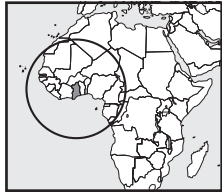


GHANA

A poverty reduction strategy that made little progress



The Ghana Poverty Reduction Strategy, initiated as part of economic reforms undertaken to control debt, has failed to improve the conditions of Ghana's poor. Women are particularly vulnerable to poverty because they are precariously employed and most have only a basic level of schooling. Gender disparity in education and health is most pronounced among the poorest, where 81% of women compared to 63% of men have no formal education.

Social Watch Coalition

This report has two main concerns. First, to examine the gender dimensions of poverty in relation to employment, earnings, and access to public services, reporting on the changes which have taken place in the ten years since the launch of the Social Watch network. Second, to assess how the Ghana Poverty Reduction Strategy (GPRS) addresses the gender dimensions of poverty.

Despite its focus on employment, health and education this report adopts a broad definition of poverty, as "multi-dimensional, with complex interactive and causal relationships between the dimensions".¹

Gender, employment and income poverty

Historically, women and men have occupied distinct positions in the highly segmented Ghanaian labour force. Rural women are predominantly engaged in food crop cultivation and small-scale trade, while rural men are involved in larger scale cultivation of both food and cash crops. Urban women work predominantly in informal trading or service jobs in the private sector while men in urban areas are engaged in formal waged work in the public and private sector. A lower percentage of men work in the informal private sector than women.²

The participation of men and women in different sectors and industries has implications on their earnings and access to resources, and are some of the determinants of poverty. In addition to their lower participation rates in waged work, women occupy lower positions in the formal sector and therefore earn much less than men. In the agricultural sector, women work on generally smaller and less fertile pieces of land. They often also have less secure tenure on the land than men. Additionally, women have less access to agricultural technologies, and they lack resources to hire labour for farming and economic activities.

In the informal sector, women's enterprises tend to be smaller and less capital-intensive. The participation rates of men and women in the labour force are almost equal but a higher percentage of

women are considered to be working poor. This is due to the fact that poverty rates are highest among those engaged in unwaged work in family agricultural enterprises and the self-employed, where women are over-represented.

On average women work fewer hours per week than men, in part due to their unpaid household responsibilities. Twice as many women than men are involved in unpaid activities such as firewood collection, child care, sweeping, garbage disposal, cooking and fetching water, and they spend more time at these activities than the men who do participate.

Official data on income poverty says that extreme poverty defined as earning less than GHC 700,000 (USD 77.85) per annum per adult fell between 1992 and 1999, from 36% to 27% of the population. Using the upper poverty measurement of GHC 900,000 (USD 100) the rate fell from 52% to 40% of the population over the same period.

The latest United Nations Development Programme (UNDP) figures estimate that in 2002, approximately 44.8% of the population was living with less than USD 1 a day and 78.5% with less than USD 2. The same source estimates that in 2001, 39.5% of the population was living below the national poverty line. According to 1999 consumption data, the richest 20% of the population consumes 46.6% of national consumption and the poorest 20% only 5.6%.³

According to the 2003 Core Welfare Indicators Questionnaire (CWIQ), unemployment and under-employment in both the formal and informal sectors worsened since 1998, especially in sectors where women are concentrated such as agriculture and small scale production, as well as among the urban poor and youth. Manufacturing industries have also been hard hit by trade liberalization and women tend to be the first laid off in these circumstances. Between 1997 and 2003, the income levels of the poor also fell and the percentage of the population in the lowest income quintile increased from 15% to 19%.

Education

According to official data from 2003 an estimated 37.4% of women compared to 25.9% of men have no formal education. The figures are worse in the

lowest wealth quintile where 81% of women compared to 63% of men have no formal education and much better for the highest wealth quintile, where these figures are 7% and 5%. According to Ghana's National Development Planning Commission "adult literacy in the rural areas has either remained stagnant or fallen between 1997 and 2003". In 2003 the rural female illiteracy rate was a frightening 78% compared to 47% for men. Formal sector jobs now require secondary education or higher which has serious implications for women's opportunities. According to the 2000 Ghana Living Standards Survey (GLSS), 15.8% of men have a secondary school education or higher while only 5.7% of women have achieved this level of education.⁴ Outside formal education, female apprentices have a narrower range of training opportunities than men because of gender segregation in trade occupations. Almost all apprentices are male, except those training to be hairdressers and seamstresses. These two options are the two most popular among women, but also the poorest paid.

In 1995 the Government announced a 10 year plan whose objectives included raising primary school enrolment to 98% by 2000. As Table 1 shows, this target was not reached. The marginally higher proportion of girls than boys enrolled nationally and in rural areas, however, should be noted. The situation is reversed: at secondary and tertiary levels boys greatly outnumber girls. In 2003 only 27% of all tertiary students were female. The data masks worryingly high dropout rates of 34% in grades 1 to 9, with higher rates among girls.

Economic factors such as family income are the single most important influence on educational opportunity, especially for girls. The Government reacted with a plan to pay a fee per pupil to cover the costs of basic schooling starting in September 2005.

Health

Poor people and poor women in particular, suffer disproportionately from disease and illness due to their low social status, poor access to education and health services and harmful cultural practices such as female genital mutilation. After steadily improving between 1987 and 1997, key health indicators showed a worrying downward trend in the 1997-2003 period.

1 International Monetary Fund (IMF). "Ghana Poverty Reduction Strategy 2003-2005. An agenda for growth and prosperity", February 2003.

2 Ghana Statistical Service (GSS). "Ghana Living Standards Survey. Report of the Fourth Round (GLSS 4)", October 2000.

3 UNDP. *Human Development Report 2004. Cultural Liberty in Today's Diverse World*, 2004.

⁴ GSS, *op cit*.

Infant mortality rose from 57 in 1998 to 64 deaths per 1,000 live births in 2003. Over the same period child mortality rose from 108 to 111 per 1,000 live births. The percentage of underweight children also increased from 25% to 35.8%. There are wide regional variations in these figures. The under-5 mortality figures range from 75 in Greater Accra to 208 in the Upper West Region.⁵

The UNDP reports slightly lower rates in 2002. Infant mortality was estimated at 57 per 1,000 live births and under-5 mortality at 100 per 1,000 live births.⁶

In spite of low rates of contraceptive use, the fertility rate is declining and experts cannot agree on why this is so. Lower fertility rates have not changed the fact that women in Ghana are at high risk of dying from pregnancy-related causes. The latest maternal mortality figures from the UNDP in 2000 estimate the rate at 540 per 100,000 live births.⁷ The picture is even grimmer in the poorest areas, such as the Northern Region, where the rate may be as high as 800 deaths per 100,000 live births.⁸

The prevalence rates of HIV/AIDS in Ghana, like elsewhere in Africa, brings gender inequalities into the spotlight. More than 90% of all HIV/AIDS cases are in people between the ages of 15 and 49 and two thirds of those infected with the virus are female.⁹

The worrying mortality and nutrition trends mentioned above were caused by a number of primarily economic factors. As poverty worsens more people find it difficult to bear the costs of feeding children, and health services and drugs move out of their reach. Interestingly, even as access to health facilities improved between 1997 and 2003, the percentage of people using health facilities dropped. Economic factors have also undermined the quality and quantity of health services, especially in rural areas. Large numbers of health professionals, especially doctors and nurses, have left the countryside because they were unhappy with the pay, which has compounded the chronic shortage of staff. Responding to widespread dissatisfaction with the high cost of health services, the Government announced a National Health Insurance Scheme (NHIS) in March 2004 but it is still in the process of being established. To encourage more women to give birth in health facilities the Government has also announced that deliveries will be free in all public health facilities.

Poverty eradication policy

The economic areas with high women's participation have not been favoured by economic reforms such as liberalization and deregulation. The economy has grown steadily since 1984 but without a correlated increase in the number of secure jobs in the formal sector. In contrast, the informal

5 GSS. "Demographic and Health Survey 2003", September 2004.

6 UNDP, *op cit*.

7 *Ibid*.

8 GSS. "Demographic and Health Survey 2003", *op cit*.

9 Ministry of Health. *HIV/AIDS in Ghana: Background, Projections, Impacts, Interventions and Policy, National AIDS/STI Control Programme, Disease Control Unit, 2001.*

TABLE 1

Access to Primary Education - 1997 & 2003 (% of population)						
	ALL		RURAL		URBAN	
	1997	2003	1997	2003	1997	2003
Access	81.2	85.4	78.9	81.0	86.9	93.2
Primary Enrolment	67.0	69.9	65.1	64.7	71.9	79.3
Male	67.9	69.9	65.6	64.6	74.0	79.7
Female	66.0	70.0	64.4	64.8	69.9	78.9

Source: CWIQ 1997 & 2003

sector, which has high women's participation, absorbed 80% of the annual increase in the urban labour force. This had serious implications on the quality of employment and has contributed to the increase in the number of working poor.

Reforms have also affected poor people's access to social services. Health services recorded declines in user rates and schools continued to experience high dropout rates. State-sponsored health, education and social programmes targeting particularly vulnerable sectors of society have been unable to address these problems.

Since 2002, the GPRS has been used as the basic economic framework. It was started when Ghana joined the Heavily Indebted Poor Countries (HIPC) initiative in response to its debt crisis. The GPRS adopts a trickle down approach to poverty reduction, but this has not worked. The only new aspect of the GPRS is increased social spending. While the document recognizes that poverty is extensive in the country, it still considers the poor to be a special sector of the population, when in fact the majority of Ghanaians are living in poverty. If the Government admitted that most of the population has been impoverished by its policy choices, it would have to undertake a radical review of the policy framework. The GPRS does not depart from past policy choices and continues to be burdened by HIPC and donor conditionalities since it was drawn up mainly to fulfil one of the qualifying conditions of the HIPC initiative.

Gender analysis in the GPRS document is flawed and incomplete. Firstly, the causes and incidence of poverty are not properly analysed, and the gender-related aspects of poverty even less so. The same lack of analysis exists when we consider poverty vulnerable sectors and social groups. The sections of the GPRS on macroeconomic stability and governance include no gender analysis at all. The sections on production and employment, human development, basic services, and special programmes for the vulnerable refer to some gender inequalities but even in these cases the analysis is problematic. Gender is not considered in either the informal sector in urban areas or in the agricultural sector.

Structural employment issues and how they predispose women to poverty are not addressed in the GPRS. Downsizing in the public sector, which is an aim of the GPRS, is not examined from a gender perspective, hiding the implications the policy has

on women workers who have insecure positions in the sector. The caregiving economy is not discussed, nor is its contribution to development and the way in which women's unpaid work predisposes them to poverty. Therefore no attention is paid to what has to be done to ensure that women take advantage of the opportunities awarded to them by the GPRS. Also, in the section of the report on governance there is not one single provision addressing gender inequality in political participation, autonomy or voice.¹⁰

The participation of citizens in economic policy-making is supposed to be one of the tenets of the Poverty Reduction Strategy Plans (PRSPs) and it was meant to herald in a new era of policy-making when countries would gain control of economic programmes and become more committed to their implementation. The GPRS - like other PRSPs - was driven by the World Bank, the International Monetary Fund and donors, who after requiring a certain framework and basic analysis, called upon citizens to take ownership of the document. During the Ghanaian process some limited consultations resulted in agreement on the main sections of the GPRS after which technical teams were established to draft its main sections. Finally, civil society organizations and state agencies were invited to comment on the draft before it was finalized.

This participatory process was problematic, as the terms of participation were never clearly outlined. The National Development Planning Commission determined who would participate at what stage and in which way. Women's groups pointed out that the representation criteria were not transparent and no women's organizations were represented in the core groups. The process was complicated by the fact that various sections of the report were drafted by consultants who did not work with members of society. Not surprisingly, gender and other perspectives were missing from the analysis and overall the process was very technical and barely participatory. ■

10 IMF, *op cit*.