.8
Ashanti	72.9	59.4	67.3	80.7	79.5	73.1
Brong-Ahafo	78.9	67.1	70.7	87.8	87.6	83.8
Northern	79.3	61.2	75.0	86.2	94.6	90.8
Upper East	90.9	71.4	60.7	98.1	93.9	93.7
Upper West	85.0	40.1	66.9	93.0	86.0	93.1
Rural	81.8	65.2	73.0	90.6	89.0	87.0
Urban	62.7	54.6	59.1	62.9	69.5	54.7
National	75.1	61.4	67.3	82.5	82.8	75.4

Source: Ghana Statistical Service, GLSS 3, 4 & 5.

Table A6: Extreme and Upper Working Poverty Rates by Region, 1991–2006

Region/Location	Upper Working Poverty Rate			Extreme Working Poverty Rate		
	1991/92	1998/99	2005/06	1991/92	1998/99	2005/06
Western	54.0	24.2	15.7	36.1	12.1	6.6
Central	38.8	40.7	16.3	20.3	25.3	8.2
Greater Accra	21.1	3.1	7.8	10.7	1.6	3.8
Eastern	42.5	41.0	13.4	29.0	28.5	5.9
Volta	54.5	34.8	29.2	40.4	18.5	14.3
Ashanti	38.4	24.1	17.7	23.2	14.2	8.9
Brong-Ahafo	62.1	31.2	26.5	42.6	16.1	13.8
Northern	62.7	63.5	50.5	52.7	53.0	36.9
Upper East	63.4	86.9	65.3	51.0	77.2	54.8
Upper West	86.3	72.5	84.1	71.8	44.9	73.8
Rural	59.0	43.9	35.2	42.9	29.9	22.7
Urban	23.8	17.1	8.3	12.4	10.0	4.3
National	48.7	35.4	25.6	33.9	23.6	16.1

Source: Ghana Statistical Service, GLSS 3, 4 & 5.

Table A7: Trends in Enrolment Ratio and Gender Parity Index in Primary Schools, 2007–2010

Region	Gross Enrolment Ratio			Net Enrolment Ratio			Gender Parity Index		
	2007/08	2008/09	2009/10	2007/08	2008/09	2009/10	2007/08	2008/09	2009/10
Ashanti	92.0	93.2	92.3	83.2	89.4	82.9	0.97	0.97	0.98
Brong-Ahafo	98.3	99.8	101.0	87.5	95.9	88.2	0.95	0.96	0.97
Central	108.8	107.7	109.2	99.4	99.6	96.9	0.97	0.97	0.97
Eastern	95.8	93.6	90.1	83.9	86.0	80.2	0.97	0.97	0.97
Greater Accra	87.7	85.9	85.8	80.0	79.6	75.8	0.98	0.98	0.98
Northern	92.1	93.5	96.0	71.8	84.0	82.8	0.88	0.87	0.87
Upper East	96.9	94.1	93.8	77.7	80.7	81.1	1.00	1.00	1.00
Upper West	98.1	100.0	100.2	77.2	79.1	85.8	1.05	1.04	1.04
Volta	89.7	89.9	88.7	77.9	83.2	76.2	0.93	0.92	0.93
Western	98.7	98.9	100.3	86.6	96.5	98.8	0.95	0.96	0.97
National	95.0	94.9	94.9	82.9	88.5	88.5	0.96	0.96	0.96

Source: Ministry of Education, 2010.

Table A8: Completion Rate of Primary Education by Region and Gender

Region	Boys			Girls			All		
	2007/08	2008/09	2009/10	2007/08	2008/09	2009/10	2007/08	2008/09	2009/10
Ashanti	88.4	89.5	88.7	80.5	82.2	82.3	84.5	85.8	85.5
Brong-Ahafo	89.4	90.3	92.2	79.6	82/0	85.2	84.5	86.2	88.7
Central	102.6	101.6	103.9	99.1	97.7	98.9	100.9	99.7	101.5
Eastern	86.3	83.9	80.5	82.1	79.5	77.5	84.2	81.8	79.0
Greater Accra	88.0	85.4	85.7	81.5	81.2	81.0	84.6	83.2	83.2
Northern	85.6	90.0	94.3	72.6	76.7	82.5	79.4	83.7	88.7
Upper East	77.3	81.2	83.9	80.7	84.8	87.3	78.9	82.9	85.5
Upper West	76.9	83.3	89.2	80.9	88.1	91.3	78.8	85.6	90.2
Volta	84.2	85.7	84.2	75.7	76.3	76.1	80.0	81.1	80.3
Western	96.2	96.8	96.3	90.0	90.3	92.5	93.2	93.6	94.4
National	88.7	89.3	89.3	82.3	83.2	83.2	85.5	86.3	86.3

Source: Ministry of Education.

Table A9: Share of Women in Non-agricultural Wage Employment

Demographic Group	1991/92	1998/99	2005/06
All Adults (15+ years)	29.8	24.8	25.4
Youth (15–24 years)	40.2	39.8	40.3
Rural	20.5	21.1	17.6
Urban	35.5	27.5	28.6
Basic Education	n.a	n.a	19.7
Secondary+	n.a	n.a	30.1

Source: Computed from Ghana Statistical Service, GLSS 3, 4 & 5.

Table A10: Gender Distribution of DCEs/MCEs and MPs by Region

Region	DCEs/MCEs			Women's Share	Members of Parliament			Women's Share
	Male	Female	All		Male	Female	All	
Ashanti	25	2	27	7.4	35	4	39	10.3
Brong-Ahafo	21	1	22	4.5	24	0	24	0.0
Central	14	3	17	17.6	18	1	19	5.3
Eastern	19	2	21	9.5	25	3	28	10.7
Greater Accra	9	1	10	10.0	23	4	27	14.8
Northern	20	0	20	0.0	25	1	26	3.8
Upper East	8	1	9	11.1	13	0	13	0.0
Upper West	8	1	9	11.1	9	1	10	10.0
Volta	17	1	18	5.6	20	2	22	9.1
Western	15	2	17	11.8	19	3	22	13.6
National	156	14	170	8.2	211	19	230	8.3

Source: Ghana Districts, A Repository of all Districts in Ghana, http://ghanadistricts.com

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