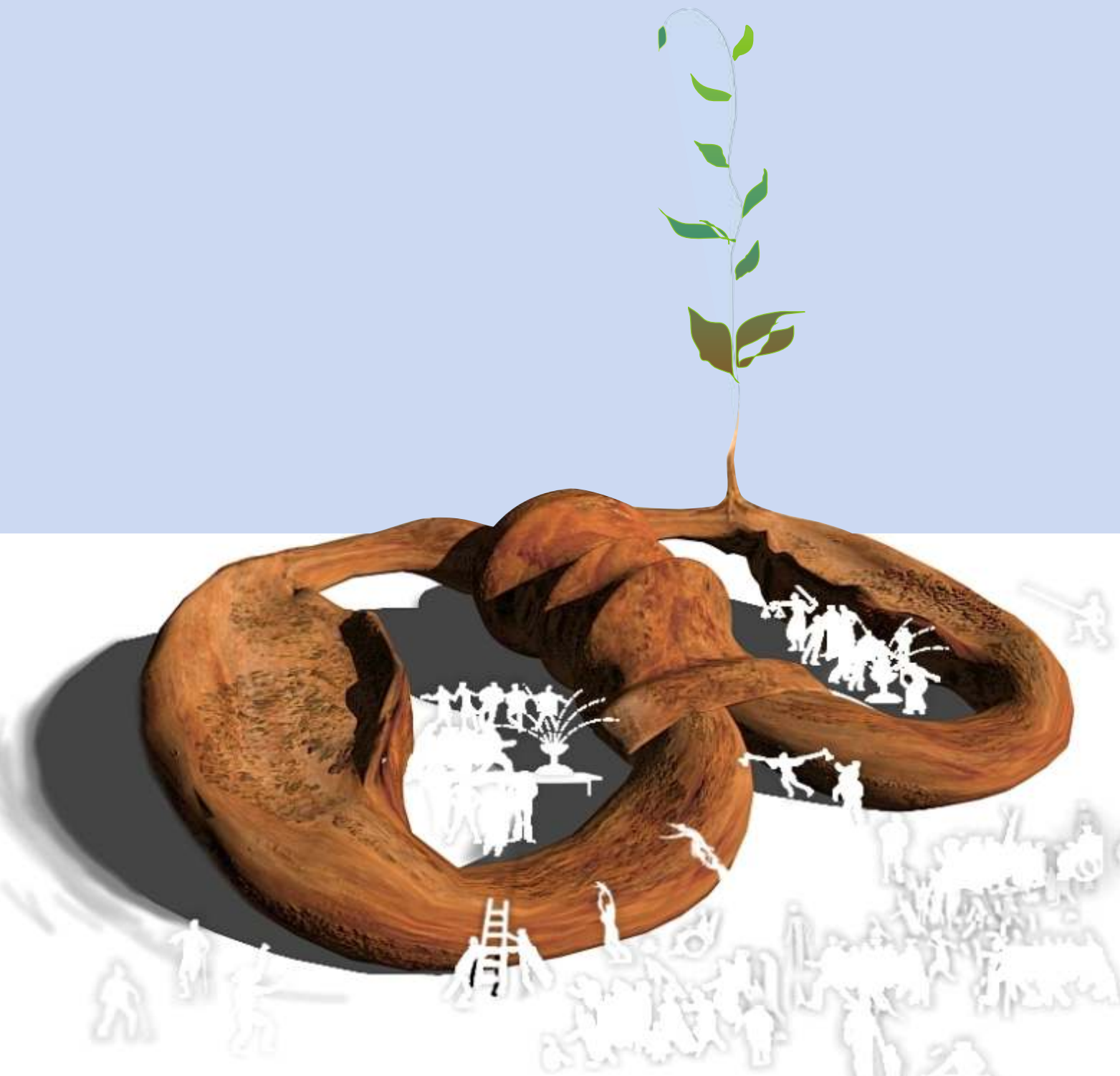


GHANA HUMAN DEVELOPMENT REPORT 2007



Towards a More Inclusive Society



Cover Illustration

The “NKONSONKONSON” is one of the numerous Adinkra symbols developed in Ghana in the 17th century for use in decorating fabric. Over time, the number of symbols has grown as have their uses. Today, they are used for general activities as well as for special occasions.

“NKONSONKONSON” literally translates as the “chain link”. Its underlying meaning is that in life as in death, we are all connected. It makes a timeless all-encompassing declaration that people of a common background with a strong bond of inclusion are difficult to break apart. It thus symbolises oneness, unity, togetherness, our common humanity. It reminds us of the need to promote inclusiveness in our effort to achieve community development since unity is the foundation of our collective strength, growth, progress and well-being.

In this instance, the “NKONSONKONSON” is given a naturalistic feel, as a wood carving, out of which a delicate young plant is growing, reflecting the fragility of the link of life. It helps to demonstrate the need for cooperation, unity and partnership in order to face the growing demands of society.

A group of people is represented living within the boundaries of this link of life. Naturally the group has access to certain facilities and enjoy the security and protection that are derived from being within this comfort zone. Those outside this zone, however, lack opportunities on account of their individual circumstances. Their exclusion, however, threatens the entire chain of life as they will typically and inevitably resort to some very desperate means to be included. The ladder of opportunities offers them the chance for inclusion.

THE
GHANA HUMAN DEVELOPMENT REPORT
2007



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Preface

Since independence Ghana has made major progress in the attainment and consolidation of growth. Significant progress has been made in poverty reduction, improvement in economic development, good governance, youth and gender empowerment. Important pieces of relevant legislation have been enacted and institutional arrangements improved to promote inclusive society. Government for instance has enacted the Domestic Violence and Disability Laws, established Domestic Violence Victim Support Units and the implementation of the National Social Protection Strategy. However, a number of questions arise as to how to accelerate equitable growth and sustainable human development towards the attainment of a middle income country status and the attainment of MDGs by 2015.

The importance of inclusiveness has been recognised in the Universal Declaration of Human Rights by the United Nations, the Social Summit in Geneva in 2000 and the Millennium Declaration. The relevance of inclusion has been acknowledged as a core issue in sustainable poverty reduction and human development. Debate in the country also reflect the expectation of both national stakeholders and development partners on the need to promote and enhance inclusiveness and accelerate equitable development while continuing the efforts to create more wealth for the nation as a whole.

Ownership of economic, social and political development through a broad-based method is key in the pursuance of MDGs and attainment of middle income status. In collaboration with other key stakeholders we realised the relevance to have this exercise done so that empirical evidence will be obtained through the analysis and the examination of major indicators to provide basis of enhancing inclusion and equitable distribution of growth. The report is expected to promote facts-based discussions on social exclusion with the view to addressing those facts as a way of contributing towards creating a more inclusive society.

This report commissioned by the UNDP examines the different manifestations of exclusion, review gaps to inclusion in various areas of national development such as; social, economic, political as well as legal. It also analysis the status of human development in Ghana and examines relevant indicators for measuring exclusion from it. Finally the report discusses key policy recommendations towards taking practical measures to enhance inclusiveness and equity in the country.

While the report does not necessarily reflect the UNDP's position on any of the conclusions/recommendations of the study, we trust that the debate it will generate will further strengthen the efforts of the country for sustainable and equitable human development. An inclusive society promotes social cohesion, social order and harmony which are essential requirements in ensuring a functional and productive society for economic emancipation. Sustained growth that leads to improvement in the living standards of citizens depends on the levels to which a country develops and actively involves the full capabilities of its human resource. This must be the challenge for all stakeholders and development partners; to support national efforts and programmes for inclusive development.

We hope that the report will lead to national debate on the ways towards an inclusive society. On behalf of the UNDP I will like to express my appreciation to all the independent authors and contributors who have assisted in the preparation of the report and to all our development partners, notably DFID for their financial and technical contribution.



DAOUDA TOURE
UN RESIDENT COORDINATOR AND
UNDP RESIDENT REPRESENTATIVE

Foreword

“TOWARDS A MORE INCLUSIVE SOCIETY” which is the theme for this year’s National Human Development Report, captures not only the vision of this government, but also the objectives and targets of the UN’s Millennium Development Goals (MDGs). It recognises also the agenda of the New Partnership for Africa’s Development (NEPAD) including the African Peer Review Mechanism (APRM), to which Ghana was the first to submit herself for review. The recommendations are being implemented.

Ghana’s plan for promoting inclusiveness has been incorporated in national economic development programmes, such as the Ghana Poverty Reduction Strategy (GPRS I) and the Growth and Poverty Reduction Strategy (GPRS II). Government has also launched an ambitious Public Sector Reform Programme with a monitoring and evaluation component, to improve efficiency in policy implementation and also to develop a new and positive mindset for Public/Private Partnership for accelerated growth. The UNDP is among the key partners supporting these programmes.

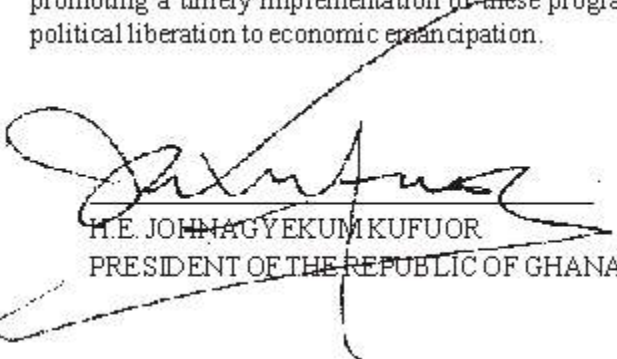
Among the critical steps already taken, also for inclusiveness is the National Social Protection Strategy which focuses on “social risk” and the “dynamics of poverty”. The flagship of the strategy is the “Livelihood Empowerment Against Poverty” (LEAP) and Social Grants Programme which aims at achieving its objectives through investments in human capital, better enforcement of labour laws, protection of informal sector workers and social grants.

Sensitive to gender representation at the highest possible levels, the Public Services already include females in the cabinet and as administrative heads of Ministries, Departments and Agencies. The Chief Advisor to the President is another female, but indeed the greatest manifestation of this development is the epochal appointment of the country’s first female Chief Justice and Head of the Judiciary.

Government shares the conclusion of this Report that despite the progress made, including the decline in the level of poverty as indicated by recent studies, the numbers in the poverty category are still too high. Every effort is, therefore, being made through the local governance system, to enlarge opportunities for employment and creating wealth, thereby reducing poverty further.

Government expects this publication to generate objective debate in the thematic areas of gender equity, empowerment of the vulnerable, youth employment and extensive community involvement in governance. It is important to sustain debate to achieve the MDGs and a middle income status in the shortest possible time.

As an important legacy of the celebration of Ghana’s 50th anniversary of Independence, government is promoting a timely implementation of these programmes to move the country quickly and more decisively from political liberation to economic emancipation.



H.E. JOHN AGYEKUM KUFUOR
PRESIDENT OF THE REPUBLIC OF GHANA

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This report could not have been prepared without the invaluable contribution of a number of individuals and organisations. Special mention must be made of Mr. Daouda Toure, the UN Resident Coordinator and the Resident Representative of the UNDP, for his continuous guidance and advice. The authors wish to express their gratitude to Mr. Emmanuel Otoo, the Coordinator of the NHDR, for the provision of logistical support and helpful comments. We thank all of those involved directly or indirectly in providing inputs for this report. Drawn from the UNDP, other institutions within the UN system and from Ghana, they contributed their time, skills and ideas.

Errors of commission and omission are the sole responsibility of the authors.

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Acronyms

ADD	Action on Disability and Development	CSO	Civil Society Organisation
ADR	Alternate Dispute Resolution	CWD	Children with Disability
AGOA	African Growth and Opportunity Act	CWIQ	Core Welfare Indicator Questionnaire
AIDS	Acquired Immune Deficiency Syndrome	CWSA	Community Water and Sanitation Agency
ARC	Accra Rehabilitation Centre	DA	District Assembly
ARM	African Renaissance Mission	DACF	District Assemblies Common Fund
ARVs	Anti-Retroviral Drugs	DANIDA	Danish International Development Agency
BNG	Basic Needs – Ghana	DECs	Disabled Employment Centres
CAAA	Christian Action on Ageing in Africa	DEVAW	Declaration of the Elimination of all forms of Violence Against Women
CAS	Catholic Action for Street Children	DFF	District Development Funding Facility
CBO	Community Based Organizations	DFID	Department for International Development
CCA	Common Country Assessment	DOT	Direct Observed Therapy
CDD	Ghana Centre for Democratic Development	DOVVSU	Domestic Violence and Victims Support Unit
CDF	Comprehensive Development Framework	Dps	Development Partners
CEDAW	Convention on the Elimination of All forms of Discrimination Against Women	DPSP	Directive Principles of State Policy
CEDEP	Centre for Development of People	DSW	Department of Social Welfare
CFR	Case Fatality Rate	EC	Electoral Commission
CHIM	Centre for Health Information Management	EHV	Echoing Hills Village
CHPS	Community-based Health Planning and Services	EPA	Economic Partnership Agreement
CHRAJ	Commission on Human Rights and Administrative Justice	ERP	Economic Recovery Programme
CHRI	Commonwealth Human Rights Initiative	EU	European Union
CIDA	Canadian International Development Agency	FBO	Farmer Based Organisations
CIKOD	Centre for Indigenous Knowledge and Organisational Development	FC	Forestry Commission
CIVFO	Civic Foundation	fCUBE	Free Compulsory Universal Basic Education
CL	Child Labour	FESLIM	Fetish Slaves Liberation Movement
CMA	Change Management Agencies	FGM	Female Genital Mutilation
CODEO	Coalition of Domestic Elections Observers	FHI	Family Health International
CRC	Convention on the Rights of the Child	FIDA	Federation of Women Lawyers
CRISE	Centre for Research on Inequality, Human Security and Ethnicity	FM	Frequency Modulation
		FORB	Forum for Religious Bodies
		FWD	Females with Disability
		GAB	Ghana Association of the Blind
		GAC	Ghana Aids Commission
		GBA	Ghana Bar Association
		GDHS	Ghana Demographic and Health Survey
		GDI	Gender-related Development Index
		GEM	Gender Empowerment Measure
		GES	Ghana Education Service

Acronyms

GFD	Ghana Federation of the Disabled	ILS	Institute of Local Government Studies
GHAG	Christian Health Association of Ghana	IMMR	Institutional Maternal Mortality Ratio
GHGs	Greenhouse Gases	ING	International Needs, Ghana
GHS	Ghana Health Service	IPEC	International Programme on Elimination of Child Labour
GI	Growth Index	IPT	Intermittent Preventive Treatment
GIMPA	Ghana Institute of Management and Public Administration	ISODEC	Integrated Social Development Centre
GLR	Ghana Law Report	ISSER	Institute of Statistical, Social and Economic Research
GLSS	Ghana Living Standards Survey	ITN	Insecticide Treated Net
GLSS5	Ghana Living Standards Survey, 2005	JSS	Junior Secondary School
GNAD	Ghana National Association of the Deaf	LC	Lions Club
GNCC	Ghana National Commission on Children	LC	Lands Commission
GoG	Government of Ghana	LGA	Local Government Act (462)
GPRS I	Ghana Poverty Reduction Strategy I	LGS	Local Government Service
GPRS II	Growth and Poverty Reduction Strategy II	LPG	Liquefied Petroleum Gas
GSB	Ghana Society for the Blind	LWC	Liberian Welfare Council
GSPD	Ghana Society of the Physically Disabled	M&E	Monitoring and Evaluation
GSS	Ghana Statistical Service	MA	Municipal Assembly
GTZ	German Technical Corporation	MASLOC	Medium and Small Loans Committee
GTZ	German Technical Co-operation/ Regional AIDS Programme	MDAs	Ministries, Departments and Agencies
GWCL	Ghana Water Company Limited	MDBS	Multi-Donor Budget Support
HD	Human Development	MDG	Millennium Development Goal
HDI	Human Development Index	MDGs	Millennium Development Goals
HFAC	Hospital Facility Attendance Card	MI	Misery Index
HIPC	Highly Indebted Poor Countries	MLGRD	Ministry of Local Government and Rural Development
HIV	Human Immunodeficiency Virus	MMDAs	Metropolitan/Municipal/ District Assemblies
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome	MMR	Maternal Mortality Ratio
HPI	Human Poverty Index	MMT Ltd.	Metro Mass Transit Limited
IBIS	Interagency Border Inspection System	MMYE	Ministry of Manpower, Youth and Employment
ICCES	Integrated Community Centres for Employable Skills	MOESS	Ministry of Education Science and Sports
ICCPR	International Convention on Civil and Political Rights	MOFA	Ministry of Food and Agriculture
ICESCR	International Convention on Economic Social and Cultural	MOFA/SRID	Ministry of Food and Agriculture/Statistic, Research and Information Division
IDPs	Internally Displaced Persons	MOFEP	Ministry of Finance and Economic Planning
IGR	Internally Generated Revenue	MOWAC	Ministry of Women and Children's Affairs
IIED	International Institute for Environment and Development	MPs	Members of Parliament
ILO	International Labour Organisation	MTTU	Motor Traffic and Transport Unit

NAC VET	Apprenticeship Council, National Coordinating Committee for Vocational Education and Training	PLWHAs	Persons Living With HIV/AIDS
NACP	National Aids Control Programme	PM	Presiding Member
NBSSI	National Board for Small Scale Industries	PMR	Proportional Mortality Rate
NCA	National Communications Authority	PNDC	Provisional National Defence Council
NCCE	National Commission for Civic Education	PNDCL	Provisional National Defence Council Law
NCD	National Commission on Democracy	PPA	Participatory Poverty Assessment
NCDs	Non-Communicable Diseases	PPME	Policy Planning Monitoring and Evaluation
NCWD	National Council on Women and Development	PRA	Participatory Rural Appraisal
NDC	National Democratic Congress	PRSPs	Poverty Reduction Strategy Papers
NDPC	National Development Planning Commission	PURC	Public Utilities Regulatory Commission
NECPAD	Network for Community Planning and Development	PV	Photovoltaic
NEPAD	New Economic Partnership for African Development	PWDs	Persons with Disabilities
NGO	Non-Governmental Organisation	RAVI	Rights and Voice Initiative
NGOs	Non-Governmental Organizations	RBM	Roll Back Malaria
NHCs	National House of Chiefs	RCC	Residual Catalytic Cracker
NHIC	National Health Insurance Council	RETs	Renewable Energy Technologies
NHIS	National Health Insurance Scheme	RHCs	Regional House of Chiefs
NMC	National Media Commission	RHF	Recommended Home Fluid Rights
NPP	New Patriotic Party	SAP	Structural Adjustment Programme
NRI	Natural Resources Institute	SCF	Save the Children Fund
NSF	National Strategy Framework	SE	Social Exclusion
NSFMC	National Society of Friends of Mentally Handicapped Children	SEI	Social Exclusion Index
NVTI	National Vocational Training Institute	SEND	Social Enterprise Development Foundation of West Africa
OIC	Opportunities Industrialization Centre	SGER	State of the Ghanaian Economy Report
ORS	Oral Rehydration Salt	SHEP	Self-Help Electrification Project
ORT	Oral Rehydration Therapy	SIF	Social Investment Fund
OVCs	Orphans and Vulnerable Children	SOE	State Owned Enterprise
PACID-GHANA	Parents Association of Children with Intellectual Disability	SPSS	Statistical Package for the Social Sciences
PAE	Participatory Assessment of the Excluded	SRID	Statistics, Research and Information Directorate
PE	Political Exclusion	SSA	Sub Saharan Africa
PECs	Public Employment Centres	SSCE	Senior Secondary School Certificate
PI	Poverty Index	SSI	Sight Savers International
PLWA	People Living With AIDS	SSNIT	Social Security and National Insurance Trust
		SSS	Senior Secondary School
		STDs	Sexually Transmitted Diseases
		STEP	Skills Training and Employment Programme
		SWH	Solar Water Heater

Acronyms

TB	Tuberculosis
TBA	Traditional Birth Attendance
TEIN	Tertiary Educational Institutions Networks
TOE	Tonne of Oil Equivalent
TESCON	Tertiary Students Confederation
TICO	Takoradi International Company
TOR	Tema Oil Refinery
TUC	Trades Union Congress
TV	Television
TVET	Technical and Vocational Education Training
UG	University of Ghana
UBLJ	University of Botswana Law Journal
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Program
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VALCO	Volta Aluminium Company
VET	Vocational Education Training
VRA	Volta River Authority
VSO	Voluntary Service Overseas
VTIs	Vocational Training Institutes
WAEC	West African Examinations Council
WAJU	Women and Juvenile Unit
WaLWA	Women and Law in West Africa
WC	Water Closet
WFCL	Worst Forms of Child Labour
WFP	World Food Programme
WHO	World Health Organization
WISE	Women Initiative for Self-Empowerment
WSD	Water and Sanitation Division
WSDB	Water and Sanitation Development Boards
WTO	World Trade Organisation

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Overview



It is nearly 60 years since the Universal Declaration of Human Rights was adopted by the United Nations in 1948. Since then constitutions and constitutional reforms of several member states have been informed by the ideals of the Declaration. Nations are judged in the international arena by their record with respect to personal liberties and social well-being. This imposes an obligation on member states of the UN to observe and find practical expression for the civil and political rights as well as the economic, social and cultural rights of their citizens. Indeed fact, the impact of the Declaration on global politics has been tremendous in terms of the adoption of the principles of democratic governance. However, in many societies discriminatory practices have persisted in spite of legislation and campaigns to eradicate them.

The concept of social exclusion has become increasingly accepted as a useful way of viewing the polarization of social groups in contemporary society. Evidence that societies have fought and won battles against exclusion under the inspiration of the UN Charter is widespread. For example racial segregation collapsed in the United States and more recently crumbled in South Africa after prolonged struggles of liberation movements fighting for equality and inclusion. Yet, there are several instances where abuses continue to occur in the full glare of the international community, local leaders and civil society organisations. Social exclusion remains prevalent in whole states or groups within states, depending on the level of political maturity and social awareness.

The idea of social inclusion has gained momentum since world leaders at the Social Summit in Geneva in 2000 restated their commitment to social protection as a core issue in poverty alleviation. They also adopted the

Millennium Declaration to fight global poverty and related conditions. At this forum the twin issues of material deprivation and the experience of diminished civil and political rights made a compelling case for highlighting the dangers of social inclusion and its impact on sustainable human development. Social exclusion in this respect has become part of the global ethics against human injustice.

The concern about social exclusion is in many respects moral first, in relation to principles of social justice and second, based on societal aspirations for social order. By rendering social exclusion unacceptable society re-affirms the aspiration for a state of social cohesion and harmony. This is assumed to be fundamental to maintaining a state of peace and social stability. Consequently, any social processes that seem to be interfering with the attainment of this state are bound to be perceived as problematic. Abundant empirical and statistical evidence exists showing that Ghana has achieved remarkable economic growth and stabilization over the past seven years. Despite these achievements, there is a growing perception that a large number of people and groups are not benefiting from the gains made so far from such growth and are thus largely socially excluded. This report, inter alia, is to investigate the validity of this perception.

This calls for an analysis of the extent to which people are excluded not only from the economic realm but also from the social, political and legal processes. This is achieved through the assessment, measurement and analysis of the current status of and trends in human development and social exclusion. The problem of social exclusion is examined and analysed within the context of the relevant social structures, systems and practices in Ghana. The report also reviews the various economic systems

and policies which impede access to economic resources and livelihood opportunities. Additionally, the political, legal and institutional structures which collectively drive and influence exclusion are examined.

A number of approaches are adopted to measure human development and social exclusion. They are both qualitative and quantitative and have been used to measure the severity of the phenomena. The measurement indices for Human Development are the Human Development Index (HDI) and the Gender Development Index. The HDI is computed using the Life Expectancy Index, the Education Index which measures adult literacy and gross enrolment and GDP per capita measured in purchasing power parity terms. The Gender-related Development Index (GDI), takes into consideration the gender aspects of HDI. For social exclusion various proxies such as the long-term unemployment rate, Misery Index, Poverty Rate and a composite Social Exclusion Index have been used.

The operationalization of the concept of social exclusion differs from country to country.

In a survey among 860 Dutch households, about 11% of the adult population was regarded as socially excluded. While for some countries poverty is regarded as the major risk factor, for the Dutch bad health was the most important. A study by researchers of the University of Bristol also found overwhelming evidence that poverty is a major risk factor in almost all the domains of exclusion that they explored.

Social groups with no other forms of support sometimes tend to adopt their own coping mechanisms. But there are also instances where they may be integrated at such low levels of support that they develop chronic deprivation or adverse incor-

poration. For instance, failure to manage chronic illness as a result of poverty or poor service delivery eventually reduces a person's productivity and aggravates his or her livelihood insecurity. Furthermore, the fear of infection may result in a person suffering from a communicable disease such as HIV/AIDS or leprosy to be excluded. Other agencies such as churches, academic institutions, traditional authorities and the media as well as the political system also play a role in either promoting or combating social exclusion.

Context of Exclusion

Insecure Livelihoods

The GPRS II identifies small-scale farmers as among the most vulnerable and excluded in Ghana. The most obvious feature of social exclusion in Ghana is linked to people with insecure livelihoods many of whom are engaged in semi-subsistence food farming. A smallholder farmer who practices rain-fed agriculture, applies little or no fertilizer and uses low-level technology is vulnerable to the unpredictable changes in the weather. Pressure on land also reduces fallow periods for those who use this method to promote soil rejuvenation. This results in low yields and consequently low income. A combination of adverse climate conditions and low unpredictable incomes raises the risk faced by such farmers and create conditions of insecure livelihoods.

Similarly, due to the peculiar land ownership and customary practices in Ghana, many farmers with access to land have no security of tenure including legally recognized ownership rights. This tends to undermine farmers' ability to leverage

other production inputs. It also acts as a disincentive against investment in land improvement or farm expansion. It is also worthy of note that many of the customary practices are based on male-biased land ownership arrangements which work against women's ownership of land. A category of urban dwellers also suffers insecure livelihood. A large pool of urban informal sector workers - artisans, petty traders in self-employment and people in wage employment are in this group. They experience irregular and unpredictable income flows. They thus become extremely vulnerable to instability in the macro economy.

Critics of liberalisation policies have argued that such policies have helped to flood local markets with cheap agricultural and manufactured products from Asia, rendering local producers uncompetitive. One of the issues confronting policy makers and development practitioners is how to facilitate asset building and secure livelihoods for all. At least, such measures could prevent them from sliding further.

Poverty and Exclusion

Economic factors that enhance social exclusion include extreme levels of poverty and the strategies often employed to overcome the poverty. For example, it has been observed that women and girls living in absolute poverty may offer sex because of economic need, while families in similar circumstances may give their daughters in marriage. As social exclusion so severely restricts access to the services and jobs needed for a minimal standard of living, there is a high correlation between poverty and social exclusion. While some countries may not consider insufficient incomes as a major risk factor in social exclusion, this

report has established that for Ghana, poverty is an important variable in explaining social exclusion.

Material drivers of social exclusion include poor income distribution. Both at an individual level and in a collective sense, groups that are excluded from mainstream society tend to have a disproportionately limited share of the national resources. Their personal incomes as well as per unit consumption of national expenditure are often below the national average in sectors such as health, education and communication. Economic factors that worsen social exclusion include extreme levels of poverty and the resort to adverse coping mechanisms such as withdrawing children from school during poor harvest when income is low or when there is none.

Worthy of note are the instances of social exclusion in which poverty is not necessarily a factor, since groups may control a lot of resources but may be barred from exercising direct political influence. Immigrant merchants working in Europe and Africa who have been generally overlooked by the leadership of their adopted countries provide a useful illustration of this kind of situation as does the expulsion of Nigerian traders under the Aliens' Compliance Order of 1969 in Ghana during the Second Republic.

Geographical Disparity

From the point of view of inter-regional differences and the intra-regional disparities, spatial differences are important drivers of social exclusion in Ghana. Indeed, the importance of geographical disparities in understanding social exclusion is partly captured in what are described as spatial poverty traps focusing on physical remoteness and

isolation. Historically the North / South divide in the supply of goods and services coupled with a harsh economic environment has positioned Northern Ghana to be more prone to experiences of exclusion. Uneven distribution of basic infrastructure, especially road networks and communication lines as well as remoteness from centres of trade work together to isolate some parts of the country. For example, for the hard-to-reach parts of Ghana referred to as 'overseas areas', located in Fumbisi in the Mamprusi West District of the Northern Region, greatest barrier to development is poor transport links with the rest of the country. In the same vein, rural-urban differences also reflect social exclusion in terms of differential provision of basic social services and job opportunities. The bulk of investment in industry and manufacturing in Ghana continues to be directed at the three major southern cities of Accra-Tema Metropolis, Kumasi and Takoradi. The significant rural-urban and regional differences help to explain the never-ceasing flow of migrants from poorer regions to better off regions, and from rural areas to urban centres.

Resource Degradation

Resource degradation accounts, to a large extent, for the persistence or worsening of social exclusion among some social groups. Depletion of forests and mangroves, soil erosion, degeneration of soil fertility, drying rivers and streams, desertification have become common feature of environments in which the poor eke out an existence. These increase fragility and exclusion.

Low Access to Public Goods and Services

Various studies including one by the World Bank (2005) have confirmed that excluded groups, among other things, tend to have low access to both public and private goods and services. When they do, the quality of the services available to them is relatively low. The situation is further complicated by the fact that under certain conditions the drivers of exclusion may be hidden, as in the case of poor school attendance or low health care services use. For example, in Ghana, though several efforts have been made to make basic education free and compulsory through the introduction of the free Compulsory Universal Basic Education, (fCUBE) the capitation grant and the school feeding programme, exclusionary tendencies still persist. For many children out of school, lack of uniforms, footwear, transport money (indirect costs) or a conducive learning environment at home may simply be the reasons why they remain out of school. Somehow there are no specific programmes targeted at out of school youth who join the ranks of the excluded.

With respect to health care, though there is a Health Fees Exemption policy in place to provide free medical cover for children under five years, senior citizens over seventy years, pregnant women and lactating mothers opportunities have been limited due to a number of factors. Many who are eligible are ignorant of their eligibility or how to access the facility. Besides, many participating hospitals do not have facilities for screening applicants. There lack of information, therefore, excludes them from accessing basic health services. In addition, slow rate of reimbursements by the Ministry of Health has discouraged many hospitals from processing applicants.

The World Health Organisation estimates that there are about 2 million Ghanaians living with disability (CCA, 2004), but society has been slow to act to provide facilities to improve their access to goods, services, and infrastructure in both public and private places. Similarly, of the more than 600,000 people living with HIV/AIDS in Ghana, only about 0.3 percent receives antiretroviral drugs in the state-sponsored treatment programme. Facilities for voluntary counselling and testing are also limited (GHDR 2004). The relational indicators of exclusion point to the fact that negative processes of social relations are located in different avenues of social interaction. Among these are issues such as discrimination on the basis of ethnicity, disability/deformity.

Cultural Norms of Discrimination

Many patterns of relational exclusion have been found to have cultural and historical origins, where people uphold norms and values which lead them to set themselves above others on the basis of a variety of attributes. Ethnic differences, disability/deformity and certain kinds of illness, such as leprosy, are typical sources of discrimination against affected people. In extreme cases they may be alienated for these reasons. Some forms of culture-based discrimination are, however, quite subtle. They include discrimination on the basis of a family history of servitude such as under the system of "trokosi", crime or mental illness.

Unequal Gender Relations

Gender relations are deeply embedded in culture and the accompanying historical struggle for power and the control of resources. In Ghanaian society, as in many others, a history of patriarchal gender relations places women in a position subordinate to men in decision-making despite several affirmative action initiatives that are being currently undertaken to reverse this trend. A customary preference for male leadership and control of resources have placed men and boys ahead of women and girls in accessing to many resources and social services including education, skills and work as well as public office. In extreme cases, as can be found in parts of the Northern Ghana, the gender difference has become a major source of exclusion for women. This is illustrated by their sheer lack of visibility in the public domain though they may not necessarily be excluded in economic activity generally. Gender-related exclusion often demonstrates partial or selective exclusion.

Health Status

Society has over the years been quite reluctant for a variety of reasons to accept people afflicted by illness as full members of the group. First, is the fear of the perceived infection spreading to other people. Then there are strong superstitions about the source of diseases. Furthermore, in practical terms, the disease renders an individual incapable of contributing to the welfare of the group. This becomes a source of disaffection. In this regard, HIV/AIDS has become an important source of exclusion, discouraging many people from finding out their status or from disclosing it when they test positive. Lepers who have

been cured at the State Leprosarium at Weija have been abandoned by their families not just out of fear of the disease spreading in the family, but also out of fear of extending the stigma attached to the disease to the whole family.

Disability

As noted earlier, disability is a common source of social exclusion. Both physical and mental disabilities have been treated as reasons for isolation. In traditional societies, this has sometimes led to the isolation and confinement of the affected persons. Depending on their family background both in terms of economic wherewithal and exposure to modern principles of human rights, Persons With Disability (PWDs) may find their basic rights seriously violated in spite of opportunities for social interaction, education, medical care etc. Their survival in this sense is largely influenced by the compassion of those who have responsibility for them, rather than by any commitment on the part of their care providers to their basic rights. In the absence of an effective institutional framework for monitoring and follow-up on the condition of disabled persons there is considerable arbitrariness in the way in which they are treated by their families and other members of the society.

Age-related Exclusion

In many respects age represents an important source of exclusion for some selected age groups. In particular, a growing number of young children are vulnerable to exclusion as they are denied their basic rights due to abandonment or

orphan hood early in life. The national Orphans and Vulnerable Children (OVCs) policy document estimates that the number of OVCs is over 170,000. Many young persons are driven by poverty to migrate to cities and large towns, a factor that pushes them to the margins of society without education, basic health care and employable skills.

Child labour, especially in its worst forms, has emerged as a major phenomenon exposing young people to considerable risk of accidents as defined under the ILO Programme on the Worst Forms of Child Labour (WFCL). Children engaged in hazardous work such as fishing, commercial sex, ritual and domestic servitude, stone quarry, mining have been found to be among the sites of WFCL. In addition, many young girls especially are locked into domestic servitude that, in many cases, does not provide adequately for their needs such as formal education, employable skills training and basic health care.

The plight of a large pool of out-of-school youth has become a major concern in Ghana. Many of them leave school with little or no proficiency in literacy and numeracy, nor with employable skills. Many migrate to the big cities and towns where they are relegated to the margins of society. Once here they are easily recruited into anti-social activity characterized by crime and violence.

Perhaps the most obvious case of age-related exclusion can be found among the elderly. Since the bulk of the working population operates in the informal economy most retired workers do not have any formally structured social security. The provision in the Social Security Law for informal sector workers to contribute to the scheme has not attracted much attention. Thus they , depend on family who more often than not abandon them.

Formal Educational Status

Simply because English is the official language of Ghana, the lack of literacy in this medium of expression constitutes an important basis of social exclusion both in the world of modern politics, work and civic relations. The effect of this social handicap, however, differs significantly from one group to another. With the expansion of private communication channels, some people have recourse to Ghanaian language based sources of information from radio and television and to a less extent Ghanaian language newspapers. Recent surveys suggest that the number of people with access to radio and television has gone up (GSS, 2003). Formal education is also a requirement for entering the formal job market with its associated relative security of income and work benefits. Illiteracy, therefore, makes it unlikely that people can cross the barrier from the informal to the formal economy. Similarly, it is an obvious barrier to being effective in holding public office, as, indeed, was experienced in the first district assembly elections held on February 28 1989. Many of the non-literate assembly members found themselves sidelined in the deliberations of the assembly giving reign to the government appointed members to dominate the affairs of the assembly. It is no surprise, therefore, that, in subsequent District Assembly elections the non-literate members were gradually replaced with educated people.

Political Relations

Politics may sometimes be the source of social exclusion when selected groups are subjected to discrimination on account of their political affiliation. Very often this may coincide with ethnic or regional

identities which further complicate the case. Indeed, various regions in Ghana notably the Ashanti Region during the First Republic, and the Volta Region during the Fourth Republic have often alluded to their perceived neglect by ruling parties because of their political affiliation..

Human Rights and Citizenship

The Universal Declaration of Human Rights (UDHR) sets out the basic principles of equality and non-discrimination with regard to the enjoyment of human rights and fundamental freedoms. The human rights issue is critical in dealing with social inclusion due to its rights based approach to development, which aims at ensuring that all are able to participate in, and benefit from, social services equitably. Human rights are fundamental to the concept of social exclusion as defined by the Universal Declaration of Human Rights and by the 1992 Constitution Of the Republic of Ghana. Ghana's Constitution has progressively expanded the human rights agenda to reflect more of the provisions of the United Nations Declaration (CHRAJ Annual Reports 1997-2005). Human rights abuses towards the general public for example as it pertains to military regimes and selected groups considered to be excluded are not uncommon, e.g. "*trokosi*", female genital mutilation and disability as chapter five of this report indicates.

Citizenship involves civil, political, economic and social rights and the relationship between the individual and the State as well as between the individual and society. The concept of 'citizenship' has developed over the centuries - from freedom to political participation to the contemporary concern with citizen's rights. There has been a continuous concern for

equality or greater social inclusion with the aim of closing the income gap between the rich and the poor and for public responsibility for social rights.

Weak Coping Strategies and Survival Mechanisms

Social groups have traditionally sought alternative ways of survival as their normal means of survival become unavailable due to seasonal variations in economic activity. Changes on the other hand may also be due to progressive decline in economic opportunities rather than seasonality. Under these conditions people can turn to coping mechanisms which are sometimes clearly counter-productive in the long-term. Dietary changes during the lean seasons in parts of Northern Ghana, for example, provide only modest meals. Without external intervention such as the type provided by the Catholic Relief Services in the worst affected areas children may be exposed to early death. It is also likely that social assistance programmes may offer support at such low levels that the poor develop chronic deprivation or adverse incorporation. A typical scenario in this case is the failure to manage chronic illness as a result of poverty or as a result of poor service delivery. With time this may permanently reduce a person's productivity and aggravate his or her insecurity. Coping strategies and survival mechanisms may be offered by both public and private institutions in the form of safety nets, but there are often ambiguities about their scope. Questions about whether they are intended to maintain people at minimum levels or, indeed, whether they are intended to be transformative have to be addressed.

Gender and Exclusion

Gender has been identified as closely associated with social exclusion. While poor men are at risk of exclusion, women and girls are disproportionately exposed to disadvantage due to their weak control over resources, power and their sexuality, and persistent male biased socio-cultural norms and practices. On the other hand young boys and men face the threat of succumbing to the drugs trade, conflict and crime. The cultural construction of gender relations presupposes and reinforces the inequality and subservience of women and girls in relating to men and boys. The general lack of power in society by women over their bodies and sexual lives, supported and reinforced by their social and economic inequality puts them in a position that favours exclusion by men in particular and the community in general.

The challenges to gender equity cut across all the socially excluded population in the country. Women with disability have less schooling and labour market participation than men with disability. The National Disability Policy in Ghana indicates that more females (15.2%) live with disability than men (13.4%). Disabled girls and women face more discrimination and prejudice than disabled boys and men. They have less education, and suffer exploitative abuse with ineffective legal provisions to protect their rights.

The overwhelming majority of women and men work in the informal sector engaged in commerce, agriculture, and services. With the return to constitutional rule in 1992 a few women have been elected to public office. In addition, the Government acting on the Affirmative Action Policy has appointed some women to political and public positions, but the efforts have been seen as not sufficiently far-reaching as chapter five indicates.

Moving From Exclusion to Inclusion

Progressive efforts towards overcoming social exclusion

Efforts to overcome social exclusion must first make a basic commitment to human rights with the Universal Declaration of Human Rights (UDHR) as a reference point. The 1992 Constitution of Ghana affirms this position and many progressive steps have been taken since it came into force to enhance opportunities for deprived groups of children and adults. The norms that guide human rights in the Constitution of Ghana have been designed to be inclusive and compatible with general international treaties. These have been most pronounced in the areas of health and education where measures have been taken to remove obstacles to school enrolment for children. Furthermore, assistance has been provided for National Health Insurance Registration and for informal sector workers several micro-credit facilities are being supported through NGOs. But more recently different legislative instruments have been adopted that seek to promote the civil liberties of excluded groups. These include the Disability Act, the Domestic Violence Act and the Human Trafficking Act.

Since the return to civilian rule under the 1992 Constitution of Ghana, several important steps have been taken by policy and law makers to address blatant exclusionary practices. Some of these have led to policy and law reforms. Yet, clear instances of exclusion still remain pervasive in Ghana.

The norms that guide human rights under the Constitution of Ghana have been designed to be inclusive and compatible with general international treaties. The denial of these rights may expose vulnerable groups to institutional barriers, corrupt practices and abuse of power. Ghana has adopted several international instruments that guide and protect the excluded - the UN Universal Declaration of Human Rights (1948), the Convention on the Elimination of All forms of Discrimination Against Women 1979 (CEDAW) the Convention on the Rights of the Child (1989), and the Convention concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, known in short as the Worst Forms of Child Labour Convention, which adopted by the International Labour Organization (ILO) in 1999 as ILO Convention No 182. The latter has led to creation of a unit on child labour at the Department of Labour; and the establishment of a National Programme towards the Elimination of the WFCL. In addition, several local instruments have also been put in place, to serve as safety nets for the excluded. However, there are implementation challenges which include low coverage under the social security scheme; inability to access services such as the NHIS on account of the inability to pay premiums and ineligibility to qualify for exemption; poor and non-enforcement of laws which denies ordinary people their rights and the entitlements; and the absence of the monitoring of implementation. Issues of exclusion raised in this section will be further discussed and analysed in more detail in the chapters which follow.

Chapter 1

What is Social Exclusion?



Introduction

The various interpretations which have been given to the concept of social exclusion; have certain common strands, in particular, the sense that social exclusion constitutes an infringement on the rights of individuals and groups. If unchecked such infringement may lead to serious constraints on individual personal development and well-being. In some respects, attempts to confront social exclusion may be hampered by the discriminatory norms of cultural practices. People may find it convenient to resort to cultural relativism as a means of perpetuating exclusionary practices such as blatant discrimination or marginalisation. Part of the problem of identifying exclusion may, therefore, be due to its relative and adaptable nature which easily renders it invisible to unsuspecting observers.

11

Defining Social Exclusion

Social exclusion is multi-dimensional (Young, 2001) and often involves economic, political, and spatial exclusion. These dimensions are seen to interrelate and reinforce each other. Persons and groups may therefore be excluded in more than one sphere of activity at different levels. For example, while local traditional leaders may well be able to exercise influence and decision making powers within their community, they may be quite voiceless in the politics of their districts, and they may be restricted in their ability to access public assets. Variables that induce social exclusion have to act together at various levels and over time to produce the kinds of effects that are commonly referred to as relational-based deprivation.

A classic example of the multi-dimensional manifestations of social exclusion is the case of People with Disabilities (PWDs). Some Ghanaian cultural norms use physical disability to exclude people from becoming a chief. Furthermore, PWDs lack recognition and

status in society and have limited opportunities for training. The latter case is exemplified by the fact that there are only two schools for the blind (Akropong in the Eastern Region, Wa in the Upper West Region) and three units for the deaf (Cape Coast School for the Deaf, Bechem School for the Deaf and The Three Kings Special School for the Mentally Handicapped located at Battour in the Volta Region of Ghana). It was further noted that PWDs' lack of resources, acts as a barrier to the ambition of holding political office. Lack of employment opportunities prevent them from accumulating the necessary resources needed for running for political office. Overall, they are excluded from what are seen as the critical areas of participation of full citizenship (Percy-Smith, 2000; Perri, 1997).

Social exclusion could also reflect a societal, institutional or an individual problem. This is an advancement on earlier post-war perspectives on marginality where social exclusion was seen as a problem of isolated dysfunctional individuals. (Byrne, 1999).

Against the background of growing international interest in the subject, Ghana

Persons and groups may . . . be excluded in more than one sphere of activity at different levels

adopted vulnerability and exclusion as one of the thematic areas in the Ghana Poverty Reduction Strategy (GPRS1) and the Growth and Poverty Reduction Strategy (GPRS II). Like many other African countries, Ghana is confronted with the challenge of demystifying the relevant aspects of social exclusion, proscribing them through legislation or applying the appropriate sanctions in cases of violation. Whether or not they originate from historical social relations or cultural beliefs and practices or, indeed, modern insensitive institutional and policy reforms, such cultural practices remain a violation of the 1992 Constitution of the Republic of Ghana, and other legislation such as the Criminal Code Amendment Law 1998 Act 554 and the Domestic Violence Law 2007 (Act 732) which criminalise inimical cultural practices.

The Draft Policy Framework for Addressing Vulnerability and Exclusion for the GPRS II defined social exclusion as:

“Inability to participate in decision making in political and socio-cultural affairs; inability to compete or participate in an event due to discrimination”. (NDPC, 2005:6)

The above definition limited its focus to decision making and inabilities resulting from discrimination only. While these are important they are not the only areas of social exclusion. The definition can be broadened to include limited opportunities and capabilities for accessing basic resources or the strategic edge.

In this report, therefore, the working definition of social exclusion is as follows:

“Social exclusion refers to limited/inequitable opportunities and capabilities to participate in decision making, gain access to meaningful livelihood opportunities and social services due to discriminatory institutional practices in the political,

economic, social spheres based on gender, ethnicity, geographical location, age, income status, health status, educational attainment, and disability”.

Aspects of this definition reflect the views of stakeholders interviewed during the process of gathering data to deepen the understanding of social exclusion.

These interviews have provided some interesting insights into the local perspectives of social exclusion in Ghana. They established, for example, the strong links that are often made between social exclusion and lack of opportunity and information asymmetry. They also show that social exclusion is associated with the lack of capacity of excluded groups to act on their own behalf. Interestingly enough, it is the social relations perspective rather than the commonly held view about poverty as a cause of exclusion that emerged from the survey. The list of manifestations of social exclusion focuses very much on issues of rights and discrimination and reflects processes by which people fall out of mainstream society. Stakeholder perspectives are in Box 1.1.

Deprivation

As a concept, social exclusion typically focuses on deprivation, a feature that it has in common with poverty. But beyond this the concept as applied in social exclusion is more about the nature of relations that give rise to deprivation in broadly economic, political and social spheres. Social relations and the processes that inhabit them lead to deprivation of some groups, and this is fundamental to the understanding of social exclusion.

In a modern democracy as pertains in Ghana, personal financial resources play a key role in holding office. As PWDs find it difficult to find employment, the few who

Social exclusion refers to limited/inequitable opportunities and capabilities to participate in decision making, gain access to meaningful livelihood opportunities and social services due to discriminatory institutional practices . . .

present themselves for political office are unable to compete for nomination within their parties. Given the negative social attitudes, limited education and economic opportunities they are unable to compete for political offices.

Social Exclusion On The Global Scene

The history of the idea of social exclusion has its roots in the poverty discourse of the mid-20th century and is closely tied to the social upheavals of post-second world war Europe, in which political efforts at reconciliation and redistribution could not keep pace with the high levels of dislocation, urbanization and migration. The Welfare State was adopted throughout Western Europe in the spirit of collective responsibility for all. The manner of its implementation, however, was to lead to unintended outcomes which in some cases generated a new set of challenges of discrimination, later to be labelled as social exclusion. This perspective on the historical beginnings of the concept is implied in Jehoel-Gijsbers' (2004) and others' observation that it does not really describe a new reality but rather advances the formulation of existing social situations (de Haan, 2000).

Rene Lenoir, French Secretary for Social Affairs in the Chirac Government in France, is credited with the popularization of the concept of social exclusion in his 1974 publication - *Les Exclus: Un Francais sur dix*. His list of excluded people included both the poor and social outcasts based on mental and physical disabilities, as well as racial and ethnic minorities. In

Box 1.1

Stakeholders perspectives on social exclusion in Ghana

- Exclusion occurs when people are not considered to be important and are not given the opportunity to unearth their potential by virtue of their physical condition e.g. disability.
- Exclusion occurs when the population, on account of certain social, political and economic reasons cannot make a claim on their rights and entitlements. For example persons with intellectual difficulties cannot make a claim on their rights and entitlements because of their mental condition.
- The excluded are persons or groups of people who are not recognised as part of the community.
- Exclusion is any intentional or unintentional hindrance to the participation of older persons in the development process as it relates to their well being.

Forms/Nature of Exclusion

The under-listed were identified as some of the forms in which exclusion occurs:

- Stigmatization,
- Marginalization,
- Voicelessness,
- Lack of recognition,
- Lack of access to services and opportunities,
- Abandonment,
- Expulsion from the community,
- Unemployment,
- Neglect.

Characterisation of the Excluded by Stakeholders

The excluded were identified as:

- Persons with disability including parents of persons with disability especially those with intellectual disability and autism,
- The elderly especially the illiterate, the accused (of witchcraft) and the poor,
- Children in difficult circumstances,
- Persons in incarceration,
- Distressed families,
- The destitute,
- Paupers.

How to Deal with Social Exclusion

What is being done to address Exclusion?

- More research into the phenomena and its manifestations,
- Advocacy and lobbying,
- Design and implementation of well targeted interventions,
- Reform of obsolete or less relevant traditions, structures and practices,
- Policy and legislation to protect the excluded and to reverse the process of exclusion,
- Provision of shelters and care homes for the excluded.

What is the way forward?

- Provision of funds to support projects and programmes aimed at addressing the needs of the excluded
- Provision of an enabling environment for inclusive education for all

Source: Interviews with

• Help Age Ghana

• The Department of Social Welfare

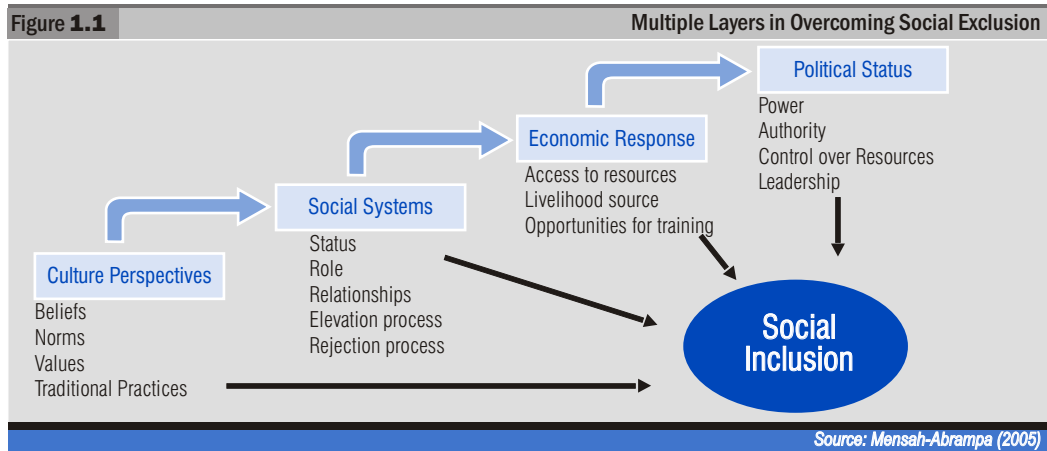
• New Horizon Special School

• Ghana Federation of the Disabled

• Special Education Unit of the Ghana Education Service

• Accra Psychiatric Hospital

• Parliamentary Select Committee on Employment, Social Welfare and State Enterprises



France the term had a peculiar meaning, it marked a “rupture of the social fabric” or the breakdown of “solidarity” which was the moral bond that held society together (de Haan 2000). But it was in the late 1970s and 1980s that the term became popular in France, Britain and the rest of Europe as newly elected governments embarked on economic restructuring and in the process attempted to modify the Welfare State to make it more efficient. Critics adopted social exclusion as an appropriate concept for describing the failure of the Welfare State to secure the well-being and political standing of the less fortunate in society. Such analysis formed the context in which new social policies were proposed to address the new emerging social problems of the period (*ibid*).

The ILO (1996) and other

international bodies like the European Union incorporated the concept of social exclusion in their discussions on chronic unemployment, unskilled workers and immigrants. Such problems can in their interaction create a vicious cycle of disadvantage. While exclusion may result from life course shocks, it can also be triggered by circumstances of birth. Being born into poverty or to parents with low employable skills, for example, places one at a serious disadvantage in relation to future life course survival chances. Outside Europe and America the idea of social exclusion has been slow to gain ground, perhaps due to the daunting challenge of absolute poverty for large segments of the population, especially in Africa and Asia. Indeed, under the circumstances the distinction for some analysts between

... the idea of social exclusion has been slow to gain ground ...

Feature	Poverty	Vulnerability	Social Exclusion
Unit	Individual	Individual/group	Individual/group/Society
Method	Absolute, relative and quantitative measurement of want	Risk assessment	Process analysis; structural analysis
Focus	Basic needs satisfaction	Social risk management	Empowerment and needs satisfaction
Approach	Practical interventions	Practical interventions	Strategic institutional and socio-legal reforms
Areas of Convergence	Deprivation; transient or chronic conditions; multi-dimensional	Deprivation; shocks; natural and manmade	Deprivation; relational approach to deprivation

Source: Compiled from de Haan, 2000: 30–31

poverty, vulnerability and social exclusion is unclear. Though poverty, social exclusion and vulnerability share certain common characteristics they also have important distinguishing features.

Table 1.1 shows a comparison of features of poverty, vulnerability and social exclusion. Traditional thinking about poverty focuses on individual subsistence level as against a standard conventional change. With time the idea that poverty generally represents a measurement of well being at a particular time has given way to new thinking about poverty as not a static but a dynamic multi-dimensional experience. This new thinking about poverty is in line with the concept of social exclusion. It is clear now that people may experience poverty not just because they lack access to goods and services but also because there are systematic constraints that limit the mobilisation and the allocation of resources to the particular group.

Highlights on vulnerability are essentially to reduce/manage the risk of the loss of livelihoods and the threat to security which more often than not is influenced by one's poverty status. Vulnerability is often obviously worsened by poverty which,

therefore, points to an important interface between poverty alleviation and social risk management.

Social exclusion as compared to poverty and vulnerability is intended to focus more attention on structural bottlenecks to equity and social justice. To overcome social exclusion, therefore, it is obvious that there has to be a deliberate effort to reform customary and legal codes of conduct to create opportunities for excluded groups to become empowered. This particular objective has been taken into account in current thinking on poverty reduction and social risks management. The convergence in the concepts is reflected sometimes in the often interchangeable use of the concepts of poverty, social exclusion and vulnerability.

We also know that there are people who are not poor but are excluded. But many may also become poor due to exclusion from economic activity, and may thus become vulnerable. The analysis of exclusion and vulnerability may not necessarily be the same as that of poverty. The three phenomena, however, are inextricably related. (Refer to Figure 1.2 for the relationship).

It is clear now that people may experience poverty not just because they lack access to goods and services but also because there are systematic constraints that limit the mobilisation and the allocation of resources to the particular group.

Figure 1.2 The Relationship between Poverty, Vulnerability and Exclusion



Source: Cletus K. Dordunoo (2003) *The Relationship between Poverty, Vulnerability and Exclusion*
A Concept Paper Submitted to NDPC/DFID/IDS Workshop on Vulnerability and Exclusion Accra, Bayview Hotel, 6th – 7th November, 2003.

Becoming Excluded In Ghana

Social exclusion results from the interplay of social, traditional, customary, economic, political and institutional practices and intergenerational poverty transfer.

Culture and Tradition

Social exclusion persists in our cultural and traditional set-up. Sojo, (2000) has defined cultural exclusion as *the differentiated access of social groups to the benefits of social and material welfare, when causes are not structural*. Sojo also categorised the causes of cultural stratification into two namely: subjective specificity and access to symbolic goods. The first category includes factors such as gender, ethnic background or race, age and belonging to a minority group. In the second category, symbolic goods are defined as the resources and infrastructure that diffuse information, knowledge and values and the capacity of the individual to understand them (Sojo, 2000).

Individual, Family and Community

Individuals, family and community as well as formal institutions of governance may by their actions spark a process of exclusion among vulnerable groups. Problems of family break-up and single parenthood especially among the poor may trigger exclusion. There is evidence, for example, of over-representation of single parents among the poor and socially excluded in many OECD countries (Walker,

1995; Walker, 1997). Communities that hold on to negative customs and beliefs that discriminate against their members in distress due to disease or other misfortunes can contribute significantly to alienating such people.

Weak Institutional Support Mechanisms

Where there are weak institutional mechanisms for addressing the needs of disadvantaged groups and people suffering from temporary shocks. Vulnerability quickly sets in if such shocks are not addressed lays the basis for long term exclusion. The weakness of institutions is exhibited in their inadequacies, poor functioning, poor quality, non responsiveness and the inability to create opportunities for those who are likely to fall prey to social exclusion.

Public institutions aggravate social exclusion through lack of understanding of the dynamics of vulnerability, poverty and exclusion or through sheer oversight. Poor legislation may act to deepen the exclusion of some social groups. Sometimes adequate legislation may be in place to protect the interests of the underprivileged. The Intestate Succession Law and the Children's Act. are cases in point. But poorly enforced legal regimes can make such legislation meaningless. At the regional and district levels, authorities have not been effective in protecting excluded groups largely due to the lack of commitment and inadequate resources.

Private institutions and civil society organisations such as non-government institutions and community based organizations, as well as some private financial institutions and other service providers also contribute to social

Public institutions aggravate social exclusion through lack of understanding of the dynamics of vulnerability, poverty and exclusion or through sheer oversight

exclusion by failing to develop programmes to support the interests of excluded groups.

Prejudice and discrimination resulting from social and political biases may also cause social exclusion. For example, discrimination on the basis of ethnicity and gender may result in exclusion on the labour market and institutions such as clubs, leisure activities, etc. In extreme cases, outright hostility and violence against certain groups may lead to social exclusion.

Intergenerational Transfer of Poverty

When deprivation is prolonged throughout the lifespan of individuals or groups, it can result in intergenerational transfer of poverty which in turn creates and perpetuates social exclusion. This is typical of situations of chronic poverty in most parts of the northern regions of Ghana which have the highest incidence of poverty (Ghana Statistical Service (GSS, 2007). Intergenerational transfer of poverty is sustained by continued external and internal shocks, thus making it difficult for existing generations to provide better opportunities for the next generation.

Profile Of the Excluded

Who is Excluded?

There are several categorizations of excluded persons or groups. Based on the Ghana Living Standards Survey 4 and 5, Participatory Poverty Assessment Surveys

and the GPRS I the following categories of persons are identified are excluded. The identified groups have been listed under sub- categories for easier reference, namely economic, gender and culture, health, spatial and others:

Economic

- ✍ Rural agricultural producers, particularly migrant farm labour and settlers as well as traditional fishermen and food crop farmers;
- ✍ Underemployed and unemployed persons (exposed to economic insecurity);
- ✍ Groups negatively affected by economic reform programmes of the 1980s and Structural Adjustment Programmes of the 1990s;
- ✍ The youth especially the unemployed and unskilled;

Gender and Culture

- ✍ Children in difficult circumstances, including those under five years who are malnourished, victims of the worst forms of child labour, street children, children of school-going age who are not in school, boys and girls who have dropped out of school, children living in institutions and children orphaned by HIV/AIDS;
- ✍ Victims of abuse particularly children and women suffering from sexual abuse and battery;
- ✍ Victims of harmful traditional practices especially victims of harmful widowhood rites, early/forced marriages, ritual and domestic servitude, fosterage and perceived witchcraft;

When deprivation is prolonged throughout the lifespan of individuals or groups, it can result intergenerational transfer of poverty which in turn create and perpetuate social exclusion.

In reality social exclusion is a culmination of negative processes of social relations shaped by gender, spatial, economic, political, socioeconomic, environmental and cultural circumstances and ideologies.

- ✍ Disadvantaged women, particularly poor single mothers, malnourished rural pregnant and nursing mothers, teenage mothers, “*kayayei*” (female porters) and commercial sex workers;

- ✍ Drug addicts;

- ✍ Ex-convicts;

Health

- ✍ People living with HIV/AIDS including infected persons and families of people living with HIV/AIDS;

- ✍ People suffering from mental illness;

- ✍ Displaced communities, particularly those subjected to periodic flooding/drought, the negative effects of mining and tourism and ethnic conflicts;

Spatial

- ✍ Residents of urban slums;

- ✍ People in areas affected by relocation/decline of economic activities, including indigenous low income neighbourhoods;

- ✍ Extremely poor people in the northern regions of Ghana;

- ✍ People who are geographically isolated due to lack of road access or by water bodies as in some parts of Western Region;

Others

- ✍ The elderly who have no access to family care or pension

- ✍ Persons with Disabilities, particularly those with no employable skills;

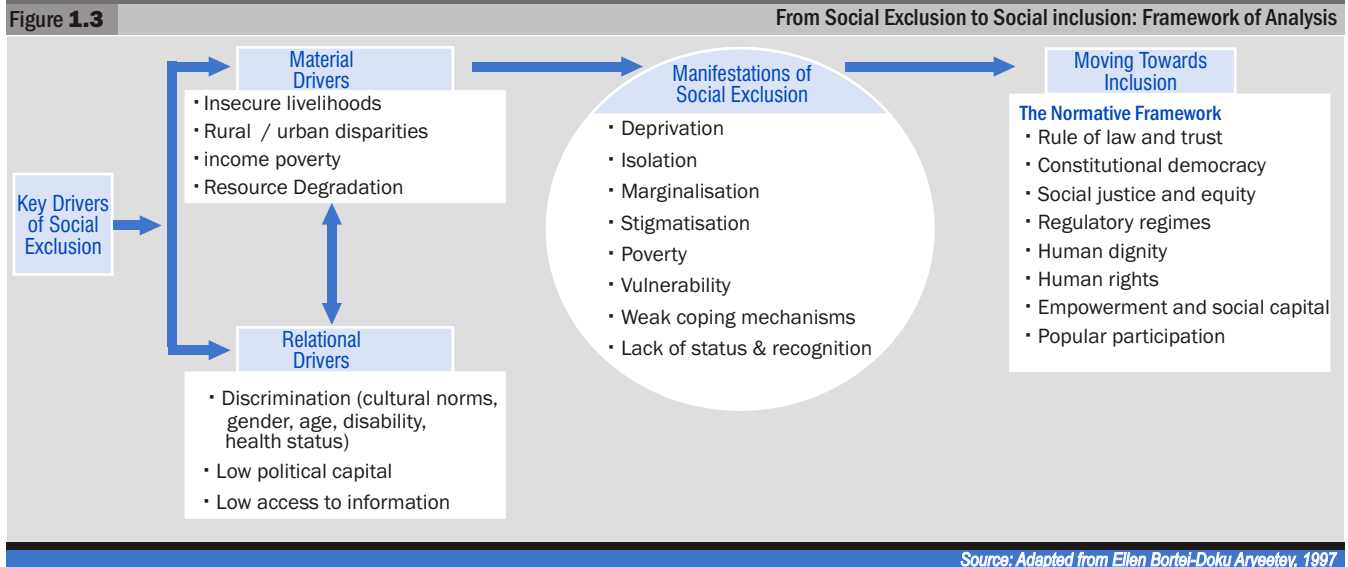
- ✍ People suffering from chronic diseases, including victims of debilitating diseases, such as tuberculosis, ulcer, guinea worm, trachoma, bilharzia, breast cancer and leprosy.

A Social Exclusion Framework of Analysis

In reality social exclusion is a culmination of negative processes of social relations shaped by gender, spatial, economic, political, socioeconomic, environmental and cultural circumstances and ideologies. The survival of the excluded, especially when they face hazards related to age, disease or disability, is threatened when they have low capacities and material resources and do not enjoy protection from an inclusive group.

Based on the definitions and the processes or agents of social exclusion, it is fair to argue that social exclusion can be explained from the point of view of two broad elements of social action. One focuses on the process and the other on relations of power. Needless to say they are not mutually exclusive and indeed, converge at several levels. They have been labelled as the relational and the material contexts of social exclusion. Figure 1.3 depicts this idea and offers suggestions on the kinds of institutions that may mediate to reverse exclusionary outcomes to promote social inclusion.

This framework captures the multifacetedness of the drivers of exclusion, showing clearly that they include both tangible (material) and intangible (relational) aspects. When no ameliorative steps are taken to arrest the negative consequences of any of these conditions poverty, vulnerability and eventually



exclusion may occur. It is difficult to assign a sequence to how this happens given the fact that any of these material or relational factors may serve as a trajectory along which a process of exclusion can set in. Perhaps it is worth mentioning that the drivers of exclusion may only lead to such an outcome when little or no effort is made to change their potential outcomes. In other words not all poverty or low education handicaps lead to exclusion.

The second column of Figure 1.3 shows the possible outcomes following various processes of exclusion. None of the manifestations can be described as mutually exclusive. As has been noted several times earlier, the challenge of exclusion is, indeed, its multi-dimensional nature, which calls for multi-intervention programmes to effect systemic change.

The third column suggests the principles that are required to promote social cohesion to reflect the spirit of the 1992 Constitution. This then sets the stage for promoting social inclusion and ultimately to achieve the objectives of the Directive Principles of State Policy as indicated in Chapter Six of the Constitution. The following section devotes more

attention to the characterisation of the drivers of exclusion from both a material and a social relations perspective.

What this framework perhaps does not show clearly is the potentially cyclical nature of social exclusion when it is not adequately combated. In situations where efforts and programmes to overcome exclusion are not sustained or sufficiently institutionalised, affected parties are quite likely to fall back into exclusion.

Challenges Facing the Excluded

Amongst the challenges facing the excluded is the re-entry or re-absorption into acceptable society. This has to happen at different levels of interaction. The challenge is for the socially excluded person to systematically break barriers to the different levels. This implies, for example, that social exclusion may be overcome at one level but failure to cross other bridges may still deprive affected persons of potential opportunities and capabilities. The classic glass ceiling effect

Amongst the challenges facing the excluded is re-entry or re-absorption into acceptable society.

... ideologies of male-dominated management and leadership prevent women from easily holding office.

Box 1.2 Stigma and Social Exclusion

Children with intellectual difficulties and autism are stigmatised due to their disability. They are seen as devils, bewitched or cursed by the gods and even their own parents do not want to have anything to do with them. —Mrs.

Salome Francois, Field Interview, June 2007

Also it is noted that there is so much stigma attached to mental illness that families do not want to have anything to do with their mentally ill relatives.

—Mrs. Henrietta Osae; Deputy Director of Nursing Accra Psychiatric Hospital Field Interview June 2007

on women's career mobility is a good illustration where earlier barriers for girls' and women's education and employment are removed through policy and legislation. But ideologies of male-dominated management and leadership prevent women from easily holding office. This calls for more holistic conceptualization of the challenges to be addressed.

Structure of the Report

This report contains six chapters and a statistical annex.

Chapter One introduces the concept of social exclusion, its dimensions, manifestations and challenges.

Chapter Two focuses on the core elements of human development: human security, livelihood, economy, education and health. It presents the key indicators used in analysing human development and social exclusion namely: human development index, human poverty index and social exclusion index.

Chapter Three examines the problem of social exclusion and offers an analysis

within the context of the relevant social structures, systems and practices in Ghana and how they impact on exclusion. It focuses on how these in turn contribute to social exclusion. Some of the major factors identified as contributing to exclusion in the chapter include gender and equity, socialization and ageing, religious practices, spatial and social considerations and disability. It also discusses how the issue of equal opportunity in structures, systems and practices can promote exclusion of the vulnerable in society. It notes that exclusion in Ghana has concentrated mostly on lack of access to social and economic services rather than physical factors such as spatial and geographical location except in cases where harsh climatic conditions and a poor road network exclude people from accessing basic social services such as health and education.

Chapter Four discusses economic exclusion comprehensively. It provides a review of the various economic systems and policies which impede access to economic resources and livelihoods and opportunities. It opens up the discussion in relation to the issue of globalization. This is followed by an analysis of economic exclusion – indicating the nature of exclusion; why people are excluded; where the excluded are found; what keeps them in exclusion; institutional arrangements that compound the process, policies and measures in addressing exclusion.

Chapter Five spells out the links between social exclusion and political, legal and institutional exclusion. It further discusses the political, legal and institutional structures which collectively drive and influence exclusion. It notes that the three are basically related. They all lead to discrimination which results in limited voice and limited access to resources. It further notes that though there are no

What Is Social Exclusion?

statutory patent laws that prescribe differential treatment for different social groups with respect to resource allocation or provision of opportunities such as education or employment. Nonetheless there are a number of structural, cultural and institutional factors which act to limit the rights of people.

Chapter Six summarises the report and states the policy recommendations for empowering the excluded and for attaining

an inclusive society. In particular, the Chapter provides the following: a summary of empirical evidence, the key dimensions of social exclusion, the major approaches to addressing social exclusion and the process for achieving sustainable inclusion. It also advances advocacy action for socio-economic inclusion in Ghana as well as decentralised sources of advocacy. It concludes with key elements from research, advocacy and lobbying.



Chapter 2

The Status of Human Development and Social Exclusion



Introduction

Following from the definition the concept of social exclusion in Chapter One this Chapter reviews and discusses the status of human development and social exclusion in Ghana. Using secondary data, the Chapter provides information on key themes which describe the extent of human development and quantitatively measures human development and social exclusion in Ghana. Key themes on human development discussed in this Chapter are human security, livelihoods and the economy, education and health.

Human Security

Human Security is a concept that is developing rapidly across the world. The UNDP (1994) defined human security as "freedom from fear and freedom from want." Fear and want may constrain people from choosing appropriate lifestyles (Latvia Human Development Report, 2002/2003). Human security has, therefore, been identified by the UNDP as one of the pre-conditions for human development.

In Ghana, the long cherished perception of security is fast being eroded. Human insecurity is evident along most streets, in both rural and urban communities. Deaths resulting from the excessive use of force by police, mob-violence, arbitrary arrest and detention, prolonged pre-trial detention, infringement on citizens' privacy rights, forcible dispersal of demonstrations and forced evictions are prevalent and these create fear among the populace.

Also, violence against women and children, female genital mutilation (FGM), discrimination against women, persons with disabilities, and persons with HIV/AIDS exist. Furthermore, there is trafficking in women and children, ethnic discrimination, politically and ethnically motivated violence as well as child labour, especially in its worst forms. These have resulted in considerable health, social,

psychological, and behavioural consequences and are undeniably linked to poverty, human rights abuse and exclusion (United States Bureau of Democracy, 2006).

Indeed, poverty continues to be one of the major causes of insecurity. The latest Ghana Living Standards Survey (2005/06) indicates that about 23 percent of the urban population and 51.6 percent of the rural population live below the poverty line. The most vulnerable groups are women, children and disabled youth (Bartels, 2001). The state of fear as a result of the upsurge in armed robbery in some parts of the country has exacerbated the security concerns of the populace.

Fear of Crime

Some have argued that crime is a natural tendency for humans (Becker, 1968; Ehrlich, 1973). Observations suggest that crime in Accra has been accentuated by rigid centralization of government bureaucracy, the nature of Ghana's economy, routine activities, lifestyles, and opportunities fostered by social change. Overall, the Accra Central Police Division recorded the highest number of crimes, followed by the Nima, Kaneshie and Kpeshie Divisions. The highest property offences were recorded within twelve miles

... there is trafficking in women and children, ethnic discrimination, politically and ethnically motivated violence as well as child labour, especially in its worst forms.

...major causes of conflicts in communities in rural and urban areas include indebtedness, ethnic differences, political differences, marriage disputes, land disputes, chieftaincy disputes and religious disputes

of the city centre. (Appiahene, 2000).

Figures on violent crimes in households in both rural and urban communities suggest that this problem is relatively low. Among a sample of 30,673 interviewed in rural areas on household victimization during violent crimes in the past 12 months, only 2.4 percent said there was such crime in their households. Another study among 18,263 people in urban areas suggests that only 3.5 percent of the respondents said there was household victimization during violent crime (GSS, 2003). These figures tend to suggest that household victimization during violent crime is higher in urban areas (3.5%) than in rural areas (2.4%). This corroborates Baraks' (2000) assertion that in Ghana, much of the increase in crime rates can be attributed to urbanization.

Conflicts

Even though Ghana has not experienced any large-scale conflicts, there are some small-scale conflicts in certain villages and towns which, if not tackled adequately and promptly, have the potential to result in national crisis. Most of the rural and urban respondents of a national representative survey (GSS CWIQII, 2003) indicated that there were not many conflicts (78.1% and 76.5%, respectively (See Table 2.1). There have been pockets of major ethnic conflicts such as the Dagbon crisis in the Northern Region and the Alavanyo-Nkonya conflict in the Volta Region. Two major sources of small-scale conflicts in

Ghana are chieftaincy and land¹. Even if these conflicts do not eventually result in crises of national dimensions, they could very well result in the loss of life and property (Otoo, 2006). Household perception of major causes of conflicts in communities in rural and urban areas include indebtedness, ethnic differences, political differences, marriage disputes, land disputes, chieftaincy disputes and religious disputes.

Safety

Lack of safety can have negative consequences, leading to insecurity for vulnerable and excluded persons and groups particularly. Ghana is currently a very safe and stable country with relatively low crime levels compared to other West African countries.

Road traffic accidents have increasingly become a major source of insecurity with far-reaching socio-economic implications. Ghana is currently ranked as the third road traffic accident prone country in the world (Ghana Broadcasting Corporation, 2007). The effects of these accidents are many. They include social trauma, for example death, and the consequent emergence of single-parent households, and the inability of surviving children to complete their education or acquire skills for life, and great pressure the health system. Males form 67 percent of the national casualty from road traffic accidents (Centre for Social Policy Studies, 2003).

Locality	Sample Size	No Conflict	Indebtedness	Ethnic Difference	Political Difference	Land Disputes	Chieftaincy Disputes	Religious Disputes
Ghana	40920	77.3	4.0	1.0	1.6	1.6	2.3	6.3
Rural	30659	78.1	3.5	0.7	1.0	1.0	2.4	8.2
Urban	18261	76.5	4.7	1.4	2.3	2.3	2.3	3.9

Source: GSS, CWIQ II, 2003

¹(Chapters 1 and 4 have additional information on land access and related issues

Livelihoods And The Economy

Poverty Levels in Ghana Goal 1 of the MDGs is to eradicate extreme poverty and hunger.

From the various GLSS surveys conducted up to the fifth round poverty levels have been falling. Results from this survey provide quantitative data on the trends in poverty in more recent years (Table 2.2). The proportion of Ghanaians described as poor in 2005/06 was 28.5%, falling from 39.5% in 1998/99. Those described as extremely poor declined from 26.8% to 18.2%. Thus the first Millennium Development Goal of halving the poverty rate would be met by 2009 if the current growth rates are maintained.

The decline in poverty and extreme poverty between 1998/99 and 2005/2006 was more evenly distributed than in the earlier period of 1991/92 to 1998/99. All the localities and regions with the exception of Greater Accra and Upper West Region experienced declines in poverty (Figure 2.1). While the city of Accra experienced an increase in poverty, Greater Accra Region experienced a decline in poverty from 15.2 to 11.8% between 1998/99 and 2005/2006, although extreme poverty worsened, implying that areas in the region outside the city witnessed significant declines in poverty. The Central and Eastern Regions

	Poverty Incidence by Locality			
	Poverty		Extreme Poverty	
	1998/99	2005/06	1998/99	2005/06
Accra	4.4	10.6	1.9	5.4
Urban Coastal	31.0	5.5	19.0	2.0
Urban Forest	18.2	6.9	10.9	2.9
Urban savannah	43.0	27.6	27.1	18.3
Rural Coastal	45.6	24.0	28.5	11.5
Rural Forest	38.0	27.7	21.1	14.6
Rural Savannah	70.0	60.1	59.3	45.4
ALL	39.5	28.5	26.8	18.2

Source: Ghana Statistical Service, Pattern and Trends of Poverty in Ghana, 1991-2006, April 2007, Tables A1.1 and A1.2

experienced the largest decline in poverty of about 28.5%; these declines may be attributed to the concentration of programmes implemented under the President's Special Initiatives on cassava, pineapples, and oil palm in the Central Region and export crops of pineapples and cocoa in the Eastern region.

The general decline in poverty can be attributed to the high growth rates achieved during the period of implementation of the GPRS I and II. The growth has come from high growth in cocoa production benefiting from government intervention. Thus the benefits of the growth are seen in the more significant reductions in poverty in the cocoa producing localities and Regions.

Had income inequalities not worsened more in the rural areas than the urban areas during the 1998/99 to 2005/2006 period, the improvement in poverty reduction through growth would have been better for the rural areas than in the urban areas. (Table 2.3)

... the first Millennium Development Goal of halving the poverty rate would be met by 2009 if the current growth rates are maintained.

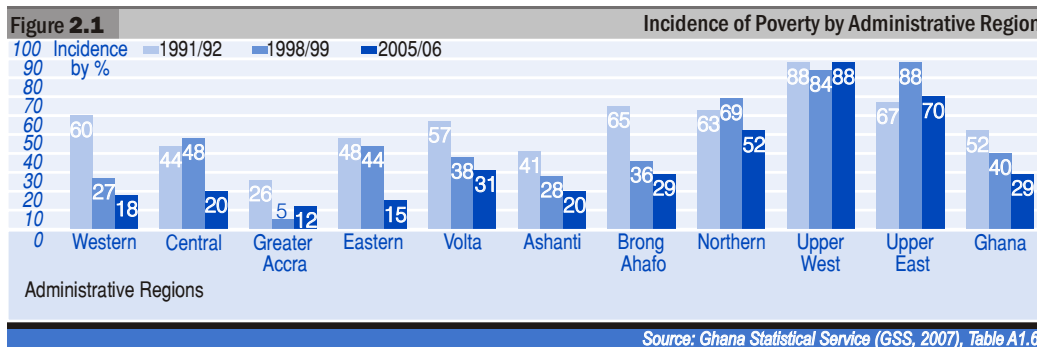


Table 2.3 Decomposition of Change in Poverty Headcount-1998/99 to 2005/06

Locality	Total Change	Share of change due to growth	Redistribution
National	-10.9	-13.5	+2.6
Urban	-8.6	-8.6	0.0
Rural	-10.4	-13.8	+3.4

Source: Ghana Statistical Service, Pattern and Trends of Poverty in Ghana, 1991-2006, April 2007, Table 3.

Poverty incidence declined in female-headed households from 43 to 19 percent between 1991/92 and 2005/2006 compared with poverty incidence in male-headed households from 55 to 31 percent. (Figure 2.2)

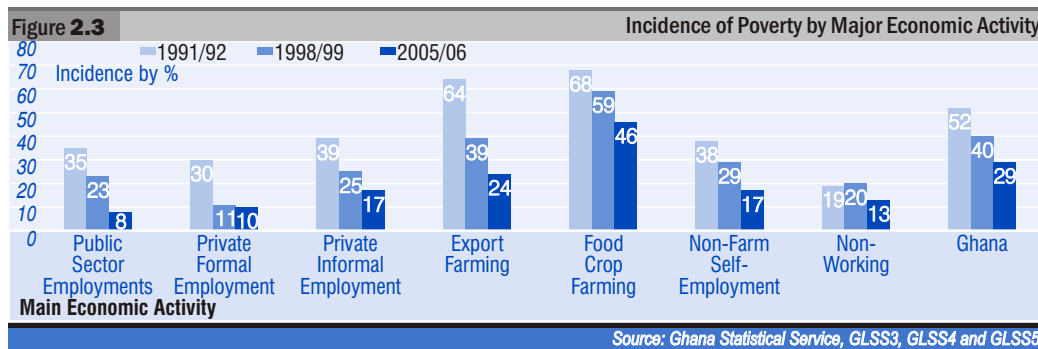
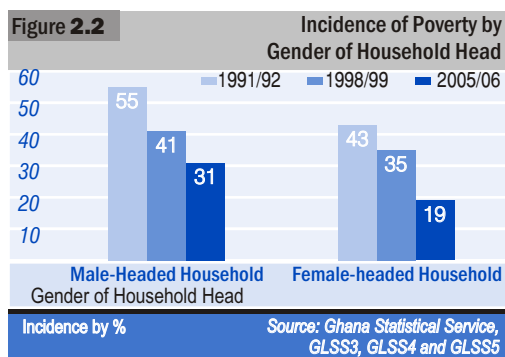
Poverty trends in Ghana also differ among the various economic sectors (Figure 2.3). Poverty is particularly evident in two sectors in Ghana: agriculture and the informal sector, with the agricultural sector being the worse affected. Next to agriculture, 29 percent of those in micro and small enterprises live below the poverty line (National Policy Group, 2005). It was also observed that there is a general decline in the incidence of poverty for all groups. The absolute figures indicate that food crop farmers are the poorest compared

to people in other activities. They recorded the highest poverty incidence-68 percent in 1991/92 but it fell to 46 percent in 2005/06.

Employment, Unemployment and Underemployment

The GSS CWIQ defined current unemployment to cover all "persons 15 to 64 years who did not work and are available to work in the last seven days preceding the survey". This definition may be deficient by citing too short a duration for seeking an employable job.

An underemployed person can be defined as one who is available to work longer hours and is seeking to do so. The ILO defines time related underemployment as comprising those who are currently working, but are willing and available to work additional hours and have worked less than the normal duration of work determined for that activity. Inadequate employment on the other hand refers to those who are working in an enterprise and who, during the reference period, want to change their current work situation because their skills are under-utilised. According to the GLSS 4 & 5, a measure of underemployment is the number of people who work 40 hours or less a week in their main job and are willing to work more hours. The GSS CWIQII, estimated unemployment and inadequate



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employment at approximately 5.4 and 13.6 percent, respectively for 2003.

Youth Unemployment

Unemployment was generally highest among the youth aged between 20 and 25 years. The GLSS 3 estimated that in 1992, 17.1 percent of youth aged 15-24 in the labour force were unemployed as against 4.3 percent for 25-44 and 2.7 percent for 45-59 years age groups, respectively. The GLSS 4 puts the unemployment rate for the youth aged 15-24 years at 15.9 compared to 7.4 percent for 25-44 and 4.7 percent for 45-64 year age groups, respectively. These confirm the general assertion that unemployment rates tend to decrease with age. The rapidly increasing population growth rate at an average of 2.7 percent per annum over the past two decades puts pressure on the labour force. This has been identified as the main reason for the high incidence of youth unemployment in the country. Against this background, the Government is making good its pre-election promise to solve the problem of youth unemployment. The Youth Employment Program is ongoing at the national level to train and or retrain some of the unemployed youth; this is to enhance their chances of being employed or self-employed.

Gender and Unemployment

Generally, unemployment rates are lower for men than women in the country though participation rates for females have increased considerably in recent years. Female-to-male unemployment ratio declined from 1.46:1 in 1992 to 1.16:1 in 1998 and to 1.06:1 in 2000, although in 2003 the ratio increased marginally to 1.09:1. Gender differences can also be seen in the incidence of youth unemployment in the country. The GSS (2005) estimated unemployment at 10.4 percent for males

aged between 20 and 24 years and 10.9 percent for females in the same age group. Although the gender difference is marginal, it is possible that by this age, some of the females may be preoccupied with motherhood responsibilities which may interfere with their ability to obtain formal employment

The relatively higher unemployment rate among women in the 1990s can be attributed to a number of factors. They include women's lower educational attainment; public sector downsizing which affected women disproportionately because they occupied very low level jobs in the formal sector, which were targeted by the downsizing programme and women's over-representation in the typically low-paying informal trade sector where at least 50 percent of the female labour force in the urban areas operates. The declining trend in the female-to-male unemployment ratio as seen mostly over the 1990s could be attributed to improved educational attainment of females.

Rural-Urban Unemployment

Over the years, unemployment has been mostly an urban phenomenon, though rural unemployment did increase during the 1990s. Urban unemployment rate was 11.3 percent in 1991/92 and increased to 13.4 in 1998/99 before declining to 10.6 percent in 2003. These figures for the urban areas can be compared to 1.7 percent (1998/99), 5.5 percent (1998/99) and 4.9 percent (2003) in the rural areas. The relatively high incidence of unemployment in the urban areas can be mainly attributed to rural-urban migration resulting from deteriorating social and economic conditions as well as the limited opportunities or prospects in the rural areas. The situation is further compounded by the limited job expansion in the urban areas.

The declining trend in the female-to-male unemployment ratio as seen mostly over the 1990s could be attributed to improved educational attainment of females

Like unemployment, underemployment is higher in the rural areas than in the urban areas. This can possibly be attributed to the fact that in the rural areas many people may be engaged in farming on a part-time basis because they have nothing else to do. In addition, in the rural areas, people engage in non-agricultural employment on a casual or part-time basis due to seasonal inactivity. Additionally, rural areas are more likely to have a higher concentration of women who engage in unpaid domestic duties.

Employment and the Informal Economy

The informal economy in Ghana is characterized by the ease of entry and exit, reliance on indigenous resources, small-scale operation, labour intensive and adaptive technology, family ownership of most enterprises and an unregulated market. Among the major informal economies in the country are agriculture, food processing, clothing metal fabrication and repairs, wood processing, handicraft construction, garage services, trade, restaurant ("chop bar") and transport. Typically, the skills required for operating in this sector are acquired outside the formal system of education.

Including agriculture, the informal economy employs 91 percent of the economically active. The CWIQ II survey further reported that the sector employs 92.0 percent of all employed persons in the rural areas and 75 percent in the urban areas. In terms of location, 61 percent of all informal economic activities are undertaken in urban areas with about 39 percent in the rural areas. In the Northern Region of Ghana, the informal economy employs 91.4 percent of all employed

persons aged 15 years and older and, with the exception of the Greater Accra Region which employs 71.0 per cent, the sector employs over 80 percent of all employed persons. (CWIQ II 2003)

The dominance of the informal economy in especially the three northern regions could be a result of the dominance of private informal agricultural employment (including animal husbandry) as the main livelihood activity in these areas. Furthermore, private and public formal employment is also low within these regions of the country, limiting people mainly to the informal economy for subsistence. The GCLS (2003) indicated that self-employment represents about 54 per cent of total employment within the informal economy, followed by unpaid family labour (30 %), full-time employment (9 %) and apprenticeship (2.9 %).

Education

Trends in Access, Participation and Quality Education

MDG2: Achieve universal primary education

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

MDG3: Promote gender equality and empower women

Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education by 2015

The informal economy in Ghana is characterized by the ease of entry and exit, reliance on indigenous resources, small scale operation, labour intensive and adaptive technology, family ownership of most enterprises and an unregulated market.

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Access to Education

In Ghana, both public and other key stakeholders such as religious and private institutions, provide basic school education, some secondary and tertiary education. The general story of developments in education is that access has improved considerably since 2004

Besides formal education, attempts at other types of informal education are made to equip persons who are excluded from formal learning. These attempts include non formal education which is aimed at teaching those outside the formal learning system. An important component of the latter is the functional literacy program which is meant to enable adult learners to be literate and to improve upon their numeracy skills. For instance, under this program, a group of female fishmongers who are willing to study, is taken through functionally relevant topics useful to their trade and has the potential of enhancing their success chance. Among the topics likely to be treated in such a class are how to do basic reading and numeracy, hygiene and improved child nutrition and care.

Progress at all levels of education in Ghana has been less than satisfactory or quite mixed (NDPC, 2007).

Access to Basic Education

Access to basic education is operationalised by the Ghana Statistical

Service (GSS, 1998/99) as having a facility within one kilometre radius from one's place of residence.

There are regional differences in access to primary school. Regions in the southern sector of the country have greater access to primary education than the northern sector. The Upper East Region has the poorest access to primary education (61.9%) followed by the Upper West Region (67.1%). The factors that account for the low access to primary education in the three northern regions include sparse population distribution, poverty and the general deprivation in most areas. Access differs from urban to rural locations. Urban areas have better access to primary education than rural areas (93.2% compared to 81.0% respectively). (Table 2.4)

The picture is grimmer with respect to access to secondary education. The national average for access to secondary school is 43.3 percent, but it is even worse for the northern regions which average 15.5 per cent.

Apart from the north-south disparities, there exist differences between rural and urban areas. Access to secondary education is higher in urban areas (62.6%) than in rural areas (28.8%). Moreover, the quality of education in the rural areas is poorer. Similar explanatory factors of poor infrastructure and poverty, coupled with the tendency for more qualified secondary

Besides formal education, attempts at other types of informal education are made to equip persons who are excluded from formal learning.

	Total	Western Region	Central Region	Greater Accra	Volta Region	Eastern Region	Ashanti Region	Brong Ahafo	Northern Region	Upper East	Upper West
Primary School	85.4	85.3	90.9	90.2	83.9	88.4	92.7	83.7	80.1	61.9	67.1
Access to school	69.9	74.9	72.6	80.9	64.7	75.6	78.9	69.3	49.9	56	51
Primary Enrolment	69.9	75.2	73	80.4	65	74.9	78.9	68.7	52.2	55.3	47.3
Male	70	74.5	72.2	81.4	64.3	76.4	78.9	70	47.6	56.9	55.4
Female	69.1	68	75.7	88.3	55.7	65.4	79	70.3	45.3	47.6	49.8
Satisfaction											
Secondary School											
Access to school	43.3	35.1	52.1	63.4	39.4	47.1	56.1	34.2	21.5	7.9	17.2
Primary Enrolment	38	39.5	40.9	54.6	33.8	40.3	44.9	33.3	16.2	19.5	21.4
Male	37.8	41.3	40.6	54.7	34.3	40.2	45.1	34.7	16.9	18.6	21.9
Female	38.3	37.5	41.3	54.5	33.3	40.3	44.7	31.9	15.3	20.8	20.7
Satisfaction	75.8	73.4	76.1	89.7	61.5	71.4	79.2	77	59.5	53.7	56.7

Source: GSS, 2003, Ghana Core Welfare Indicators

... in terms of education and related personal self-fulfilment and advancement, northern Ghana in particular and also the remote rural areas are increasingly excluded.

teachers to refuse posting to rural areas. Thus, in terms of education and related personal self-fulfilment and advancement, northern Ghana in particular and also the remote rural areas are increasingly excluded.

Enrolment

Gross enrolment ratio increased at kindergarten level from 56.5 in 2004/05 academic year to 75.2 in 2005/06 academic year representing an increase of 18.7 percent. The change has been minimal for primary and JSS enrolment. The increment in gross enrolment ratio has been more for girls (19.3%) than for boys (18.1%). There has been a 2.1 percent reduction in gross enrolment rates at the primary level for boys compared to the rates for girls and this remained the same for the 2003/2004 and 2004/2005 academic years.

There was also a reduction in gross enrolment for boys and an increase in that of girls by 1.3 percent at the JSS level. Girl enrolment exceeded that of boys (50% for boys and 53.3% for girls) in the 2004/2005 academic year. This may be due to the greater proportion of females to males at this stage of basic school enrolment. Other intervention strategies mentioned above may also have played a role. Thus, it appears that Ghana is moving gradually

towards one of the MDGs and GPRS II objectives of eliminating gender disparity in school enrolment.

Literacy

Patterns in Literacy

Table 2.6 presents the distribution of literacy levels for persons aged 15 years and above by region and sex, based on information from the 2000 Census. Over half (57.4%) of the total population of Ghana are literate; while 16.4 percent are literate in English only, 2.5 percent are literate in a local language only and 38.1 percent are literate in both English and a Ghanaian language. This implies that Ghanaians are generally more versed in learning through the English language than through their own indigenous language(s). There is a higher proportion of illiterate females (50.2%) than males (33.6%). Differences in access to economic opportunities, reinforced by some cultural practices are largely responsible for the much higher illiteracy rate of females and rural populations.

At the regional level, Table 2.7 indicates that for both sexes Greater Accra has the lowest illiteracy rate (18.4%),

²Gross enrolment denotes the total number of children enrolled.

³Net enrolment means the number of children enrolled within the specific age that they should be in the given class, for example, enrollees in primary class one should be six years; which data will not capture those younger or older than six years old.

	Boys		Girls		Total	
	2004/05	2005/06	2004/05	2005/06	2004/05	2005/06
Kindergarten						
Gross enrolment ² ratio	57.2	75.3	55.8	75.1	56.5	75.2
Net enrolment ³ ratio	38.4	50.0	38.5	50.2	49.9	50.0
Repeaters (Public)	7.8	3.8	7.1	3.7	7.4	3.7
Repeaters (Private)	5.4	3.3	5.1	3.3	5.3	3.3
Primary						
Gross enrolment ratio	90.4	88.3	84.5	84.5	87.5	86.4
Net enrolment ratio	60.0	69.6	58.3	68.1	59.1	68.8
Repeaters (Public)	6.8	4.8	6.5	4.7	6.7	4.8
Repeaters (Private)	2.6	1.9	2.4	1.9	2.5	1.9
Junior Secondary						
Gross enrolment ratio	74.6	73.8	65.6	66.9	70.2	70.4
Net enrolment ratio	31.3	41.5	31.8	41.7	31.6	41.6
Repeaters (Public)	5.0	3.9	5.5	4.2	5.2	4.1
Repeaters (Private)	2.6	1.3	2.4	1.4	2.5	1.3

Source: Ministry of Education, Science and Sports, 2004/05 - 2005/06

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Table 2.6 Literacy Levels in Ghana by Region and Sex, 2000

Region			Language of Literacy			
			English Only	Ghanaian Only	English & Ghanaian	Other
Both Sexes	All Levels	Not Literate				
All Regions	11,105,236	42.6	16.4	2.5	38.1	0.8
Western Region	1,108,272	41.8	18.7	1.8	36.9	0.8
Central Region	904,579	42.9	16.6	2.0	37.9	0.6
Greater Accra	1,945,284	18.4	30.0	2.3	48.2	1.2
Volta Region	963,811	41.7	8.3	4.5	44.5	1.0
Eastern Region	1,227,612	36.4	13.4	3.3	46.4	1.0
Ashanti Region	2,096,121	35.0	12.9	3.2	48.1	0.5
Brong Ahafo	1,033,609	48.5	11.7	2.0	37.3	0.8
Northern Region	978,774	76.6	13.4	1.5	8.3	0.6
Upper East	520,863	76.5	14.4	1.3	7.0	0.8
Upper West	326,311	73.4	13.4	1.1	10.9	1.2
Male						
All Regions	5,435,829	33.6	17.7	2.4	45.3	0.9
Western Region	566,878	32.0	20.2	1.8	45.2	0.9
Central Region	414,157	30.2	18.5	2.0	48.7	0.7
Greater Accra	968,566	12.1	31.6	1.7	53.4	1.2
Volta Region	452,887	31.3	9.3	4.3	54.0	1.2
Eastern Region	590,133	26.4	14.4	3.0	55.5	0.6
Ashanti Region	1,055,021	27.6	12.6	3.1	55.8	0.9
Brong Ahafo	518,542	41.1	11.8	2.0	44.5	0.6
Northern Region	483,460	69.7	16.4	1.8	11.4	0.8
Upper East	237,408	70.2	18.0	1.4	9.4	0.9
Upper West	148,777	66.9	16.0	1.3	14.3	1.5
Female						
All Regions	5,669,407	50.2	15.2	2.7	31.2	0.7
Western Region	541,394	52.1	17.2	1.8	28.2	0.7
Central Region	490,422	53.7	15.0	2.0	28.8	0.5
Greater Accra	976,718	24.6	28.3	2.4	43.1	1.1
Volta Region	501,924	50.9	7.4	4.7	36.2	0.8
Eastern Region	637,479	45.6	12.5	3.6	37.9	0.4
Ashanti Region	1,041,100	42.4	13.2	3.4	40.4	0.7
Brong Ahafo	515,067	56.0	11.5	2.0	30.2	0.4
Northern Region	495,314	82.6	10.4	1.3	5.2	0.5
Upper East	283,455	81.8	11.3	1.2	4.9	0.7
Upper West	177,534	78.8	11.3	0.9	8.0	1.0

Source: Ghana Statistical Service, 2000 Population and Housing Census

followed by Ashanti (35%) and Eastern (36.4%). The highest illiteracy levels are found in the three northern regions of Ghana (76.2% for Northern, 76.5% for Upper East and 73.4% for Upper West). Statistics also indicate that illiteracy is much higher in rural (55.6%) than urban (26.9%) areas and in both areas females have higher illiteracy levels (34.2% urban and 64.5% rural) than males (19.2% urban and 46.4% rural).

Traditional Apprenticeship and Vocational Skills

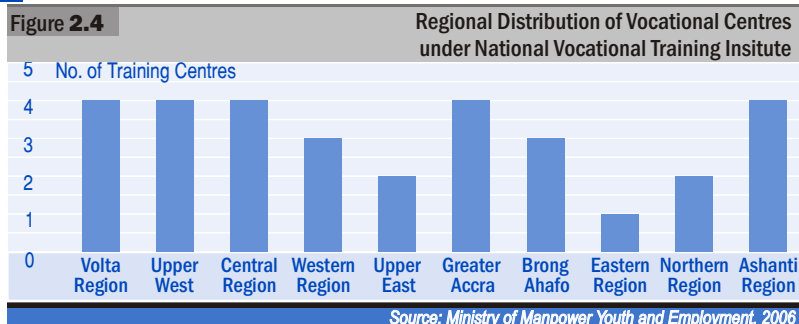
Ghana has a long tradition of informal apprenticeship in such trades as carpentry, masonry, auto-mechanics, welding,

foundering, photography, tailoring, dressmaking and hairdressing. Operators in the sectors exhibit creativity but typically lack the necessary technology and exposure related to their skills and the capital to expand their enterprise. In Ghana traditional apprenticeship training is responsible for some 80-90 percent of all skills development in the country (Woltjer, 2006).

In addition to the informal apprenticeship, there is technical and vocational education which provides apprenticeship training in state-funded schools, for example, the National Vocational Training Institute.

Figure 2.4 indicates that vocational training under the NVTI is fairly distributed across the country. The Upper West, Greater Accra and Central Regions have 4

traditional apprenticeship training is responsible for some 80-90 percent of all skills development in the country



gainful employment because, in many cases, the training perpetuates low skills, obsolete technologies, traditional and usually non-remunerative trades and job stereotypes. Refer to Box 2.1 for an example of a training programme.

It is estimated that about 70 percent of the population of Ghana use alternative medicine which includes traditional health care while 30 percent rely on orthodox medical care

schools each. Training statistics of vocational training from 2002 - 2004 indicate that 8,361 people were trained. Of these 6,159 were males while 2,202 were females. In 2006, there were 7,211 trainees consisting of 5,530 males and 1,685 females. There were 305 trainers for the 7,211 trainees. This calls for government intervention to ensure that public apprenticeship programs are genderised. Promoting equal access to skills training is important but this must be matched by training which is socially and economically viable and relevant. The practice has been to provide training that may not lead to

Health

The broad goal of health care in Ghana is to improve the welfare of all the people living in the country through increased and sustainable productivity and growth. A key condition of this goal is the good health of its citizenry. Improving the performance of health systems and fostering linkages with other relevant sectors is, therefore, needed to achieve this goal (PPME-GHS, 2005).

Health care in Ghana encompasses two approaches - orthodox and alternative medicine. It is estimated that about 70 percent of the population of Ghana use alternative medicine which includes traditional health care while 30 percent rely on orthodox medical care. Orthodox health care delivery in the Ghanaian context consists of a greater emphasis on curative care or treatment, preventive activities such as immunization programs, promotive activities such as antenatal care and family planning, and rehabilitative services. Additionally, health care is organized at a three-tier level: primary, secondary and tertiary levels. On the other hand, alternative medical treatment includes traditional medicine, herbal and psychosomatic treatments (including faith-based medical regimes), and quite often, a combination of the two.

The Ghana Health Sector Five Year Program of Work (2002-2006) aimed to reduce health inequalities between the

Box 2.1 The Skills Training and Employment Programme (STEP)

To improve upon the entrepreneurial skills and employability of unemployed youth, the government in 2003 introduced the Skills Training and Employment Program (STEP), following the unemployment census in 2001. The STEP program was a modular skills training initiative that was run by existing service providers, including the Integrated Community of Employable Skills (ICCES), NVTI and other VTIs (both private and public) nationwide. Unemployed youth were trained in short courses, often for three to six months, in various trades such as batik, tie-and-dye, soap, pomade and talcum powder making, photography, food processing, garment making, hair dressing, carpentry and masonry. Phase one of STEP was initiated in February 2003 and completed in July 2003, resulting in the training of 3,500 graduates nationwide at the cost of US\$1.04 million. In phase two 24,000 people were trained at a cost of US\$1.76 million. The government also spent US\$1.31 million in micro credit to support trainees to start their own businesses.

Source: Amankrah, 2003; Wolfiger, 2006

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north-south divide of the country, between urban and rural areas as well as inequalities linked to gender, education and disability. The program forms an integral part of the GPRS II which places emphasis on three priority areas involving the following:

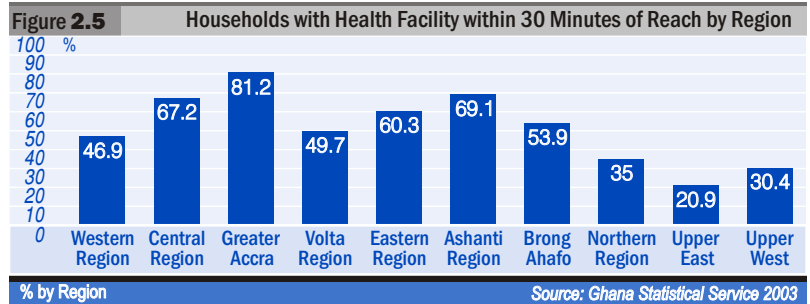
- ✍ bridging equity gaps in access to quality health and nutrition services;
- ✍ ensuring sustainable financing arrangements that protect the poor;
- ✍ enhancing efficiency in service delivery.

Trends in Access to and Quality of Health Care

A key policy objective of the national health care system is to improved equity and access to essential and basic health care and ensure that the health sector plays an essential role in the national poverty reduction strategy. The strategic objectives of the policy framework include the following:

- ✍ improving geographical access to primary and emergency services by placing health points with a community health officer in remote rural areas;
- ✍ improving access for the financially vulnerable through the establishment of Community-based Health Planning and Services (CHPS) zones throughout the country; and
- ✍ Improving socio-cultural access for priority and excluded groups such as children, women, the elderly, people with diseases and the disabled.

According to the CWIQ II, 57.7 percent of Ghanaians have access to a



health facility within 30 minutes of their places of residence. This is also linked to the distribution of health facilities in the system. Urban localities generally enjoy good access to health compared to rural areas as urban areas tend to have a relatively better concentration of health facilities and better road networks as well as other factors that enhance access. Access to health facilities in the rural areas, therefore, becomes a major challenge for rural inhabitants as they have to travel for considerable distance for health care. Among the regions, Greater Accra and Ashanti enjoy relatively better access to health facilities having almost half of the total number of health facilities between them. The Upper East and Upper West Region enjoy the least. (Refer to Figure 2.5.) Thus, in terms of orthodox health care in Ghana, a sizeable proportion of rural areas and northern Ghana generally are excluded.

The GSS' definition of access to health in terms of distance to health facilities can be criticized on the grounds that it does not take into consideration the cost of health service and the transportation means of getting to the facility. People may be located very close to health facilities but they may still suffer from exclusion if they cannot, or do not, have financial access to health services. The national health insurance scheme is a response to the problem of financial access. Recent data (2006) indicate that over 6 million Ghanaians had registered with the scheme

in terms of orthodox health care in Ghana, a sizeable proportion of rural areas and northern Ghana generally are excluded.

compared to about 4 million in 2004. However, administrative problems still continue to pose a major challenge, denying many people the full benefits of the scheme. Out of the over 6 million people registered on the scheme, only a little over 2 million have received their identity cards which allow them to benefit from the scheme. In this regard, although just about a third of the population seems to be covered by the scheme, many people may still be excluded from benefiting from the facility due to the numerous administrative challenges.

The doctor/nurse to patient ratio invariably has an impact on health access as it affects the quality, efficiency and the timing of health delivery to people. Higher ratios impact negatively on health access through longer waiting periods for health care. It also impacts negatively on the health and efficiency of service personnel due to stress associated with long working hours. In 2001, population/doctor ratio was 20,036 nationally. This situation improved to 18,274 in 2003 and there was a further improvement in 2003 to 16,759 before deteriorating in 2004 to 17,733. The Ashanti Region experienced a consistent decline in doctor/population ratio from 15,501 in 2001 to 13,494 in 2003 and to 13,237 in 2004. The Greater Accra Region also experienced a consistent decline in the doctor/patient ratio from 8,288 in 2001 to 5,604 in 2003 before increasing to 6,550 in 2004. The declining ratios for the two regions outlined above may possibly be due to factors mentioned above which put these two regions at an advantage. The Northern and Western Regions experienced a consistent increase in the doctor/patient ratio from 2001-2004. The Northern Region is peculiar in being remote. The Western Region is infamous for its poor road networks. With such difficult travelling conditions, health workers may

be unwilling to accept posting to such places.

All other regions experienced 24 percent increase on average in the number of nurses over the period 2001 to 2004 although regional variations did occur. The Greater Accra region recorded the lowest nurse to population ratio of 969 in 2004 followed by Eastern (1,203) and Volta Region (1,232). Western and Ashanti regions recorded the highest ratios of 2,241 and 2,121, respectively, leading to various forms of exclusion in these two regions.

Life Expectancy

Life expectancy at birth gives a rough idea of the average life span of a newborn and serves as an indicator of the overall health of a country. Life expectancy at birth among Ghanaians has not changed significantly over the years but still remains relatively low. Life expectancy in the country increased from 55 years in 2003 to 57.9 in 2006 compared to a world average of 64.3 years in 2006 (a difference of 6.4 years). The factors affecting life expectancy generally in Ghana include access to affordable and quality health care, access to good drinking water, adequate sanitation, HIV/AIDS and infant mortality, among others.

As it appears in most parts of the world, gender differences in life expectancy do exist in the country and females tend to live longer than males. The United Nations (2003) estimated life expectancy with an assumption for AIDS for males at 55.0 and 57.6 for females over the period 1995-2000 and 56.5 for males and 59.3 for females for the period 2000-2005. From 2005-2010 life expectancy for males with an assumption for AIDS is estimated at 58.5 for males and 60.9 for

females. The differences in life expectancy for males and females can be attributed to biological, behavioural, social and medical/epidemiological reasons.

Child Health, Mortality, and Nutrition

MDG4: Reduce Child Mortality.

Target 5: Reduce by two-thirds the under-five mortality rate.

Ghana seeks to reduce by two-thirds the under-5 mortality rate between 1990 and 2015 in line with the MDGs. However, child mortality in the country remains very high although some improvements have been achieved over the years. Over the period 1983-1998, infant mortality and under-five mortality rates declined from 77 and 155 deaths per 1000 live births, respectively to 57 and 108 deaths per 1000 live births, respectively. Since 1999 infant mortality has increased to 71 deaths per 1000 births while under-five mortality increased to 111 in 2003 and has remained the same in 2006. Refer to Table 2.7 for details.

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Infant and child mortality rates are also the result of high levels of poverty and deprivation, malnutrition, poor access to basic education, the spread of HIV/AIDS and the resurgence of malaria and tuberculosis as well as unhealthy conditions during the time of birth. Malaria alone accounts for an average of 22 percent of all mortality cases among children under-five years (Asante and Asenso-Okyere, 2003).

There are also marked differences in the probability of dying among male and female children. Female under-five mortality rate for 2006 was 89 deaths per 1,000 live births and that of male children was 131 deaths per 1,000. Mortality rate among children residing in rural areas is higher than among children of urban residence. This implies that the chances of survival in early childhood tend to be greater in the urban areas than in rural areas. Inadequate opportunities to survive due to ill health contribute to social exclusion.

Reducing infant and child mortality in the country depends to a greater extent on greater investments in basic social services especially in the deprived and poor areas, educating parents and improving nutrition,

The factors affecting life expectancy generally in Ghana include access to affordable and quality health care, access to good drinking water, adequate sanitation, HIV/AIDS and infant mortality, among others.

Region	2006		2003	
	Infant Mortality Rate	Under-5 Mortality Rate	Infant Mortality Rate	Maternal Mortality Rate
Western	45	66	66	109.0
Central	69	108	142.1	90.0
Greater Accra	60	92	62.0	75.0
Volta	57	86	98.0	113.0
Eastern	61	93	89.1	95.0
Ashanti	72	113	78.2	116.0
Brong Ahafo	88	142	128.7	91.0
Northern	83	133	171.3	154.0
Upper East	68	106	155.3	79.0
Upper West	114	191	155.6	208.0
Sex				
Male	84	131		
Female	56	89		
Area				
Urban	68	106	76.8	93.0
Rural	72	114	122.0	118.0
National	71	111		

Sources: GSS Multiple Indicator Cluster Survey 2006; Ghana Demography and Health Survey 2003

sanitation and adequate provision of safe drinking water especially for the poor, deprived communities and excluded groups.

causes are eclampsia, unsafe abortions and its complications and infections. Obstructed labour and its debilitating effects also continue to afflict Ghanaian women.

Maternal Health, Morbidity and Mortality

MDG5: Improve maternal Health

Target 6: Reduce by three-quarters, the maternal mortality ratio

Ghana has adopted the MDG target of reducing maternal mortality by three-quarters from the 1990 figure. This means that the country is expected to reduce the 1993 figure of 214/100,000 life births (1994, GSS) to 56/100,000 by 2015.

Maternal mortality is monitored by the health service through institutional mortality reports over the years. There are indications that mortality has not improved significantly in the past five years, ranging between 204/100,000 in 2002 to 187/100,000 life births in 2006. The Ashanti Region has been the highest contributor to the maternal death situation, contributing around 20% in 2005-06. At this rate, it is feared that the country will not be able to meet the MDG target on maternal health. Bleeding (PPH and APH) is the leading cause of death in the country. Other

One effect of this obstetric condition is fistula of the genitalia (obstetrics fistula). In spite of the improvements in geographical access to health, a lot of pregnant women in Ghana do not have easy access to delivery service when in labour. As a result they labour for long, which destroys the tissues resulting in an opening between the bladder and the vagina and/or rectum. In addition they loose the babies and suffer social isolation from society and their family due to the strong offensive odour emanating from them. It is estimated that about 500 women suffer this condition every year in Ghana. UNFPA, recognising the harm these women suffer, has taken it upon itself to mobilise all the necessary support from partners to advocate, prevent, treat and rehabilitate women with fistula complications, especially in the northern regions. This will ensure they have decent and quality lives.

To respond to the issue of unavailability of reliable data on maternal deaths, the Government with the support of donor partners is conducting a maternal mortality survey in 2007. Apart from providing a true picture on maternal mortality ratio of the country and the ten

The use of antenatal care (ANC) services continue to remain high in the country with almost 92% having used the service at

Table 2.8 Institutional Maternal Mortality Ratio (per 100,000 live births)

Region	2004		2003		2002		2001		2000	
	Maternal Deaths	Maternal Mortality Ratio	Maternal Deaths	Maternal Mortality Ratio	Maternal Deaths	Maternal Mortality Ratio	Maternal Deaths	Maternal Mortality Ratio	Maternal Deaths	Maternal Mortality Ratio
Western	63	155.4	82	209.5	86	231.9	83	221.4	104	283.0
Central	71	134.5	71	159.3	86	206.5	100	450.5	103	446.8
Greater Accra	114	183.0	120	187.7	83	122.8	91	150.7	63	110.7
Volta	71	261.9	84	256.2	91	345.6	94	363.2	88	361.9
Eastern	109	267.0	113	262.3	92	198.2	139	292.4	108	243.4
Ashanti	161	176.4	173	196.1	172	203.4	184	232.1	177	220.3
Brong Ahafo	104	229.6	84	196.2	102	235.1	110	273.1	62	139.5
Northern	66	172.0	77	254.8	49	158.2	59	197.5	60	201.0
Upper East	46	170.9	34	203.5	59	378.3	52	383.9	56	371.5
Upper West	19	107.7	16	99.1	17	106.7	42	283.2	30	195.9
National	19	186.0	854	204.5	837	204.4	954	255.7	851	229.7

Sources: Policy, Planning, Monitoring and Evaluation—Ghana Health Service

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regions, it is also expected to provide data on the causes of death and other contributory factors and where they occur.

The use of antenatal care (ANC) services continue to remain high in the country with almost 92% having used the service at least once in their last pregnancy (2003 GSS, DHS). But there is no corresponding improvement in skilled delivery (47%) or postnatal care by the 2nd day (25%). Thus more than half of those who attend ANC services have no access to skilled services at delivery and during the first few post-delivery days. An observation of institutional data from the Ghana Health Service indicate a gradual improvement in deliveries supervised by health service providers and trained TBAs - from 52.4 in 2002 to 58.4 percent in 2006. It is hoped that the next DHS to be conducted in 2008 will provide a clearer picture on the improvements in skilled services to pregnant women.

On the quality of care received during antenatal visits it has been observed that the quality of antenatal care varies little by background characteristics, with the sharpest variation seen by education level and wealth status. Women with secondary education or higher (75 %) are more likely than women with less education to be informed about signs of complications as are women in the highest wealth quintile (74%). Women with no education are also less likely to have a blood or urine sample taken or receive iron tablets than women with at least some education. For example, only 71 percent of women with no education received iron tablets compared with 85 percent of women with middle school education or higher (GSS, 2003 GDHS).

Efforts by the Government and donor communities have seen a steady increase over the last few years and are now geared towards accelerating the implementation of

Box 2.2

Miss Ghana@50
on the Excluded and Forgotten

Fatima was married at 14. Soon after, she became pregnant. After a gruelling six days of labour, the young woman gave birth to a stillborn baby. For the following 10 years, Fatima explained, "the whole community rejected me. Anywhere I went, they laughed at me."

Fatima is a survivor of a devastating childbearing injury known as obstetric fistula - a preventable and treatable condition that affects at least **two million women and girls worldwide**. Caused by prolonged and obstructed labour, a fistula is a hole that forms between a woman's vagina and bladder and/or rectum, leaving her with chronic urinary or faecal incontinence. In nearly all cases, the baby dies. Unable to stay dry, women with fistula are often abandoned by their husbands and families, blamed for their condition and ostracized by their communities. Fistula typically affects girls and young women living in poor and remote rural areas with inadequate or non-existent health services, as well as those who deliver at home without professional care.

Girls aged 10 to 14 are five times more likely to die in pregnancy or childbirth than women in their early 20s. They also face an added risk of malnutrition, anaemia, injury and infection.

While prevention remains the focus, there should be a strong commitment to treating women who are already affected. In most cases, a simple surgery can repair the injury, with success rates as high as 90 per cent for experienced surgeons. In Ghana, the average cost of fistula treatment is about Gh¢300.

The most effective way to prevent fistula is to ensure access to quality maternal health care services, including family planning, skilled birth attendance and emergency obstetric care. Prevention also entails tackling underlying social and economic inequities through efforts aimed at empowering women and girls, enhancing their life opportunities and delaying marriage and childbirth. It behoves, therefore, on government and private institutions and individuals as well as all other stakeholders to join hands in this direction to mitigate the suffering of the over **500 Ghanaian women and girls afflicted by the condition per annum** whose only 'crime' is that they desired to bring fellow human beings into this world. The Millennium Development Goals state that we can improve maternal health and decrease maternal mortality by 75 per cent by 2015. This goal must be firmly kept in view.

Source: Statement by Miss Ghana@50 at the Launch of Her Campaign to End Fistula, Accra International Conference Centre, November 6, 2007.

known evidence-based interventions such as skilled attendance, ensuring the availability of emergency/essential obstetrics care, provision of comprehensive post-abortion care services, and good referrals, among others. The High Impact Rapid Delivery Approach is aimed at focusing on these key interventions in order to achieve success within the timeframe of the MDG. It was initiated in 2006 in the three northern regions where the problem of maternal health is acute. It is expected to encompass all the regions depending on the results.

Institutional maternal mortality ratio decreased from 255.7 in 2001 to 186.0 per

The main causes of maternal mortality and morbidity in Ghana include haemorrhage before and after birth, severe anaemia, pregnancy-induced hypertension and eclampsia, unsafe abortion and obstructed labour.

100,000 live births in 2004 but increased to 196.8 per 100,000 live births in 2005 before decreasing again to 187.2 per 100,000 live births in 2006. The Upper East Region experienced a decline in maternal mortality ratio from 303.9 in 2001 to 170.9 per 100,000 live births in 2004 and the Central Region from 450.5 in 2001 to 134.5 in 2004. Although the Greater Accra Region recorded the lowest ratios over the years, the ratio increased from 150.7 in 2001 to 183.0 per 100,000 live births in 2004 (Table 2.8). This implies that pregnant women have unequal chances of survival across the country, with mothers in Greater Accra experiencing the highest chances of survival.

The main causes of maternal mortality and morbidity in Ghana include haemorrhage before and after birth, severe anaemia, pregnancy-induced hypertension and eclampsia, unsafe abortion and obstructed labour. Other non-biological factors also cause maternal mortality. These include low social position of women, access to health care, inadequate trained health personnel and other health institution barriers.

HIV/AIDS, Malaria and Other Diseases

MDG6 Combat HIV/AIDS, Malaria and other Diseases

Target 7: Halt and begin to reverse the spread of HIV/AIDS

HIV/AIDS

Ever since the first HIV/AIDS case was reported in Ghana in March 1986, HIV/AIDS prevalence has risen steadily. This has become a major health, social and economic issue in accounting for over 40 percent of outpatient visits, 12 percent of all

deaths and resulting in about 140,000 children orphaned. The primary vehicle for HIV infection is heterosexual relations with an infected person. However, same sex relations in the country are gaining grounds. This has the potential of making room for same sex infection. Other less common sources include blood transfusion and the use of infected piercing objects. Infection through traditional circumcisionists, locally known as *wanzams*, and through female genital mutilation cannot be discounted.

Differences exist in HIV prevalence between urban and rural areas for the year 2006 with urban areas recording a higher prevalence rate compared to rural areas. The variations between urban and rural areas may be due to the varied life styles in the two areas or to urban inhabitants not yielding adequately to massive campaign against the disease.

Variation in HIV prevalence can also be seen among different age groups of the population. The 25 to 29 year group recorded the highest prevalence levels (4.2 percent) followed by the 30-34 years cohort (3.7 percent) and 40-44 year age group (3.3 percent). HIV prevalence among the age groups 15-19, 20-24, 25-29 and 30-34 are higher in the urban areas than in the rural areas. Such younger generations have a higher tendency to migrate to urban areas, increasing their concentration in those areas. Conversely, the rural areas have higher HIV/AIDS prevalence in the older age groups (35-49 years). Results from the HIV Sentinel Survey (2005) showed that the 45-49 year group recorded the highest level of infection with a prevalence of 5 percent, with four confirmed cases out of eighty samples screened.

HIV prevalence among women aged 15-49 is nearly 3 percent, while that of men aged 15-59 is under 2 percent. The female to male ratio of 1.8:1 is higher than that

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found in most population-based studies in Africa (GDHS 2003). This high female-to-male ratio implies women are particularly more vulnerable to HIV infection than men.

In an effort to curb the spread of the HIV/AIDS pandemic, the Government of Ghana has adopted strategies to prevent new infections. These strategies include the establishment of counselling and testing centres, preventing mother to child transmission, provision of treatment, care and support including highly active anti-retroviral therapy service centres. In order to fully implement these strategies, the Ghana AIDS Commission has facilitated the development of a National Strategy Framework (NSF II) 2006-2010 to guide efforts aimed at dealing with the epidemic. The NSF II recognizes the need to develop and operationalise laws and policies to protect the rights of people living with the HIV/AIDS disease, meet the numerous challenges posed by stigma, namely, discrimination and exclusion as well as new demands involved in expanding prevention, treatment, care and support. The NSF II provides the framework for implementing HIV/AIDS related activities through seven key intervention areas:

- ✍ Policy, advocacy and an enabling environment;
- ✍ Coordination and management of the decentralized response;
- ✍ Mitigating the social; cultural, legal and economic impacts of the disease;
- ✍ Prevention and behavioural change communication;
- ✍ Treatment, care and support;
- ✍ Research, surveillance, monitoring and evaluation;
- ✍ Mobilization of resources and funding arrangements.

The key factor undermining efforts, at

combating the HIV/AIDS disease lies in the problems associated with stigma, discrimination and exclusion. These problems manifest themselves in various forms. In many parts of the country, for instance, HIV/AIDS patients are seen as being shameful. This perception of shame is often extended to individuals, families and the communities of HIV/AIDS victims. In this respect, HIV/AIDS victims face extreme stigmatization and social exclusion in Ghana. For instance, extended family members may disagree with their kin marrying someone infected with the disease, or even marrying from localities or ethnic groups considered to have high HIV prevalence in the country. The exclusion of the HIV/AIDS infected person extends to the family and even the immediate community. Fear of discrimination as well as stigmatization prevents HIV positive patients from declaring their status and seeking treatment and may also deter people from voluntarily testing for the disease. Combating the problems of exclusion, stigma and discrimination in the country are as important as medical treatment, prevention and control of the epidemic.

Malaria

Malaria contributes substantially to the poor health situation in Africa. It is on record that Sub-Saharan Africa accounts for 90 percent of the world's 300-500 million malaria cases annually with about 90 percent of all these deaths occurring among children. In Ghana, malaria is the first and most important cause of morbidity accounting for 40-60 percent of outpatient visits to public health facilities. Malaria constituted about 42 percent of all outpatient morbidity and its prevalence increased consistently from 42.9 percent in 2000 to 44.1 percent in 2004.

Malaria attacks are also associated

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Data on the top twenty causes of outpatient morbidity indicate an increasing trend of hypertension in the country

with poor social, economic and environmental conditions which make the incidence of the disease very prevalent among the poor and the vulnerable as well as in deprived communities, bringing about serious socio-economic challenges and exclusion. According to Akanzili (2002), while the cost of malaria care was just about 1 percent of the income of the rich households in northern Ghana, the cost of treatment was 34 percent of the income of poor households in the region.

Other Diseases

Outpatient morbidity refers to ambulatory (patient leaves the treatment site the same day) treatment in a hospital, clinic or other health facilities of various disease episodes. In 2004, about 60 percent of all outpatient morbidity cases were made up of malaria, upper respiratory tract infection (UTI), diarrhoea and diseases of the skin (Table 2.9). Hypertension has consistently remained the fifth cause of outpatient morbidity constituting about 3 percent of all outpatient reported cases.

Dehydration caused by severe diarrhoea is a major cause of morbidity and mortality among young children in Ghana. Exposure to diarrhoea-causing agents is frequently related to use of contaminated water and unhygienic practices related to food preparation, hand-washing and excreta disposal.

Children residing in the Upper West and Upper East Regions have a much higher prevalence of diarrhoea (26.9% and 20.8%, respectively) compared to children in other regions of the country. The Central Region has a diarrhoea prevalence of 15.9 percent, and that of Brong Ahafo was 13.9 percent (GDHS, 2003). Not surprising, diarrhoea prevalence is lowest among children who live in households that have all three hand-washing materials (7.5%), compared to households with none of the hand-washing materials (15.9%). A simple and effective response to dehydration associated with diarrhoea is a prompt increase in the child's fluid intake through food and oral rehydration therapy (ORT).

Data on the top twenty causes of

Serial No.	Diseases	2000	2001	2002	2003	2004
		% of total	% of total	% of total	% of total	% of total
1	Malaria	42.9	43.3	43.7	43.9	44.1
2	Upper respiratory tract infections	9.2	7.5	7.4	6.8	7.2
3	Diarrheal Diseases	4.9	4.4	4.0	4.2	4.3
4	Skin Diseases	4.5	4.2	4.3	4.3	4.1
5	Hypertension	2.0	2.3	2.7	2.8	2.7
6	Home/Occupational Injuries	xxx	xxx	2.0	2.5	2.3
7	Acute Eye Infection	2.3	2.6	2.6	2.4	2.1
8	Pregnancy and related complications	3.0	2.9	2.6	2.0	1.9
9	Rheumatic and Joint Diseases	1.8	1.9	2.0	1.9	1.9
10	Anaemia	2.0	1.8	2.0	1.7	1.7
11	Intestinal Worms	2.3	2.2	1.9	2.0	1.6
12	Gynaecological Conditions	1.5	1.7	1.4	1.4	1.3
13	Pneumonia	1.4	1.2	1.1	1.0	1.0
14	Malaria in Pregnancy	xxx	xxx	0.4	0.8	1.0
15	Acute Ear Infection	1.1	1.2	1.0	0.9	1.0
16	Typhoid Fever	0.3	0.4	0.4	0.7	0.9
17	Road Traffic Injuries	xxx	xxx	1.4	0.8	0.8
18	Other Oral Conditions	xxx	xxx	0.5	0.6	0.7
19	Dental Caries	xxx	xxx	0.8	0.7	0.6
20	Chicken Pox	0.3	0.3	0.5	0.3	0.6
	All Other Diseases	21.5	22.2	17.6	18.4	18.3
Total cases		100.0	100.0	100.0	100.0	100.0
Number		389554	6119522	194283	7646522	7660241

Source: Centre for Health Information Management (CHIM) / Policy Planning Monitoring & Evaluation (PPME), Ghana Health Service (GHS), (unpublished data)

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National TB case detection rate has much more stabilized as it decreased from 59.1 per 100,000 in 2002 to 58.4 in 2003 and then to 56.6 in 2004

outpatient morbidity indicate an increasing trend of **hypertension** in the country. From 2000 to 2004, hypertension was ranked 5th among the top twenty causes of outpatient morbidity and there is an indication of a rising incidence. From an initial 2.0 percent prevalence in 2000, hypertension increased to 2.8 percent in 2003 before decreasing marginally to 2.7 in 2004. Data on the causes of hospital admissions and deaths collected from the regional hospitals and two selected districts in each region in ranked order placed hypertension 10th, accounting for 2.0 percent of hospital admissions and 7th with 7.7 percent as cause of death. These figures reflect the situation at the national level. However, in the Western, Central, Greater Accra and Eastern Regions, hypertension ranked 5th (7.5%), 5th (7.9%), 6th (15.6%) and 5th (9.9%), respectively, among the top ten causes of mortality (CHIM/GHS, 2005). Thus, there is the need to pay attention to these regions in terms of education and other health programs on the causes and management of hypertension.

Diabetes was recorded only in the Eastern Region in data on the top ten causes of admission and death in the ten regions. In the Eastern Region, diabetes ranked 8th with a Proportional Mortality Rate (PMR) of 2.8 percent and a Case Fatality Rate (CFR) of 13.2 percent (CHIM/GHS, 2005). The absence of the disease in the other regions apparently does not suggest that it is not prevalent in these regions. Probably the surveillance system has not been able to capture patients with the disease. It may also be due to the failure of patients in these regions to report the disease.

Tuberculosis (TB) in Ghana has been described by the MOH as the most common cause of premature death. In 2004, the prevalence of TB in the country was estimated at 0.28 percent. It is reported that TB accounted for every 50 out of 100,000

persons who report to health facilities in the country over the past five years. National TB case detection rate has much more stabilized as it decreased from 59.1 per 100,000 in 2002 to 58.4 in 2003 and then to 56.6 in 2004. The Central Region recorded the highest number of cases detected, averaging 89.4 per 100,000 from the year 2000 to 2004. The Northern Region recorded the lowest case detection rate, averaging 22.8 per 100,000 over the same period.

The effects of TB are severe among the most vulnerable and excluded in society such as the disadvantaged poor, pregnant women, children under five years and people living in deprived communities. Thus, TB in Ghana reflects the exclusion of the disadvantaged in the society. It is very important to point out that more effort needs to be made in terms of equitable access to prevention, care, support and treatment for all groups or individuals and communities affected by the disease.

Currently, Ghana has an infamous record of having the world's second highest prevalence of **Guinea worm**, after Sudan. Interestingly, the number of districts affected by the disease reduced from 69 in 2001 to 62 in 2003 and then to 56 by October 2004. The incidence of the disease is much more endemic in the Northern Region of Ghana. From 2002 to 2004, the Northern Region recorded more than 68 percent of all reported guinea worm cases in the country and 20 districts within the Region accounted for 70 percent of all cases as of 2004. Other guinea worm prone regions in the country include the Eastern, Greater Accra, Brong Ahafo, Upper East, Volta and Ashanti Regions.

Ghana is well advanced in the epidemiological transition model where there is an increasing disease burden from non-communicable diseases (NCDs), including **Stroke**. In Ghana, data on stroke

and NCDs generally and associated risk factors are very scanty and often of very limited coverage or validity. This is due to inadequate coverage of NCDs by the public health reporting system. Stroke is gradually emerging as a leading cause of premature death and disability among adults in many developing nations, including Ghana. Approximately 80 per cent of all deaths by stroke occur in developing countries. In Ghana and Sub-Saharan Africa as a whole, stroke occurs at a much earlier age than it does in the developed world. Stroke and NCDs generally affect the poor as well as the rich. However, for the poor, costs in terms of labour time lost and treatment cost may have far reaching socio-economic implications for general well-being and productivity.

Traditional Medical Practice in Ghana

Traditional medicine involves the practice of the various traditional systems of health care delivery (some of which are religious/spiritual in nature). Traditional medicine plays a vital role along side orthodox medical practice in meeting the health needs of Ghanaians. The contribution of traditional medicine to health care in Ghana is tremendous as more and more Ghanaians, especially the poor and the excluded who are unable to afford orthodox medical practice rely on traditional medical practice. A sizeable number of Ghanaians also rely on a combination of orthodox and traditional medicine. It is estimated that about 80 percent of the population of Ghana relies on herbal preparations for primary health care.

Alternative medicine which is an aspect of the traditional health care system is any form of health care approach that is

outside the mainstream allopathic and traditional medicine. This practice uses magico-religious means of treatment, sometimes combining knowledge of the defensive mechanism of the body. Alternative medical practitioners are mostly located in the cities of Accra, Kumasi and Takoradi. On the other hand, about 70 percent of traditional medical practitioners are located in the rural areas of the country.

According to the Ghana Statistical Service (GSS) (2006), most of the traditional medical practitioners have specialized in plant medicine, traditional birth delivery and psychic healing. It categorized the activities of traditional medical practitioners into three main areas involving the following:

- ✍ Traditional Birth Attendants (TBAs) who offer midwifery roles to people in the rural areas particularly;
- ✍ Psychic and traditional healing operatives; and
- ✍ Herbalists

Some traditional medical practitioners have also specialized in circumcision and bone setting.

There are about 50,000 registered traditional and alternative medical practitioners in the country providing different kinds of preventive and curative treatments to numerous diseases such as malaria, infertility, hernia, abdominal pains and asthma. By the year 2002, there were 1,704 registered traditional and alternative medical practitioners in the Northern Region of Ghana, 822 in the Upper East and 766 in the Upper West Region with a practitioner-population ratio of 1:1060, 1:1119, and 1:751 respectively.

TBAs often operate in areas or communities where there are no midwifery services and they provide an important

It is estimated that about 80 percent of the population of Ghana relies on herbal preparations for primary health care.

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service of assisting pregnant women to deliver. By 2004, the Northern, Ashanti, Central and Eastern Regions had 16.1 percent, 13.3 percent, 11.3 percent and 11.0 percent respectively of the total number of trained TBAs in the country whilst the Greater Accra Region had only 2.9 percent. The low percentage of TBAs recorded in the Greater Accra region can be explained by the fact that TBAs operate mostly in areas where there are no midwives. Greater Accra has a sizeable number of midwives operating in various localities or communities. TBAs offer vital health delivery services to the poor, needy, excluded and marginalized groups or individuals. The discussion above indicate an attempt to ensure health inclusiveness for the poor through the services of the traditional health practitioners. It must be noted, however, that there is the need for an effective regulatory system to ensure efficient delivery system.

Health Care Programs, Financing and Infrastructure

To be able to deal with the numerous health problems confronting Ghana, the Government has put in place a number of health policies/programs. One major program in Ghana today is the National Health Insurance Program. The program aims at making healthcare affordable for many Ghanaians - rich and poor, rural and urban, old and young.

As of 2005, in addition to the National Health Insurance, the following policies/programs were ongoing:

- ✍ Child Health Policy,
- ✍ School Health Policy,
- ✍ Health Promotion Policy,

- ✍ Strategic Plan on Reproductive Health,
- ✍ Nutrition and HIV/AIDS policy,
- ✍ Infant and Young Child Feeding Strategy,
- ✍ Imagine Ghana Free of Malnutrition for Next 5 Years,
- ✍ National Eye Health Strategy Framework.

National Health Insurance Scheme

As mandated by Act 650 in 2003, the National Health Insurance Scheme was launched in 2005. Its aim is to reduce financial barriers and increase access to healthcare. However, inequalities in regional response to the NHIS in terms of the percent of the population who have registered to use the Scheme and have identity cards which permits them to do so may lead to exclusion. For instance, in 2006, the Brong Ahafo Region recorded an increase in both membership (26.69%) and identity card holders (21.95%)-perhaps due to the fact that the Scheme was started in the Region on a pilot basis, and thus awareness about its benefits has been created among the people. On the other hand, in all other regions except the Eastern Region, there has been low patronage (See Table 2.10). The people who have not registered have complained mainly about inability to pay the premium. Thus, access to the

One major program in Ghana today is the National Health Insurance Program. The program aims at making healthcare affordable for many Ghanaians

Table 2.10 NHIS Coverage, by Region, 2006

Region	Estimated Population	Membership	% of population members	ID card holders	% of population ID card holders
Upper East	963,448	67,995	7.06	34,159	3.55
Upper West	561,866	52,870	9.41	21,564	3.84
Northern	1,790,417	270,451	15.11	82,244	4.59
Brong Ahafo	1,968,205	525,252	26.69	432,075	21.95
Ashanti	3,924,925	592,449	15.09	201,840	5.14
Western	2,042,753	284,863	13.95	74,711	3.66
Central	1,687,311	234,449	13.89	47,597	2.82
Greater Accra	3,576,312	597,768	16.71	106,803	2.99
Eastern	2,274,453	385,577	16.95	318,706	14.01
Volta	1,636,462	211,680	12.94	68,963	4.21%
Total	20,426,152	3,223,354	15.78	1,388,662	6.80%

Source: National Health Insurance Commission (NHIC), 2006

Table 2.11 Breakdown of NHIS membership: 2006

Membership Coverage	Number	Proportion of Members (%)
Formal Sector	468,092	11.90
Informal Sector	615,450	15.64
Paying Members	1,083,542	27.54
Pensioners	43,208	1.10
Children	1,751,175	44.51
Older than 70 years	266,421	6.77
Indigent	790,078	20.08
Overall exempt	2,850,882	72.46
Total	3,934,424	100.00

Source: National Health Insurance Commission (NHIC), 2006

National Health Insurance Scheme is another basis for social exclusion to health services in Ghana.

From Table 2.11, 72.46 percent of members of the Scheme do not pay for the services which they receive (the largest proportion being children, although only children of two paid up parents are eligible for this "exemption"). The implication is that financial pressure is brought to bear on the Scheme. This might jeopardize the sustainability of the scheme. In the long run, this problem may be a disincentive to the very vulnerable groups whom the Scheme hoped to help the most. To mitigate this problem, District Mutual Health Insurance Schemes (DHMIS) have an incentive to enrol the exempted groups, as the DHMIS are paid a premium of GHC 8 per an exempted person per annum from the National Health Insurance Council (NHIC). This amount is higher than the premium being charged to informal sector workers (GHC 7.2).

Child Health Policy

The demographic importance of developing social access to care in conjunction with improving geographical access to a broad range of reproductive and child health services cannot be overemphasized. Reducing child mortality requires credible nursing services that will supplant traditional health-seeking behaviour with accessible preventive and curative health interventions affecting all of

the major childhood illnesses (Bulletin of the World Health Organization, 2006). Ghana has a policy of an integrated management of infant and childhood diseases (IMCI). The objective of this policy is to deliver holistic health care to children.

School Health Program

Ghana's School Health Program aims at educating children in the basic and secondary schools on adolescent sexual health issues, disease prevention and health promotion. Children are also examined for diseases and referrals are made for treatment. During the first half of 2006, out of a total number of 29,693 schools with a student population of 2,533,147, 22 percent of the children were examined. There is the need to strengthen coordination between the Ghana Education Service and the MOH and to reactivate the School Health Management Teams that are inactive.

Health Infrastructure

Health infrastructure encompasses the facilities and equipment used for delivery of health care, both public and private. In this respect, the reference is being made to orthodox health infrastructure. Health facilities have a direct bearing on health care in general. Facilities must not only be available but they must be available at the right place and in the right numbers and condition. This will help ensure that such facilities are available to those in the rural and urban areas in fairly equal proportions. Special health facilities to take care of the health needs of the women and children are also important.

In Ghana public sector health provision is offered through a network of hospitals, clinics, health and maternity homes that are organized at five levels: community, sub-district, district, regional

Facilities must not only be available but they must be available at the right place and in the right numbers and condition

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and national. Community and sub-district levels offer primary health care while secondary services are provided at districts and regional levels. At the moment, tertiary services are provided by four teaching hospitals, two in Accra, and one each in Kumasi and Tamale in the Ashanti and Northern Regions, respectively.

Nutrition and Food Security

Food security is defined by the Food and Agriculture Organization (FAO) as "access by all people at all times to enough food for an active, healthy life." Ghana is classified as a low income, food-deficit country. The agricultural sector serves as the bedrock of food security and nutrition in Ghana (Asante, 2004). Most lands in Ghana have poor fertility and poor physical properties with low organic matter content. Land suitable for agriculture is about 13,629,000 or 57 percent of the total land area of the country. Land under cultivation in 2002 for the major crops was estimated at about 3.92 million hectares (Asante, 2004).

The country's overall performance in terms of agricultural production and productivity remains inadequate and Ghana has failed to make progress in food security. Commercial food imports and food aid have constituted about 4.7 percent of food needs in the last 15 years. The slow growth of agriculture is due to a combination of factors that reduce farmers' incentives to invest and produce. These include inappropriate policies, lack of technological change, and poor basic infrastructure.

Inadequate and at times impassable road links between the urban and rural areas and vice versa create a situation of rural glut and urban scarcities of food. About 20-30 percent of production is lost due to the poor traditional post harvest management of food crops (MOFA, 2000). Losses of this magnitude have a positive relationship with

prices which in turn restrict access to food at the household level (Asante, 2004).

Poverty and Food Security

Food and cash crop agriculture is predominantly rain-fed. Food production fluctuates from year to year due to frequent occurrence of climatic changes during the growing seasons. Rainfall is a major determinant of the annual fluctuations of total household and national food output. This situation creates food insecurity at the household level. This can be transitory in poverty areas and chronic in extreme poverty areas (Asante, 2004).

Overall, children, particularly those under 5, and pregnant and lactating mothers feel the most impact of food insecurity. There is the need for gatekeepers of the family's nutrition to be educated on more useful ways of ensuring that household members' nutritional requirements are properly met and on time. It must be noted that poverty significantly contributes to social exclusion and to food insecurity.

Access to Safe Drinking Water

Globally about 20 percent of the world's population does not have access to safe drinking water. Unfortunately, most of these people reside in the developing countries including Ghana. In order to minimize or avoid the health impact of water-borne diseases such as guinea worm, cholera, typhoid, trachoma and schistosomiasis the provision of potable water to all communities is very important.

Access to improved sources of drinking water has been increasing generally in the Ghana. According to the GLSS V, 84.2 percent of households in 2005/2006 had access to safe sources of

In order to minimize or avoid the health impact of water-borne diseases. . . the provision of potable water to all communities is very important.

Table 2.12 Main Sources of Drinking Water of Households by Locality (2005/2006)

Services	Accra	Urban Coastal	Urban Forest	Urban Savannah	Rural Coastal	Rural Forest	Rural Savannah	All
Inside pipe	50.8	32.1	27.6	13.6	4.2	2.0	2.2	16.3
Water Vendor	5.8	8.8	2.4	0.8	2.4	0.1	-	2.2
Neighbour/Private	37.6	24.5	20.0	24.3	11.4	2.9	2.5	14.3
Public Standpipe	4.5	16.2	21.0	28.2	14.6	7.2	1.2	10.7
Borehole	0.1	4.3	8.8	16.6	27.7	55.5	53.4	30.4
Well	1.1	11.5	17.2	8.8	10.2	11.9	8.7	10.3
Natural Sources	0.1	2.7	3.0	7.7	29.5	20.3	32.0	15.8
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Computed from the Ghana Living Standards Survey, 2005/2006 GSSS2007, GLSS V

drinking water compared to 64.8 percent in 1991/92. The differential access to safe drinking water by various localities has been described in Table 2.12. While 98.7 percent of households in Accra have access to treated water, only 12.2 percent and 5.9 percent of households in rural forest and rural savannah areas respectively have access to treated water.

The distance from the household's place of residence to the source of drinking water is an important indicator of access. According to the CWIQ 2003, 94.1 percent of Ghanaians have access to safe drinking water within 30 minutes of reach. In terms of areas, 97.7 percent of urban households have access to safe drinking water within 30 minutes of reach compared to 91.0 in the rural areas. Although the statistics point to a wider coverage of access to safe water in the country, most households are not assured of a regular supply of water.

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Sanitation

In Ghana most people have lost the culture of disposing of their trash in appropriate receptacles. Even when receptacles have been provided, some people still dispose of refuse in streets and gutters. The burden of indiscriminate disposal of polythene containers of sachet water and other forms of polythene material has posed a major challenge to sanitation officers. Gutters, rivers and even the sea in problem is even said to affect aquaculture, as the polythene interferes with the development of plankton in river bodies, and thus the ability of fishes to thrive.

Data from the GLSS V point to the fact that nationally 19.6 percent of households do not have access to toilet facilities. About 10 percent of households use flush toilets and 1.3 percent use KVIP, whilst most households still use the pit latrine (31.5) and pan/bucket (37.4). In the rural areas less than 1.5 percent have access to flush toilets compared to 33.4 percent in Accra and 22.9 in urban coastal areas. In the rural savannah, for example, 69 percent do have access to toilet facilities compared to 1.1 percent in Accra and 3 percent in urban forest areas.

Table 2.13 Toilet Facilities used by Households by Locality (2005/2006)

Services	Accra	Urban Coastal	Urban Forest	Urban Savannah	Rural Coastal	Rural Forest	Rural Savannah	All
Flush Toilet	33.4	22.9	17.6	5.1	1.4	1.1	0.7	10.2
Pit Latrine	5.0	22.7	23.7	11.6	43.5	57.6	20.8	31.5
Pan/Bucket	57.2	42.3	52.8	65.5	27.2	33.5	9.2	37.4
KVIP*	3.2	1.5	3.2	0.3	0.1	0.3	0.3	1.3
Other	1.1	10.6	3.0	17.4	27.8	7.5	69.0	19.6
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

*KVIP—A type of facility developed in Ghana

Source: GLSS-5, Ghana Statistical Service, 2007

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Table 2.14 Methods of Solid and Liquid Waste Disposal by Region and by Residence

Residence Locality	Solid Waste Disposal					Liquid Waste Disposal			
	Collected	Burned	Buried	Public Dump	Dumped Elsewhere	Sewerage System	Street	Gutter	Compound
Urban	8.4	8.2	3.7	67.0	12.7	8.1	29.9	73.1	24.9
Rural	1.5	7.5	4.1	49.2	37.7	1.3	47.0	6.9	44.8
Region									
Western	2.2	4.5	4.0	59.6	29.7	3.2	34.7	23.7	38.4
Central	0.8	6.4	2.6	69.3	20.9	2.0	41.0	20.4	36.6
Greater Accra	19.5	12.2	4.6	51.4	12.3	14.4	19.3	38.9	27.4
Volta	2.4	12.0	6.1	47.0	32.5	1.3	41.4	9.6	47.7
Eastern	2.2	10.0	5.2	56.5	26.1	2.0	31.6	17.8	48.6
Ashanti	1.3	3.3	2.6	78.9	13.9	3.8	39.5	28.4	28.3
Brong Ahafo	0.9	3.4	2.4	70.3	23.0	1.3	54.6	7.3	36.8
Northern	2.1	9.4	2.5	30.4	55.6	2.0	62.7	8.5	26.8
Upper East	3.3	16.4	5.7	13.2	61.4	4.1	52.5	6.1	37.3
Upper West	2.3	4.6	6.0	21.1	66.0	2.3	67.4	4.8	25.5
Total	4.8	7.8	3.9	57.6	25.9	4.5	39.0	21.1	34.6

Source: GLSS-5, Ghana Statistical Service, 2007

Waste Disposal

Both solid and liquid waste disposal have been a source of concern as they contribute to a great deal of unsanitary conditions in cities in Ghana. Nationally, about 58 percent of households dispose of their refuse at public dump sites. About a quarter of households dispose of their solid waste elsewhere into valleys, pits, bushes, streams or river sides, open gutters or on undeveloped plots of land. About 8 percent burn, 4 percent bury, while only about 5 percent of households have their solid waste collected in an organized way.

Households that use a sewerage system to dispose of their liquid waste constitute just 4.5 percent compared to those that use the street (39%), gutter (21.1%) and compound (34.6%). About 8 percent of households in urban areas have access to a sewerage system compared to 1.3 percent in rural households (see Table 2.14). The Greater Accra Region has the highest proportion of households with a sewerage system, due to its urban influence. Thus, in terms of liquid waste disposal, no

region or geographical area could be said to be better off. The situation in the whole country needs to be salvaged immediately.

The environmental health burden imposed by this unsanitary disposal of solid and liquid waste coupled with inadequate services such as the availability of safe drinking water is huge.

The 2003 GDHS indicated that more than half of mothers (55%) reported that their children's stool is disposed of in the toilet, latrine or buried in the yard. Another 36 percent of mothers reported that their children's stool was uncontained, that is, it was thrown outside the dwelling or yard, rinsed away or not disposed of. This may suggest a lack of access to toilets or latrines, depicting exclusion from the use of this social amenity. Only 7 percent of mothers reported using diapers.

It is important to note that certain critical types of phenomena such as those discussed above point to the existence of social exclusion while some are the effects of exclusion.

in terms of liquid waste disposal, no region or geographical area could be said to be better off. The situation in the whole country needs to be salvaged immediately.

Table 2.15 Human Development, Social Exclusion and Related Indicators

Year	HDI	GDI	GEM	HPI-1	PovR	SEI	UNR	CPI INF	MISERY_I
1991	0.501	0.473	0.371	0.380	0.517	0.310	0.208	0.181	0.389
1992	0.482	0.473	0.371	0.380	0.517	0.315	0.211	0.100	0.312
1993	0.467	0.485	0.374	0.374	0.497	0.308	0.215	0.250	0.465
1994	0.468	0.497	0.378	0.367	0.476	0.286	0.219	0.249	0.467
1995	0.531	0.509	0.381	0.361	0.456	0.278	0.205	0.595	0.800
1996	0.538	0.521	0.384	0.354	0.436	0.270	0.250	0.466	0.716
1997	0.540	0.533	0.388	0.348	0.415	0.254	0.230	0.279	0.509
1998	0.553	0.545	0.391	0.342	0.395	0.242	0.200	0.146	0.346
1999	0.542	0.545	0.391	0.342	0.395	0.242	0.195	0.151	0.346
2000	0.555	0.543	0.388	0.341	0.377	0.234	0.180	0.222	0.402
2001	0.567	0.542	0.385	0.339	0.359	0.215	0.171	0.329	0.500
2002	0.568	0.540	0.383	0.338	0.341	0.208	0.155	0.142	0.297
2003	0.520	0.550	0.380	0.337	0.323	0.200	0.140	0.274	0.414
2004	0.532	0.560	0.377	0.336	0.305	0.187	0.125	0.126	0.251
2005	0.536	0.596	0.374	0.335	0.287	0.178	0.113	0.151	0.264
2006	0.540	0.596	0.374	0.373	0.287	0.176	0.100	0.129	0.229

Source: Raw Data, from GSS (revised 2007) and internet research on GDP per capita income, PPP, current international dollars). Intrapolation and Trend Analysis by Dordunoo and using Poverty, Social Exclusion and Macro Model of Ghana. HDI values may not be strictly comparable to those from other sources

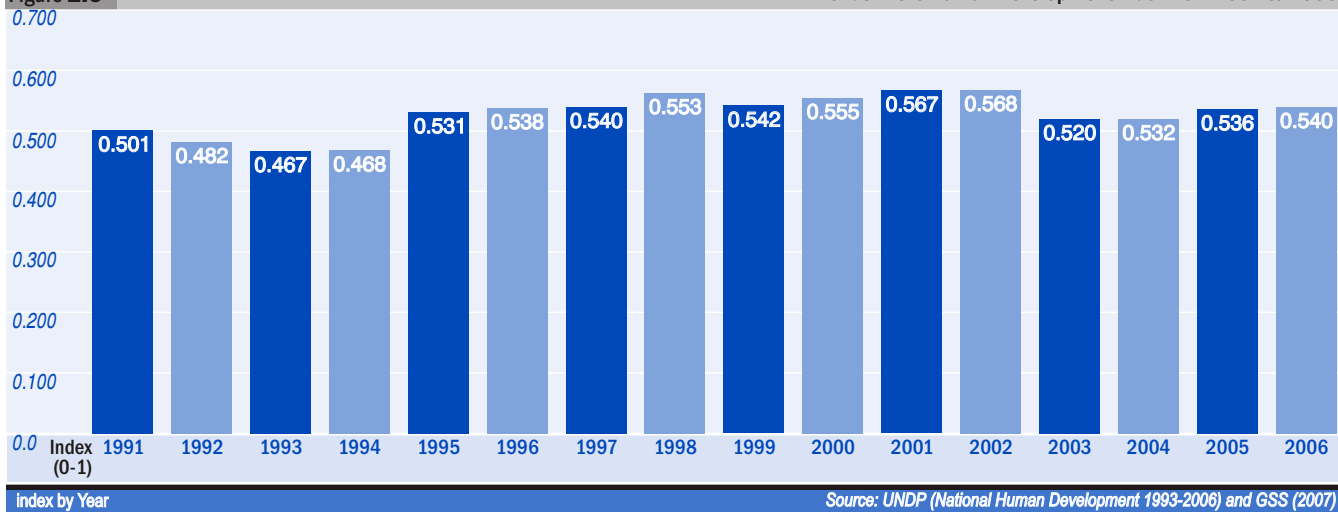
Measurements of Human Development

The current status of human development in Ghana has been analysed by considering a number of key indicators of Human Development. These are the Human Development Index (HDI), the Human Poverty Index (HPI), the Gender-related Development Index (GDI) and the Gender Empowerment Measure (GEM). The trends emanating from of these indicators are summarised in Table 2.15.

Human Development Index (HDI)

The HDI measures the average achievements in a country in three basic dimensions of human development: a long and healthy life, knowledge and a decent standard of living. These dimensions are derived from three basic indicators, namely, life expectancy, adult literacy rate and GDP per capita in purchasing power parity (PPP). A country with an index between 0.5 and 0.7 inclusive is said to belong to a "medium human development". Countries with

Figure 2.6 Trends in the Human Development Index from 1991 to 2006



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index above 0.7 are referred to as "High human development while a country with an index of less than 0.5 is said to belong a "low human development"

Data available indicates that since 1995 there has been a steady improvement in human development in Ghana. The Human Development Index (HDI) for Ghana rose from 0.531 in 1995 to 0.568 in 2002 and decelerated slightly to 0.540 in 2006. What this implies is that since 1995 Ghana has maintained its position among a group of countries classified as "medium human development" in terms of the three basic dimensions of development. Data available further indicate that since 1995, Ghana has experienced a marked improvement in life expectancy at birth. Life expectancy at birth rose from 57.45 years in 1991/92 to 58.5 years in 2005/2006. At the same time, Ghanaians enjoyed progress in educational attainment with Ghana's adult literacy rate rising from 0.488 in 1991/2 to 0.500 by 1998/99 although it declined by 2005/2006. In addition, Ghana's economic performance, indicated by GDP measured in purchasing power parity terms also showed modest growth with the GDP index rising from 0.501 in 1995 to 0.540 in 2005/2006. The combined effects of these developments have contributed to ensuring that Ghanaians have maintained a medium standard of living since 1995.

Human Poverty Index

The Human Poverty Index (HPI-1) is a summary measure of deprivation in three basic dimensions of human development: a long and healthy life as measured by probability of not surviving to age 40, knowledge as measured by adult literacy, and a decent standard of living as measured by two indicators: the percentage of population without sustainable access to an improved water source and the percentage of children under weight. The index has a

direct relationship to the incidence of deprivation; the lower the index, the fewer the number of people deprived. Refer to Table 2.16 for the trend.

Available data points to the fact that for 2006, Ghana scored 37.3 percent which signifies that one out of every three Ghanaian was deprived in terms of a healthy life, knowledge and a decent standard of living. These have worsened from 34.2 percent in 1998.

Gender Development Index (GDI)

One other key indicator in measuring human development is the Gender-related Development Index (GDI). The GDI is a composite index measuring average achievement in the three basic dimensions of human development reflected in the HDI adjusted to account for inequalities between males and females in the country. These are adult literacy, gross enrolment rate and estimated earned income. The higher the index, the larger the proportion of the gender dimensions of development in these three basic areas of development. As the index gets close to one, it narrows the gap between male and female with regard to gender; and close to zero indicates a wider gap between male and female on the gender dimensions of human development (Table 2.15).

Data available indicates that the GDI increased from 0.473 in 1991/92 to 0.596 in 2005/2006 which means that over the last decade and half progressive number of women are experiencing development and improvements in terms of the three basic dimensions of human development. It must be observed, however, that currently for every 100 males that have enjoyed development, in the human development only 60 females experience the same level of development. There is still a lot of work

Data available indicates that since 1995 there has been a steady improvement in human development in Ghana

currently for every 100 males that have enjoyed development, in the human development only 60 females experience the same level of development.

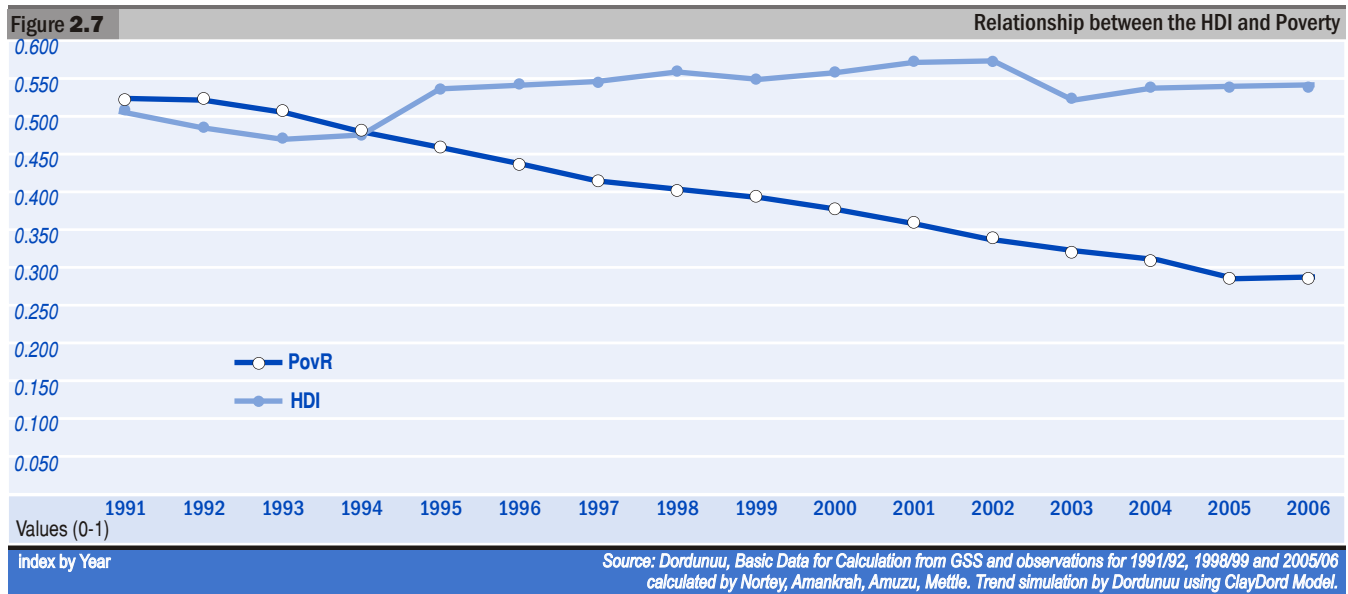
to be done to narrow the gender gap between males and females and to ensure that improvement can be translated into the practical, active and meaningful participation of women at all levels.

Gender Empowerment Measure (GEM)

Similar to the GDI is the Gender Empowerment Measure (GEM) which is a composite index measuring gender inequality in three fundamental dimensions of empowerment economic participation, political participation, decision-making and power over economic resources. While the GDI measures gender inequalities in human development, the GEM measures gender inequalities in empowerment. Like

the GDI, the higher the value of the GEM index, the larger the proportion of females who are being empowered compared to males who are empowered. As the index gets close to one, it narrows the gap between male and female in gender issues on empowerment. Close to zero indicates a wider gap between male and female on gender issues on empowerment. Data available indicates that in 1991/2 the GEM for Ghana was 0.391. It increased to 0.391 in 1998/99 and decrease thereafter. In 2005/06 the GEM was 0.374; this means that for every 100 males, 37 females are at the same level of empowerment. A few socio-cultural challenges in the form of the social practices, systems and structures which impede the development of females could account for this situation. The details have been discussed in Chapter 3.

⁴The relationship between Poverty and HDI is drawn from the equation:
 $PovR = 0.63726 - 0.2755HDI$ estimated using Ghanaian data from Table 2.16.
 t-value = (17.23) (-2.962), $R^2 = 0.712696$



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Human Development and Poverty

There is a relationship between HD and poverty⁴. An attempt to measure this relationship for Ghana indicates that a one percent increase in the HDI is associated with a 0.27 percent reduction in poverty. In Figure 2.7 and Table 2.15 we observe a negative relationship between the HDI and the Poverty Rate. As the HDI increases, Poverty Rate decreases.

Measuring Social Exclusion

Various indicators have been used to measure the extent of social exclusion. Some of the indicators are long-term unemployment, the poverty rate, the HPI and the Misery Index. We also use the relationship that exists between poverty rate and social exclusion to derive a social exclusion index.

Unemployment and Social Exclusion

Long-term unemployment is monitored in most industrialized countries

Period	Data Source	Unemployment Rate
1987 / 88	GLSS1	2.2
1988 / 89	GLSS2	1.9
1991 / 92	GLSS2	3.2
1998 / 99	GLSS4	3.5
2005 / 06	GLSS5	2.7

Source: GLSS1-5

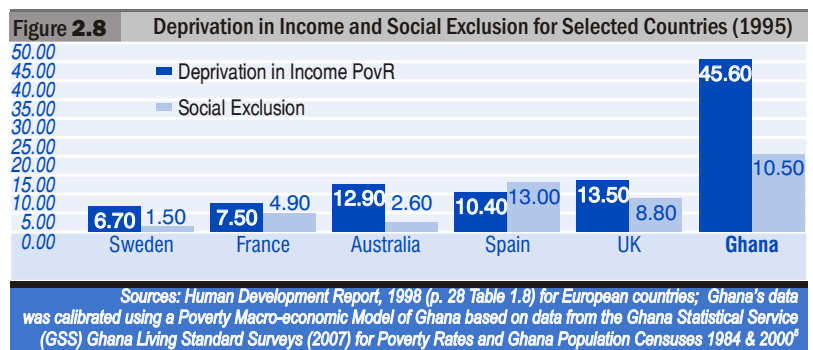
(Human Development Report, 1998), and has been used as a proxy for social exclusion. In this context, unemployment reflects exclusion from the world of work and the social interaction associated with employment, which is an important variable for social exclusion in most communities and countries. In Figure 2.9, social exclusion is measured using unemployment as a proxy.

The issue of a convenient definition of unemployment has come into sharper focus in this study. The GSS (2005) defined current unemployment to cover all "persons 15 to 64 years who did not work and are available to work in the last seven days preceding the survey". This definition may be deficient by citing too short a duration for seeking an employable job. Additionally, it has overlooked underemployment and frictional unemployment.

A trend in the rate of unemployment at the national level over the past two decades from the series of five GLSS studies indicate a generally low unemployment rate, with the lowest rate in 1988/89 and the highest in 1998/99. Over the period 1988/89-1998/99, the unemployment rate decreased, rose to its highest of 3.5 percent

Year	Unemployment Rate
1991	20.8
1992	21.1
1993	21.5
1994	21.9
1995	20.5
1996	25.0
1997	23.0
1998	20.0
1999	19.5
2000	18.0
2001	17.1
2002	15.5
2003	14.0
2004	12.5
2005	11.3
2006	10.0

ClayDord Consult (2006)



⁴Refer to ClayDord Consult (2004), Poverty and Social Impact Analysis (PSIA) Study on Enhancing Pro-Poor Decentralisation Process in Ghana, Final Report Submitted to National Development Planning Commission (NDPC)/Government of Ghana, sponsored by GOG, GTZ and KfW, Frankfurt/Accra

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The computation of the long-term unemployment used in this study adopted the census unemployment that has been adjusted to exclude child labour, seasonal, frictional and under-employment. Refer to Dordunoo (2005), "The Macroeconomic Policy Environment for Employment-Centred Growth: Developing the Sectors for Job Creation"—Paper presented at the Presidential Summit on Employment. The inflation rate used here is the annual inflation rate and not the end period inflation as usually captured in the National Budget Statement. Refer to ClayDrod Consult (2007), "Country Report: Ghana", Project LINK/United Nations Department for Economic and Social Affairs (UNDESA), New York, U.S. (Submitted to the UNDESA on 12 October, 2007)

in 1998/99 before declining to 2.7 percent in 2005/06.(Table 2.17).

Using a macro model of Ghana, developed by ClayDrod Consult, long-term unemployment figures were generated (Table 2.18). These unemployment figures used as proxy for social exclusion are found in Figure 2.8 for Ghana, among other countries.

The use of the long-term employment figures portrays a more realistic situation for exclusion since it indicates the percentage of the population without job for at least one year. In the case of the GLSS's definition of unemployment, it could be said that the persons have been jobless temporarily, which could not warrant the severity of exclusion. The estimates of social exclusion, using long-term unemployment data, indicate that social exclusion has been declining since 1991 with 10 percent exclusion rate in 2006 compared with 20.8 percent in 1991.

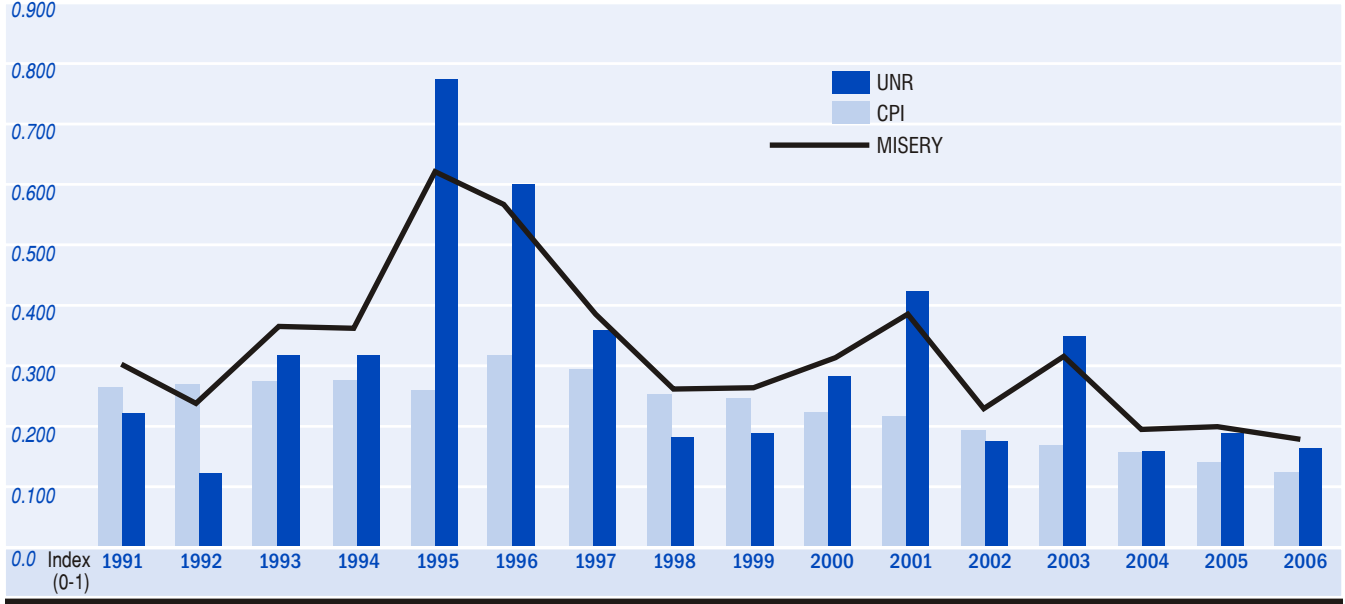
A comparison of Ghana's exclusion data with those of selected industrialised countries for 1995 with comparable data

indicate that Spain had an exclusion rate of 13 percent compared to Ghana's 20 percent, although countries such as France and Sweden had rates of exclusion of less than 10 percent.

Misery index

Misery Index (MI) was initiated by economist Arthur Okun, an adviser to President Lyndon Johnson in the 1970's. The Misery Index is simply the unemployment rate added to the inflation rate. It is assumed that a higher rate of unemployment and a worsening rate of inflation jointly create economic and social costs for a country. A combination of rising inflation and more jobless people implies deterioration in economic performance and a rise in the Misery Index⁶. The severity of social exclusion in Ghana can also be better appreciated through the in-depth analysis of the socially excluded, using the Misery Index. A person is said to be miserable if he/she is unemployed in an environment of

Figure 2.9 Misery Index: Unemployment plus Inflation Rates



index by Year

Source: Contributors

rising inflation. Misery to some extent indicates the state of unhappiness and suffering of a person who is socially excluded. The unemployed person in Ghana, is excluded from both social and economic activities by his/her lack of livelihood. This state of exclusion of the unemployed is further worsened by inflation which not only raises the cost of living but also further excludes the unemployed thereby putting him or her in a state of "misery". It is the melancholy, sadness and destitution that are measured by the MI. The state of unemployment or joblessness puts the unemployed in a state of suffering. Rising prices on the account of inflation reduce the level of real income, and therefore, contribute significantly to unhappiness and frustration, especially among the low income group. To reduce such misery, there must be pragmatic policies towards job creation and the reduction of inflation rates.

Figure 2.9 indicates that there is a strong linear positive relationship between the inflation rate and misery indices. As the CPI increases, the MI increases as well. The inflation rate seems to be a more important driving factor for social misery than the combined effect of unemployment and inflation.

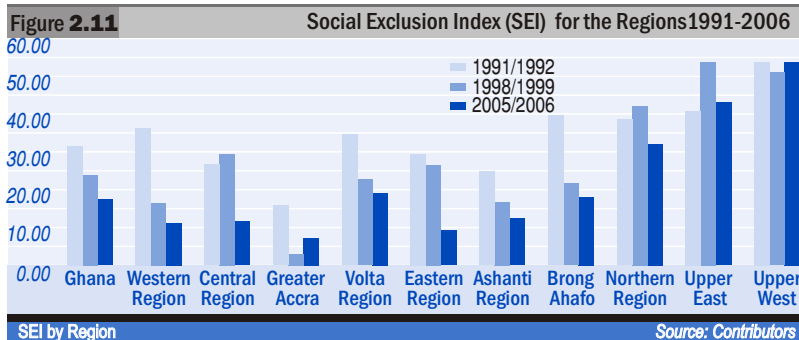
Poverty and Social Exclusion

To estimate the severity of social exclusion, the strong relationship between poverty and social exclusion was explored. A survey by ClayDord Consult (2004) indicates that poverty contributes extensively to the exclusion and accounts for about 60.63 percent of social exclusion in Ghana. It was also established that not all the people who are poor are socially excluded, nor are all the vulnerable and socially excluded people poor. Conversely, therefore, it is obvious that between 30 to 38 percent of social exclusion in Ghana is caused by factors other than poverty. This means that the wealthy or the affluent can also be socially excluded. The relationship between the SEI and the PovR has been primarily determined by interviewing of the poor population group who are of the view that they are socially excluded. This is shown in Table 2.18. It is also worthy of note that in most developing countries, over 70 percent of the poor are likely to be socially excluded. An analysis of poverty and social exclusion in some selected countries showed a relationship between poverty and social exclusion with a slope of 10% based on each country. This means that an increase in poverty induces an increase in social exclusion. From a sample of industrialised countries, with the exception of Spain, all the countries exhibited the same pattern though with varying degree of intensity. Figure 2.8 clearly shows that Ghana's situation is more precarious as compared to the situations of the selected advanced countries.

not all the people who are poor are socially excluded, nor are all the vulnerable and socially excluded people poor.

Region	Yes(%)	No(%)	Respondents
Western	58.01	41.99	25
Central	59.21	40.79	24
Gt. Accra	58.10	41.90	18
Volta	60.92	39.08	23
Eastern	59.22	40.78	22
Ashanti	57.12	42.88	32
Brong Ahafo	59.21	40.79	34
Northern	63.33	36.67	21
Upper West	65.44	34.56	26
Upper East	65.72	34.28	25
Ghana:	60.63	39.37	250

Source: ClayDord Consult (2004)



Calculating Social Exclusion Index for Ghana

On the basis of the strong relationship between social exclusion and poverty, a Social Exclusion Index (SEI) from poverty was calculated. The SEI indicated that in general 31 percent of Ghanaians were socially excluded in 1991. Social exclusion gradually declined to 17.44 percent in 2006. Figure 2.10 illustrates the SEI for Ghana and the 10 regions of the country.

Social exclusion in Ghana is characterised by wide regional disparities. The lowest rate of social exclusion is in Greater Accra Region (7.22), followed by the Eastern (9.24), Western (11.26), Central (11.63) and Ashanti (12.42) Regions in that order. The Volta (19.22) and Brong Ahafo (18.05) Regions are slightly above the national average (17.44). The worst cases are the Upper West, Upper East and Northern Regions of Ghana, which range

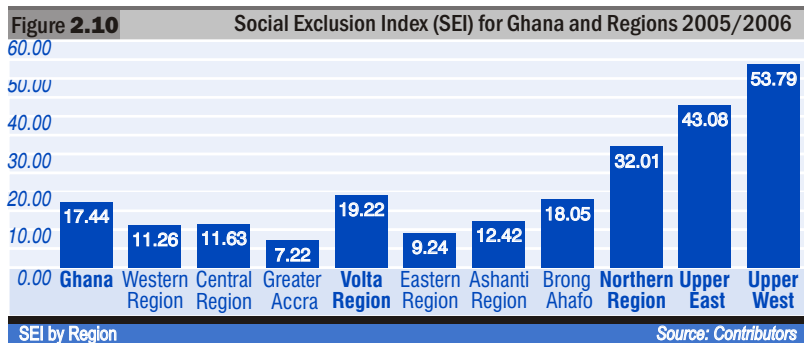
between 32 and 54. Apart from the Greater Accra and Upper West Regions where social exclusion has worsened, there have been reductions in the incidence of social exclusion in all the eight regions. Refer to Figures 2.10 and 2.11.

The severity of exclusion in the three northern regions could be attributed to a number of reasons which are entrenched in the various social structures, systems and practices as detailed in Chapter 3. The economic implications and explanation of exclusion from colonial time to date are provided in Chapters 3 and 4, while the various relevant legal and political structures of Ghana are captured in Chapter 5.

Conclusion and Policy Recommendations

The Chapter has provided empirically-based information supporting the findings of this report which assesses the hypothesis that even though Ghana is on the path of well-being, social exclusion still persists. In this Chapter, key indices such as the HDI, poverty, unemployment and inflation rates, gender-related development, gender empowerment indices and social exclusion indices have been used to evaluate the extent of human development and social exclusion in Ghana. The use of relevant indicators has also assisted in the establishment of the existence of social exclusion.

The analysis shows a general trend toward an improvement in the key socio-economic indices such as access to education, literacy levels, increasing access



Apart from the Greater Accra and Upper West Regions where social exclusion has worsened, there have been reductions in the incidence of social exclusion in all the eight regions.

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Females, the urban poor, the rural poor, the disabled, the less educated and the people within the northern savannah ecological zones, in general, have fared worse on several indices of development

to health, and safe and potable drinking water. More critically, poverty and inflation levels have shown a pattern of consistent decline over the past several years. However, other socio-economic spheres of Ghanaian society have not seen an improvement, although there is not a decline. Broadly, these include crime and safety, child and infant health, sanitation and refuse disposal. Over the past years, previously improved trends in HIV/AIDS prevalence and life expectancy have declined.

This Chapter has established a critical linear relationship between poverty and SE, indicating that poor people in Ghana are more likely to be socially excluded. On the other hand, it is indicated that females are particularly socially excluded when compared to males. The analysis of key indicators of the socio-economic development of the nation, shows that Ghana falls within the medium human development category. Thus, Ghanaian society is fairly inclusive, at least in the socio-economic sense. This assertion is supported by the relationship between the HDI and SE, which demonstrates that overall, although SE exists, it is not widely prevalent. Compared to other countries within the sub-Saharan region, and particularly in the West African region, Ghana as a whole is reasonably better off with regard to several human development indices.

More importantly, social exclusion is declining at the national level. For example, between 1991 and 2006 social exclusion almost reduced by half, from 31 percent to 17.4 percent. Furthermore, eight out of the ten regions experienced reductions in the incidence of social exclusion for the period under review. From the relationship between poverty and SE in Ghana, the fall in the overall poverty level in the country

lends credible support to the above-stated fact.

Yet, as already established there exist pockets of SE in some spheres of the Ghanaian society. More importantly, stated trends in SE have been prevalent over time for certain groups and geographical locations in the country. Females, the urban poor, the rural poor, the disabled, the less educated and the people within the northern savannah ecological zones, in general, have fared worse on several indices of development such as education and literacy levels, access to health, and facilities for hygienic disposal of human waste. This points to the need to close the gaps in social exclusion. It is important to work towards a more inclusive society in the country at all levels of the society.

For Ghana to maintain its steady medium human development and improve upon it, the following steps should be taken:

- Conscious efforts should be made to continue to empower females and to encourage them to be involved in decision making at all levels of the society. Societies and communities should be oriented to appreciate females as equal citizens and to eliminate all forms and barriers of exclusion against women. Unfriendly and unhelpful cultural practices⁷ which undermine and impede the potential of women should be abolished. Cultural practices such as forced marriages, betrothal of young girls, favouring boys over girls in certain segments of the society, branding women (mainly) as witches and requiring girls to do most of the chores in the home as well as trade (when necessary) should be addressed. Beyond Civil Society

⁷These practices are discussed in chapter 3

The informal employment sector should be a focus of attempts to develop and integrate human capital.

activism and the creation of a Ministry for Women and Children's Affairs, community and social opinion leaders should be actively engaged in helping to eliminate all forms of socio-cultural vices that work against the well-being of women and particularly children. Where necessary, the enforcement of existing legal provisions for protecting vulnerable groups in the society should be strengthened.

✍ In Ghana unlike other countries, a strong relationship has been established, between poverty and social exclusion. Therefore, sustained wealth creation and poverty reduction should be pursued at all sectors of the country, particularly in the informal market economy where most Ghanaians are concentrated. Access to micro credit, particularly for excluded groups like women, small-scale and accessible banking services, education on financial services and resources, more realistic collateral security for borrowing, and the establishment a broad-based pension scheme to encompass the informal sector are viable options that need to be pursued by both the Government and the private sector. These actions should be accompanied by a sustained attempt to reduce the rate of inflation.

✍ The attempt to boost formal education in the country should continue at all levels-individuals, households, communities, regional and national. The increased basic school enrolment including the enrolment of girls should be sustained and improved

upon. Individuals, households and groups should be made to appreciate the importance of formal education and knowledge in national development. Quality education and increased higher education beyond the basic level should be encouraged at all spheres and levels of the society. Furthermore, literacy in the indigenous languages and functional literacy for the formally uneducated should be enhanced. Since some of these attempts have been on-going over the past several years, such programs should be critically evaluated and strengthened to make them achieve their goals. Moreover, quality teacher education, supervision, motivation and remuneration should be pursued through a public-private partnership involving communities, civil society and the appropriate governmental agencies such as the Ministry of Education, Youth and Sports.

✍ The informal employment sector should be a focus of attempts to develop and integrate human capital. Government efforts should be geared toward providing avenues for skill and talent development in the informal sector. Among others, schools that provide short-term training to school drop-outs and other operators in the informal economy should be increased, coordinated and sustained. The trend towards increasing part-time and short term job opportunities should be properly investigated and managed. The persistent youth

unemployment and the increasing graduate unemployment should be addressed more seriously and vigorously. Sustained attempts should be made toward creating increasing quality private employment avenues. Social security for informal sector employees should be addressed.

Improved access to health care, through a strengthening of the NHIS among others, should be pursued. Community participation in health, a strengthened focus on primary health care, and improved monitoring of health programs are recommended. The trend toward a worsening of child and infant health, the decreasing life expectancy, and the increasing HIV/AIDS prevalence calls for greater and more robust partnership between communities and governmental institutions as well as a multi-sectoral partnership in health care and delivery.

The entrenched perennial shortages in water supply should be addressed. Sustained community involvement in the provision of water supply is recommended as the dominance of NGOs in the provision of potable water is not sustainable. In this regard, community education to protect vegetation at water sources is necessary on account of the relationship and the inter-connectivity between the

environment and sustained water supply.

The problem of unsanitary disposal of refuse and different types of waste should be addressed. The Ministries of Health, Local Government and other relevant agencies are called upon to address the issue with vigour at both the micro and meso levels.

The divide between the three northern regions and the southern ones with respect to critical dimensions of human development needs to be bridged. With respect to this, empirical studies using well disaggregated data should be undertaken to carefully delineate the causes of SE and address them consciously. In this, there is the need to depoliticize the problem as well as to de-emphasize ethnic sentiments.

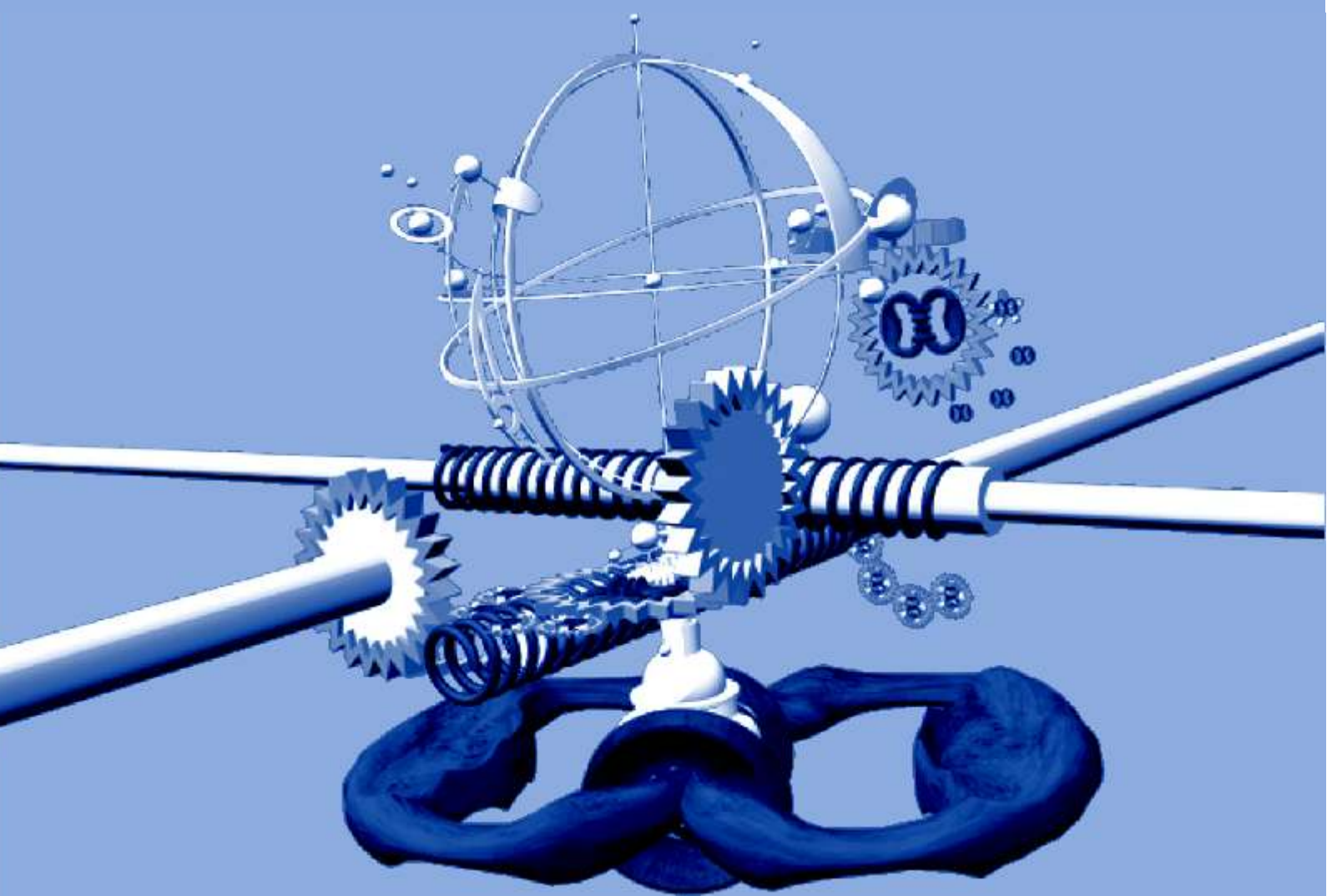
Civil society activity should be better coordinated to strengthen advocacy in support of the vulnerable, particularly women, children, the elderly and the disabled.

Other policy recommendations regarding HIV/AIDS, capacity strengthening, security, holistic and sustainable economic growth, youth employment and active participatory process of good governance and decision making are captured in subsequent chapters of this report.

The divide between the three northern regions and the southern ones with respect to critical dimensions of human development needs to be bridged.

Chapter 3

Social Structure, Systems and Practices



Introduction

All societies possess a set of socially accepted norms that govern the behaviour of their members. The patterns of behaviour, rules, roles and institutions that develop as a network of relations become the elements of the social structure of any given society. The social structure of a society thus consists of those human relations which have achieved a certain definiteness of outline or form and relative permanence. This implies the more or less distinctive arrangement of the specialized and mutually dependent social institutions, groups or associations, and the complexes of these which constitute society (Ginsberg 1956),

59

Given the all encompassing nature of the concept of social structure, sociologists have categorised its components into the social institution of marriage and family (for procreation and socialization), the economic institution (consisting of the system and rules governing the production and distribution of goods and services), the political institution (concerned with the nature of governance and the accompanying rules for maintaining law and order), the religious institution (concerned with practices, rites and forms of experiences with the supernatural), the educational institution (for nurturing children into functioning adults within their society) and other less evident but equally significant institutions of society.

This Chapter examines the social structure of Ghana and how the systems and practices of its institutional set-up reinforce or perpetuate the exclusion and or inclusion of certain groups in Ghana.

Social Structure of Ghana

This section presents a broad overview of the nature of the institutional components of the social structure in Ghana and how they function. It includes kinship, marriage and the family institution; religious beliefs and practices; traditional and modern political systems; the economic organization and other cultural practices and how they impact on social exclusion or promote inclusiveness.

The Kinship System

Members of a kin group are people whose social relations derive from consanguinity (blood), marriage and adoption. The patterns of behaviour associated with relatives in a society, together with the principles governing their behaviour are usually referred to as the kinship system. The kinship system of any society is important because it prescribes statuses and roles to people who are in particular relationships. It determines the rules, duties and obligations of individual and groups in all aspects of life in which

these individuals and groups interact (Nukunya 2002).

A person's kinship status may significantly limit his or her opportunities and capabilities to participate in decision-making, gain access to meaningful livelihood opportunities and benefit from social services. Also important are the kinship and lineage arrangements for reckoning descent, inheriting property and ascending to political office. Ghana has three such systems, the matrilineal, the patrilineal and the double descent system. In matrilineal societies tracing descent, inheriting wealth or taking up office in the traditional authority structure, must be done through the mother's lineage. A child, in principle, inherits the property of his mother's deceased brother, not necessarily that of his own father. He also qualifies to be installed as a chief only by virtue of the royal status of his mother. This is a system largely practised by the Akan (mainly Twi) speaking peoples of Ghana. The patrilineal system is essentially the opposite of the matrilineal system. Entitlement to property and social position in the patrilineal system is claimed through the lineage of one's biological father. In this system, the son (usually the first) is an automatic heir to his father's property and is first in line to assume his father's political office in his society. This arrangement is characteristic mainly of the Ewe speaking peoples of southern Ghana and the ethnic groups in the western and northern parts of Ghana. The Fanti-speaking peoples in the Central Regions practice the double descent system, in which a child can inherit property from both lineages of his parents.

Conflict and marginalisation have resulted from the operations of these systems of inheritance, especially in situations where strict adherence deprives other siblings of claiming part of the property of deceased parents. Although kinship ties remain very important in traditional and rural societies, its importance has weakened over the years among urban residents.

Cultural and Ethnic Structure

Like most African societies, Ghana is a multi-ethnic and multi-cultural society and, therefore, social divisions among ethnic groups along economic, cultural and political lines are a central feature of Ghanaian life. This ethnic and cultural heterogeneity sometimes poses a challenge of ethnocentrism which usually leads to exclusion. The challenge has its roots in the colonial processes of arbitrarily consolidating numerous autonomous indigenous societies, largely in accordance with the interest of the colonising authorities.

The Ghanaian society is made up of five major ethnic groups; the Akan (49.1%), the Ewe (12.7%), Mole Dagbani (16.5%), the Guan and the Ga-Adangbe (8.0%) (Figure 3.1). Apart from these major groups, it is estimated that there are about sixty-three separate ethnic groups in Ghana (Statistical Service, Ghana, 1999). A striking feature of the ethnic groups is that all of them are made up of many other sub-groups. The various subdivisions in the main ethnic groups as well as the geographic distribution of these populations make understanding the intricacies of ethnicity in Ghana a complex affair. For example, the largest group, the Akans, consists of Asante, Fanti, Brong, Akyem, Akwapim, Kwahu, Denkyira, Wassa, Nzima, Sefwi etc. spread over the Western, Central, Eastern, Ashanti and Brong Ahafo Regions, with an enclave in the Volta Region.

It must be stated that despite the ethnic diversity, Ghanaians of each ethnic groups are found in every part of the country (Table 3.1). Within the broader groups, jealousies and rivalries make distinctions between the sub-divisions all the more complex. For example, since the passage of the Emergency Power Act, by the Government of Dr. Kwame Nkrumah in 1958, which separated the Brong-Ahafo area in the Ashanti Region and created it as a separate Region with its own House of Chiefs,

A person's kinship status may significantly limit his or her opportunities and capabilities to participate in decision making, gain access to meaningful livelihood opportunities and to benefit from social services

Brong-Akans and Ashanti –Akans have feuded persistently over whether or not the former is a vassal state of the Ashanti kingdom. Furthermore, Akan settler farmers and their hosts in predominantly Akan cocoa growing areas in the Eastern Region, and Ashanti settler farmers and their hosts in the Western Region have lashed at each other over settler rights versus landlord claims. Moreover, the Northern Region is also far from being homogeneous. There are no less than fifteen different ethnic groups in the region with varied histories, customs and traditions (Brukum 1999).

Traditional Authority and Modern Governance

The institution of chieftaincy is one of the universal and oldest institutions in Ghana. The institution has, however, been radically transformed by modernising forces as well as purposeful political action. Before colonial rule, chiefs were powerful rulers who occupied a single composite office to which were attached real judicial, military, political and religious powers. Under colonial rule, they were stimulated by colonial officials to become intermediaries between them and local societies. Their powers were somewhat expanded in scope, but they became dependent on the colonial power for the exercise of these powers.

The chiefs were not simply tools in the hands of the colonial administration for they had enough latitude and autonomy to use their new powers to advance their own economic interests. This made them unpopular in the eyes of the educated elite at the helm of the decolonisation struggle. It was in these historical circumstances that Kwame Nkrumah's CPP came to power in 1951. Partly for ideological reasons, but also in part on pragmatic grounds, Nkrumah embarked on a protracted

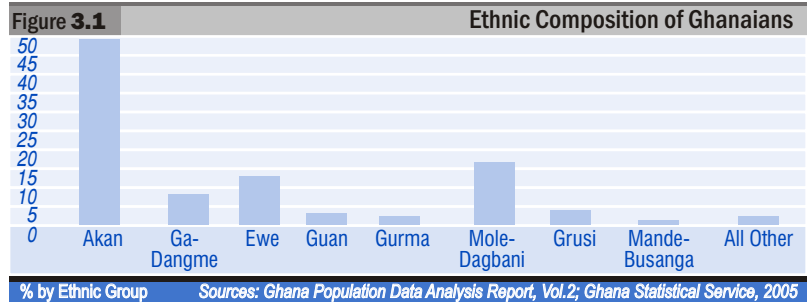


Table 3.1 Percent of Ethnic Groupings by Region

	Western	Central	Greater Accra	Volta	Eastern	Ashanti	Brong Ahafo	Northern	Upper East	Upper West
Akan	78.3	81.9	39.8	8.5	52.1	77.9	62.7	10.1	2.3	3.2
Ga-Dangme	3.5	2.3	27.7	2	18.9	1.4	1.9	0.5	0.3	0.5
Ewe	5.9	4.8	18	68.5	15.9	3.2	3.4	1.9	0.2	0.2
Guan	1.5	6.1	2.1	9.2	7.2	1.7	3.9	8.7	0.7	0.9
Mole-Dagbani	7.6	1.6	5.1	1.4	3.1	9	15.3	52.3	74.5	75.7

Source: GSS, 2000 Population and Housing Census

struggle with the chiefs for political control of the rural areas. By the time he was ousted from power by the military in 1966, chieftaincy was on the wane.

The 1951 local government reform included the mandatory reservation of one-third membership of local councils (which had replaced native authorities as recommended by the Coussey Committee) to the nominees of the traditional councils. This was statutorily removed by 1959. The economic and judicial basis of chiefly power was further weakened because chiefs lost the direct access they had to stool revenue as well as the power to administer stool lands. Becoming a paramount chief was made conditional on being recognised and gazetted by Government. By 1966, chieftaincy was a weakened and bruised institution. It was somewhat revived after 1966, but the chiefs remained substantially in the position in which the CPP left them, even in local societies.

The fortunes of chiefs have changed again with the coming into force of the 1992 Constitution of the Republic of Ghana. The chiefs are expressly prohibited from taking part in active party politics (Article 276). They are also denied any formal representation in local government beyond discretionary participation in District Assembly deliberations. They, however,

Before colonial rule, chiefs were powerful rulers . . . [with] real judicial, military, political and religious powers. Under colonial rule. . . their powers were somewhat expanded in scope, but they became dependent on the colonial power for the exercise of these powers.

Chiefs may not have the power on the national political landscape, but it is widely recognised in the country that they are actively involved in settling disputes; through adjudicating violations of customary law and tradition, and even 'trying' criminal and civil cases.

must be consulted by the President on the appointment of thirty percent of the members of the Assembly. The Constitution restores the dignity and importance of chiefs for it guarantees the institution of chieftaincy with traditional councils as established by customary law and usage' (Article 270). The Constitution has thus broken with the post-independence tradition and removed the right of the Government to recognise or fail to recognise chiefs appointed in accordance with the relevant customary law and usage. Chiefs may not have the power on the national political landscape, but it is widely recognised in the country that they are actively involved in settling disputes through adjudicating violations of customary law and tradition, and even 'trying' criminal and civil cases.

It is important to note that 'palaces' for conflict resolution, settlement of disputes and chiefly arbitration are more than mere 'courts'. They are sites for the allocation of values and the maintenance of social norms. These values and norms underpin social cohesion and stable social order in local societies. Chiefs are, thus, bastions of stability in localities, and can be made to perform a similar role in national politics. But they can also be used as tools of exclusion as in the recent past in Akyem Abuakwa where the paramount chief declared a woman and her children banished from his kingdom (their ancestral home).

Box 3.1 The President's Position on Social Exclusion

President J. A. Kufuor, speaking at a closing ceremony of a two-day "German-African Partnership Forum" held at the Kofi Annan International Peacekeeping Training Centre in Accra on 14th January, 2007 emphasized that the challenge was for the Government to avoid policies of marginalization and social exclusion. He added that they should ensure respect for human rights and fair distribution of the national wealth.

(Source: GHIP, Product 4th January, 2007)

The Drivers of Social Exclusion

Social Structure and Social Exclusion – The Link

As noted in Chapter 1 the multi-dimensional nature of social exclusion shows that social exclusion does not only relate to the lack of material resources but also to concerns such as inadequate opportunities for social participation, inability to produce, lack of cultural and educational capital, inadequate access to services and lack of power. The relationship between social identity and entitlement to resources and other social goods becomes central to the effort to demonstrate the link between social structural considerations and the processes of social exclusion. The literature suggests that the following structural factors and systemic processes promote social exclusion. These are discussed below.

1. **Spatial Polarisation-** a system by which some social groups and neighbourhoods, become more detached and alienated from mainstream society by virtue of where they are geographically situated.

2. **Cultural and Inter-Ethnic Group Relations** involving discrimination through which certain social groups are excluded from participating in some cultural practices or societal activities due primarily to their identity and beliefs.

3. **Socialization and Ageing** – in which the role of adults to prepare children to understand, accept and practice societal norms and behaviour is diminishing due to ageing and loss of control over family members.

4. **Religious Practices**– in which religious dogma tends to create conditions for excluding individuals or groups from religious activities or lead to religion-based violence which, in turn, leads to displacement and exclusion.

Cultural and Ethnic Systems and Practices

Land Tenure System

Land is ordinarily the property of the lineage. Family land is thought of as belonging to the ancestors or local deities and is held in trust for them. As a result, such lands are administered by the lineage elders, worked by the members of the kin group, and inherited only by members of that unit. All others who are not part of the kin group are excluded. While family members have free access to the land, portions of such land may only be leased to others who are not members of the family for seasonal agricultural production. The land remains within the family and usually is not sold. Land is, therefore, a prized possession of the family and, thus, title to it has generated a lot of intra-ethnic conflicts in Ghana as happened in the case of the conflict between the Peki-Tsito peoples in the Volta Region. Thus, depending on the system of inheritance, land distribution can cause severe exclusion.

The Making of a Chief

As noted earlier, the traditional institution of chieftaincy is very much part of the life of ordinary citizens. Primordial attachment to the institution is still very strong and a chief is revered. These attributes also constitute the reason for the emergence of conflicts around the installation of a chief. Even though it has certain democratic features, the institution is not a democratic one. Chiefs are chosen from a restricted number of royal lineages, and eligible candidates are elected by kingmakers (those individuals to whom immemorial custom and tradition assign that right). Eventually, they are approved by the people and exercise their powers within a system of checks and balances. The basic principle at work in these elections is that 'kin-right and popular

selection are combined. The institution is, traditionally, male dominated in both patrilineal and matrilineal societies. In exceptional cases, women become chiefs. Although in the scheme of things the position of the "queenmother", a female traditional ruler, is recognised the occupant is not deemed to possess the same level of authority as a male chief.

Chiefs are usually selected from the senior members of the royal lineage or several lineages are considered as being among the founders of the ethnic group. The system of the selection of a chief, therefore, precludes a large number of indigenes who do not belong to the royal lineage. Apart from the exclusion of non-royal citizens from selection as traditional rulers, there are other members of the society who are completely barred from being chiefs. Any person with mental or physical disability is not permitted to become a chief. It is believed that people with such challenges are cursed by the gods, and cannot perform the rigorous functions of a chief.

Chiefs have extensive executive, judicial and spiritual authority, the latter being exercised under the leadership of the ethnic group's religious authority (priests). However an element of inclusiveness of traditional governance practices is noted in the fact that decisions on critical issues, such as those made by family elders, are based on wide discussions and consultations with adult representative groups of both sexes. Decisions taken by chiefs are normally taken by chiefs-in-council and not by lone dictatorial fiat.

Nevertheless, inequitable opportunities and capabilities stemming from gender inequity in the traditional system substantially keep women and female traditional rulers out of traditional governance, leading to exclusion. play key roles in the selection process of chiefs.

... depending on the system of inheritance, land distribution can cause severe exclusion.

However, they are generally not allowed to take part in major decisions of governance in their localities nor are they allowed to be included in the National and Regional Houses of Chiefs in spite of the intent of both the Constitution and the Chieftaincy Act, 1961. This is the situation even in the exceptional cases where some women are designated as chiefs.

Although the institution of chieftaincy has been an integrative and inclusive factor in keeping traditional communities focused on communal issues, its succession processes can be a catalyst of conflict, where a royal lineage feels excluded from either ascending to the stool/skin or participating in the process as established by custom.

Inheritance

Most Ghanaian inheritance systems share two features: a distinction between family and individual property. For instance, self-acquired private property that is bequeathed to any individual member or a person of the deceased's choice remains private. Extended family property cannot be so bestowed and always remains common to the family. Matrilineal succession to property has been the cause of much disunity and litigation. Extended family members, in many instances, exclude the spouses and children from benefiting from the property of the deceased. Among the matrilineal Akan, for example, it is quite common for relatives of a deceased man to deprive the widow of all the property that they jointly acquired while the man was alive. It is often presumed that property and other assets of a nuclear family are acquired exclusively by the man and should, therefore, be given to his nephews and other relatives of his extended family. Women may, therefore, be deprived of such property and may even be driven away from their matrimonial homes by

relatives of their deceased husbands, thus contributing further to the impoverishment of such women within the communities.

Since 1985, the Government has passed a number of laws that seek to restructure the traditions of inheritance in order to ensure a fair distribution of a deceased person's property so as to address such exclusion of members of the nuclear family. These laws, which include the Intestate Succession Law, the Customary Marriage and Divorce (Registration) Law, the Administration of Estate (Amendment) Law, and the Head of Family (Accountability) Law, recognize the nuclear family as the prime economic unit and thus seek to cater more adequately for the otherwise excluded spouse and children.

Marriage

Marriage is defined as a union between a man and a woman such that their offsprings are socially and legally recognized as legitimate children of the parents. The customary laws of Ghana recognize as marriage only unions between a man and a woman properly entered into under the customary practices of the woman's family. Furthermore, marriage is perceived as a union between the families of the husband and wife. Polygyny is allowed and is perceived as attesting to the wealth and power of men who can acquire more than one wife. In such marriages, some of the wives are usually neglected and are, therefore, unable to support their children's formal education. Lack of quality formal education usually results in missed opportunities to participate meaningfully in social life. In some ethnic groups, such as the Frafra and Mamprusi, in northern Ghana, cultural practices such as child betrothal, forced marriages and the abduction of girls contribute to inequitable opportunities including the deprivation of access to meaningful livelihoods

Forced marriage . . . often cause cleavages in families and sometimes cause the girls to run away from home, thereby becoming excluded from essential parental care and from education.

opportunities. This situation contributes social exclusion.

Discrimination is also suffered by some married women who are considered by their employers as a liability due to their inability to travel and stay out of the home for extensive periods of time should their work require them to do so.

Forced Marriage:

The system of forced marriage is a system under which the decision as to whom to marry is determined by others - usually older family members who do not consult nor seek the consent of the girl being married. Some parents continue to hold on to the traditional practice that it is the role of parents and older family members to choose a husband for young female members of the family. This practice often causes rift and cleavages in families and sometimes leads to the girls running away from home, thereby becoming excluded from essential parental care and from education.

Child Betrothal:

Child betrothal is a marriage system under which an under-age female child is given in for marriage to a much older man without her consent and/or knowledge. In many cases, the girls refuse to marry the men and subsequently run away from home, thereby being excluded from socialisation and the parental care necessary for preparing them for a productive and functional life in their societies.

Child Fostering:

The fosterage of children by people who were not their biological parents used to be practised extensively in many communities in Ghana as a means of getting family members or others in a community to assist with the care of the children of less endowed members.

Box 3.2

To Hell and back: the ordeal of a 'kayayoo'

Mahad Seidu's three-hour ordeal, the tribulation of a head porter in Accra who was chained hands and feet, concealed under the metal seats of a 33-seater Mercedes Benz bus and destined for a 723-kilometer journey into forced marriage in Walewale, could be a classic set in primitive times.

It took the prompt and precise swoop of a team of policemen from the MTU to regain her liberty from the man whose scheming she had earlier fled. Assistant Commissioner of Police, Tandoh observed that the girl could have died of such inhumane treatment, all in the name of custom and tradition.

Source: Daily Graphic July 17 2007

Sometimes it was a means of providing childless people with children. This was considered to improve cohesion and inclusion among extended families and societies. But following incidences of violation and abuse of the rights of some fostered children, the practice declined.

In some societies in the Northern Region, a type of fosterage is practiced where parents give to a relative a female child who will live permanently with that relative. On account of the permanent nature of the practice, some girls are advised or encouraged to run away if conditions become harsh or when the foster mother attempts to force them into marriage. In situations where the girls run away, they become excluded from appropriate parental and family care, protection, socialization and formal education.

Widowhood Rites Performance:

Widows are among the most excluded persons in many parts of Ghana, especially in the rural areas. The death of a husband is often accompanied by harsh and cruel widowhood rites. Among the Akans and Ewes, custom requires the widow to undergo certain extensive endurance rituals as part of the demonstration of mourning. These rites sometimes involve seclusion, prescribed dress codes, walking barefooted, fasting for extended periods of time, symbolic gestures directed at the corpse such as being required to hold the deceased husband's ankles and sleeping in the same

. . . widowers are hardly ever required to perform such extensive endurance rituals upon the death of a wife.

where FGM does not result in fatality its victims suffer different levels of disabilities that render them depressed and withdrawn or induce protracted labour in child birth

room where the corpse is laid, etc. In more extreme cases, widows may be required to shave their hair and endure the application of pepper to their eyes. They may be stripped naked and carried through the town to a river to be cleansed or they may not be allowed to sleep on a bed until after the fortieth day after the death of the husband (Kuenyehia A & Bortei-Doku Aryeetey, 1998). Some of the rites are supposed to make the widow unattractive for remarriage. These practices are clearly discriminatory against women since widowers are hardly ever required to perform such extensive endurance rituals upon the death of a wife. Criticism of the severity of such rites and the harmful effects on women have led to the introduction of a provision in Criminal Law which makes it an offence for any person to compel a bereaved spouse to undergo any custom or practice which is cruel in nature (Section 2(a) of PNDC Law 90).

Female Genital Mutilation (FGM)

The practice of FGM involves tampering with the female genital organ in order to suppress and control sexual desire and behaviour in girls and women as a means of regulating chastity. FGM constitutes example of a tradition which impacts negatively on the rights of women and girl-children. The practice is discriminatory because it treats women and girls differently from men and boys. It thus diminishes the capacity of females to experience and appreciate sexual fulfilment which is an important reproductive right.

But more importantly where FGM does not result in fatality its victims suffer different levels of disabilities that render them depressed and withdrawn or induce protracted labour in child birth. The practice also makes its victims highly susceptible to contracting HIV/AIDS and other sexually transmitted diseases (STDs). Such suffering result in effectively excluding the victims from a healthy life required for meaningful integration in society. Furthermore, females in the communities where FGM is practiced and who refuse to go through the rites are deemed unclean. They are stigmatised and, therefore, find it difficult for them to find husbands and to participate effectively in societal activities.

Box 3.3 Female Genital Mutilation (FGM); who is at Risk?

FGM remains a practice in remote parts of the Upper East and Upper West Regions of Ghana where it is estimated to affect about 86% of the rural female population. (Kadri, 1986). In these communities, it is a taboo for a female to marry without being circumcised. Among the majority of ethnic groups in the Upper East Region, it takes place at infancy or childhood from the first week after delivery up to about the seventh year, whereas in the Upper West Region it ranges from the seventh day to the age of puberty. A study carried in the Kassena-Nankana District of Northern Ghana in 1997 to determine the prevalence of the practice in that area has shown that at least 77% of the women are affected by the practice. In this study, Cheikh Mbacke et al demonstrate that the practice is usually effected in this area after puberty when girls are ready for marriage. The majority of victims fall within the age groups of 15 to 19 suggesting adolescents form a bulk of the population at risk of the practice. The health risks and complications of FGM depend upon the gravity of the mutilation, the extent of hygiene, skills and eyesight of the operator and the struggles of the child. Health problems may occur immediately or within 10 days of any type of mutilation. They include haemorrhage (bleeding) and pain which can also cause shock to the victim, damage to the sexual organs, urine retention, tetanus, septicaemia (blood poisoning) and the transmission of HIV and Hepatitis B through the use of non-sterile instruments, especially when the mutilation is carried out simultaneously on groups of girls.

Source: *Situational Analysis of Children and Women in Ghana, UNICEF, 2000*

Box 3.4 HIV/AIDS: Women more susceptible

A study carried out in 2003 on HIV/AIDS in Tertiary Institutions reports that females accounted for 63 per cent of the recorded HIV/AIDS cases. The peak ages for females and males also differ. Whereas the modal age for infected females was the 25-29 years age group that of the males was the 30-34 years age group, implying that females are infected earlier than their male counterparts. The cumulative HIV/AIDS cases from 1986 to 2001 by age and sex shows a similar pattern.

Source: *Ghana Statistical Service reports (2005)*

After interventions prompted by international treaties and action by local NGOs, FGM was abolished under Section 69A of the Criminal Offences Act, 1960 (Act 29). Concerned human rights advocates, particularly the Ghana Association for Women's Welfare (2003), have called for amendments to the law criminalizing FGM in order to close the loopholes in the law by extending culpability to all those who aid in carrying out FGM and to citizens who commit the crime outside the country's borders.

It is important to note that the practice of circumcision and the strict adherence to some taboos also contribute to social exclusion in Ghana.

Ethnicity in Governance and Public Service

Post colonial governments especially that of the First Republic under Kwame Nkrumah, took energetic measures towards nation building. The Nkrumah Government justified authoritarianism as a means of containing ethno-regional tensions that emerged immediately before Ghana gained independence from Britain in 1957. The process started with the passage of the Avoidance of Discrimination Act in December 1957. The Act banned the formation of political parties along ethnic, religious or regional lines. This law effectively suppressed all the existing parties that had raised the question of federalism. This was followed by the elimination of constitutional checks on executive power and finally, the formalization of a single party in 1964, thus effectively excluding any citizen who did not want to be a member of that party.

Current changes in national governance have provided the people a

multi-party system. Fortunately, this new situation has not resulted unduly in the exclusion of any particular ethnic group from participation in the electoral system. It has been observed that ethno-regional voting patterns in some regions of the country, especially the Ashanti and Volta Regions, suggest that ethnicity is perceived to be an important factor in the public/political sphere (CRISE, 2005). For instance, in a perceptions survey conducted in 2005, the CRISE found that between 35 percent and 38 percent of the respondents thought that a person's ethnic background affected his/her chances of being employed by government and of obtaining government contracts, private sector formal jobs and public housing. However, the Ghanaian case demonstrates that if severe socio-economic inequalities between different 'cultural' groups or regions are not complemented by serious political exclusion, culture is less likely to become a driver for violent political mobilization.

In addition, even though there is no fixed formula for making appointments into the public sector in general as way of encouraging ethnic inclusiveness, there is a norm requiring that cabinet, bureaucratic and technocratic positions in government and the public sector, as well as membership of ruling military regimes are informally balanced to reflect the cultural

... if severe socio-economic inequalities between different 'cultural' groups or regions are not complemented by serious political exclusion, culture is less likely to become a driver for violent political mobilization.

Box 3.5

The Kokomba-Nanumba Ethnic Conflict

Between 1981 and 1994, a series of conflicts engulfed much of the eastern half of Ghana's Northern Region. In each conflict, Konkombas, a historically non-centralized and politically marginal group, engaged in protracted fighting with one or several of their historically centralized and politically dominant neighbours: Dagombas, Nanumbas, Gonjas, and Mamprusis. The 1981 conflict resulted in over 2,000 deaths and many more people were displaced. The central claim made against Konkombas was that they continually disregarded their centralized neighbours' traditional authority and status. For their part, Konkombas argued that they had suffered long-term exploitation and subjugation by Nanumba, Dagomba, and Gonja chiefs. The last major conflict, the so-called "Guinea Fowl War" of 1994, was much larger and precipitated violence that quickly engulfed seven northern districts, six ethnic groups and resulted in an estimated 15,000 deaths.

Source: van der Linde and Naylor 1999 p.27

and ethnic diversity of the country (Gyimah Boadi and Daddieh 1999).

In pre-colonial times, ethnic rivalries occurred as a result of the expansionist ambitions of conquest and domination of ethnic groups over each other. Most of the current conflicts involving ethnicity have been between 'majority' and 'minority' ethnic groups. An example is the Kokomba and Nanumba rivalry in the Northern Region of Ghana.

These conflicts have left in their wake destruction of life and property. Even more alarming is the atmosphere of insecurity and distrust that these conflicts have engendered with their attendant effect on all socio-economic activities in the various conflict areas. Even though the immediate causes of these conflicts differ, the remote causes are similar if not the same. They arise from several years of relegation of certain ethnic groups, so called "minority" groups to a status of "second rate citizens" in the traditional and political administration of the region or from an attempt to by-pass some of the "gates" in the system of rotation in the selection of chiefs. (Brukum 1999). For example, the majority ethnic groups are said to have appropriated the lands of the whole community and the impression is created that four groups—the Mamprusi, Dagomba, Gonja and Nanumba—own all the lands in the Northern Region, thus appearing as the "landlords" and the "ruling class". Indeed, the relations between the "ruling class" and their "landless subjects" at best centre on an acceptance of a situation of mutual mistrust and at worst, open confrontation. This conflict adversely affects the inclusion of a large portion of the community in access to the essential resource of ancestral land.

Challenges of Culture and Ethnic Relations in Ghana

Constitutional reforms and the current political dispensation present several challenges to nation building in Ghana. As an illustration, there is a perception of ethnic polarization particularly between the Ashantis and the Ewes.

Time series voting data suggest that the Ashantis and Ewes have been less flexible in their voting behaviour. Indeed, in the 1992 and 1996 general elections there was partial bloc voting in Ashanti for the NPP and full bloc voting for the NDC in Volta Region. It has been suggested that this voting pattern indicates that the country is polarized along ethnic and political party lines.

There is also at least superficial evidence of a surge in social tensions in the new political era. For example, the recent clashes between the two factions in the Dagbon conflict that led to the murder of a prominent Dagomba Chief, Ya Na Yakubu Andani, the Paramount Chief of the Dagbon Traditional Area in the Northern Region and others perhaps poses a major threat to peace and stability in the Northern Region, in particular and Ghana in general. Although, this conflict is certainly evidence of ethnic tension most observers believe that the case in point is an exception.

Ethnic groups in Ghana are not confined to specific geographical areas. Internal migration and the resultant widespread practice of intermarriage across ethnic lines have, from the point of view of tribal distinction rendered the various areas less homogeneous over time. Thus, the influence of ethnicity and cultural differences on conflicts has been reduced in Ghana, allowing for improved inclusion of all ethnic groups in nationhood.

Internal migration and resultant widespread practice of intermarriage across ethnic groups have rendered the various areas less homogeneous over time from the point of view of tribal distinction.

Prospects for Cultural and Ethnic Relations in Ghana

Notwithstanding the above challenges, Ghana's experience hardly validates the contention of postcolonial governments that pluralistic democracy promotes national disintegration. The main ethnic groups in Ghana are composed of smaller groups. For instance, the Akans are made up of about 18 sub-groups (Ghana Statistical Service, 1999). The diversity suggests that the Akan group does not behave as a coherent political unit. Different sections of the Akan group vote differently.

There is also sufficient representation of the other major groups and governance reform is supportive of ethno-regional balance and political inclusiveness in furtherance of nation-building. It is noted that the lopsided voting behaviour by the Ashantis and Ewes would never secure them electoral victory in competitive elections since the two groups especially the Ewes, are not large enough. The Ashantis and Ewes constitute 15 percent and 13 percent respectively of the Ghanaian population (GSS, Census 2000).

In spite of the fact that the Ashantis are part of the larger Akan group, they have not been able to mobilize the rest of the Akan group to follow their choices in the political field. This means that the two groups, the Ashantis and the Ewes will continue to seek alliances with other groups to be electorally viable. This fosters political inclusiveness. The maximization of votes encourages parties to seek for votes outside their ethnic strongholds and to work with individuals from other ethnic groups to de-emphasize ethnicity in politics. The ban on ethno-regionally based parties has been effective.

Previously ethnically/regionally based parties have been forced to repackage their programmes and transform

themselves into national parties, and have sought votes outside their narrow ethnic/regional base.

Ghana's policy on language provides an interesting example that might be followed elsewhere. While English – a largely ethnically neutral language – is the official language, successive governments have, nonetheless, actively promoted the study and teaching of, currently, 15 major Ghanaian languages. Furthermore, successive Ghanaian regimes have introduced or maintained a range of other measures and practices aimed at promoting cultural inclusiveness as evidenced by the attire of Head of States. Symbolically he wears suits, the “*kente*” cloth and the smock on public occasions.

Other measures, practices and customs that illustrate the culturally inclusive and neutral character of the Ghanaian state are, for example: the persistent rejection by consecutive Ghanaian governments of proposals to promote a particular local language (especially Twi/Akan) as Ghana's national language; the incorporation by institutions such as the Ghana Dance Ensemble of songs and dances from all major ethnic groups; the conscious effort to ensure that radio and television programmes are broadcast in all major languages; the custom that representatives from the Government attend the most important ethnic and/or traditional festivals and events (*durbars*) throughout the country on a regular basis.

Current culturally inclusive practices and customs should be maintained and, where possible, extended. For instance, languages of relatively small ethno-linguistic groups which are currently not among the 15 local languages under the School of Ghana Languages and the Functional Literacy Programme should be accorded some form of recognition as well.

Inter-ethnic and inter-religious contact should be encouraged in order to improve the mutual understanding and appreciation of each group's cultural practices and customs

Each individual in Ghana is free to associate with any religion. However, each religion has its defined structures, systems and practices which can promote inclusion or perpetuate exclusion.

Inter-ethnic and inter-religious contact should be encouraged in order to improve the mutual understanding and appreciation of each group's cultural practices and customs. The practice at some universities such as the University of Ghana which requires students to take courses in a local language other than their own should be encouraged and extended.

Other policies aimed at promoting an overarching “Ghanaian” identity, based on shared practices, values and customs not to mention a common history should also be encouraged.

Religion And Exclusion

Article 18 of the International Covenant declared by United Nations General Assembly in 1981 states that:

“Everyone shall have the right to freedom of thought, conscience and religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching.”

Ghana endorsed this Covenant and evidence of this is the 1992 Constitution of Ghana which states:

“All persons shall have the right to

freedom to practice any religion and to manifest such practice”.

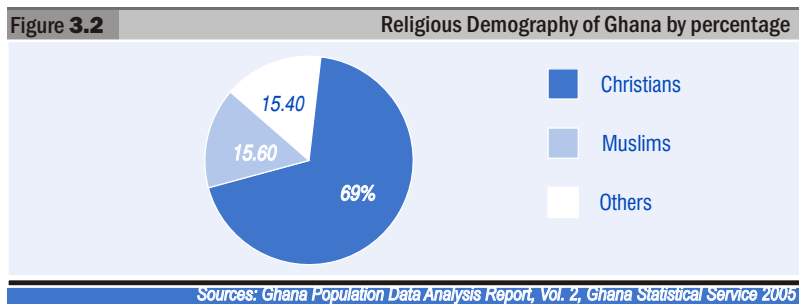
Religion may be defined as the belief in, commitment to, and worship of, a supreme being or that which one considers to be holy. But as put by Emile Durkheim (1965), religion is not an object with a single, fixed meaning, or even a zone with clear boundaries. It is a sacred engagement with what is taken to be a spiritual reality.

Religion itself may not necessarily be a driver of exclusion but the performance of certain rites and rituals could drive adherents and non adherents into situations of limited and inequitable opportunities and capabilities to participate in decision-making, gain access to meaningful livelihood opportunities and social services, thus leading to social exclusion. Some of these are discussed in the following sections.

Religious Demography of Ghana

The population of Ghana is estimated at 23 million (GSS, Population Projection, 2006), about 69 percent of whom are estimated to be Christians and 15.6 percent Muslims (Figure 3.2).

The rest of the population subscribe to other religions including African Traditional Religions and Eastern Faiths such as Hinduism, Buddhism, and Shintoism. Ghanaians practice both traditional and non-traditional religions. Traditional religions are those handed down by the forefathers to successive generations. The non-traditional religions are those of foreign origin. Each individual in Ghana is free to associate with any religion. However, each religion has its defined structures, systems and practices



which can promote inclusion or perpetuate exclusion.

Religious Structures, Systems, and Practices

Religious beliefs and practices, policies and doctrines may differ from religion to religion. Some of them may promote inclusion while others may perpetuate exclusion. The example provided in Box 3.6 below is a clear demonstration of an exclusionary religious practice.

Rites of Admission

Traditional and non-traditional religions are usually open to any new convert. In the Protestant Churches, only members who have passed through the confirmation rites are allowed to participate in communion, which signifies the Lord's Supper.

Some religious beliefs prohibit members from accepting, and participating in, certain social services support such as blood transfusion and vaccination. Jesus Christ Apostolic Faith Church at Agona Asafo in the Central Region of Ghana, for instance, forbids its members from seeking medical attention when they are sick. The Church believes that God is the healer of all diseases. To use medication to cure diseases, therefore, undermines the authority of God. In April 2005, health personnel and volunteers were unable to vaccinate children whose parents belonged to the Church against polio because vaccination is incompatible with their religious beliefs and practices. The children were, therefore, excluded from benefiting from an essential social service. During the same month, Government authorities took a 14-year-old

girl away from her parents who belonged to this denomination when they would not allow their daughter to have a surgical operation to remove a potentially fatal tumour. Following a court order secured by the Department of Social Welfare for her custody, the girl underwent surgery successfully. She was being cared for by the Shelter for Abused Children (IRFR, 2006).

The “*Trokosi*” Practice

The term “*trokosi*” refers to the traditional practice of ritual bondage of virgins (normally female children) where the victims are committed to shrines as reparation for the sins of their relatives.

Committal is based on the commission of crimes within the family, examples of which are theft, adultery, murder, lying, sexual intercourse with a *trokosi*, rudeness to cult members, defiance of the cult and refusal to pay a debt. Though some of the shrines claim to take both male and female victims, evidence suggests that most of the victims of the practice are female children. Victims are compelled to undergo rituals of committal against their will. Areas of coercion include wearing of symbols of identity without their consent, denial of freedom to wear clothes of their

the practice of *trokosi* involves a myriad of violations of the human rights of the child including discrimination on grounds of sex and ethnic and social origin; punishment for the wrong doing of others . . .

Box 3.6

Exclusively Religious

Miss Sena of Pig Farm, Accra said

“The church that I attend has a policy that no member of the church would be permitted to marry outside.

According to the policy all the members of the church are of one spirit and one mind and should not therefore encourage foreign spirits to join their ranks by getting a spouse from outside.

The church says there are men in the church who are capable of being good husbands while at the same time there are equally beautiful ladies who can make better wives so there is no reason why we should get an outsider for a relationship.

What has been of a concern to me is that the church says any member who violates the rules of the church would have himself or herself to blame.

I have someone in my life outside the church who wants to marry me. Now that I have been bound by this church policy, what is the way out for me?”

Source: *The Spectator*, April 28 – May 4, 2007 edition; Page 26

The Office of the President has also thrown its weight behind efforts aimed at eradicating [trokosi] through the advocacy efforts of the GNCC and National Commission on Women and Development (NCWD) which now form part of the Ministry of Women and Children's Affairs (MOWAC).

choice, observance of dietary taboos, forced labour, marriage and sex to only the priest and physical abuse for any “misbehaviour”.

The exclusionary effect of this practice is total. Children of *trokosis* are denied parental and emotional support, adequate nutrition and a healthy environment. Servitude restricts their access to social services such as formal education, medical care (ante-natal, post-natal attention and immunization of their children) and also keeps them impoverished since they are unable to embark upon their own independent commercial activity. The entire stigma associated with being a *trokosi* transforms them into social outcasts.

The practice of *trokosi* involves a myriad of violations of the human rights of the child including discrimination on grounds of sex, ethnic and social origin; punishment for the wrong-doing of others; denial of registration immediately after birth; denial of a family environment; lack of access to information; loss of the right to education with the long term objective of developing the child's personality, talents, mental and physical abilities; and denial of the right to be protected from forced marriage and sexual exploitation.

A baseline survey report on Female “Bondage” in Ghana (Elorm Dovlo and S. K. Kufogbe, 1997) found that in 1997, there had been 4,714 females in the system of whom 672 had been liberated with 4,042 remaining in bondage. It is mostly practised in the North and South Tongu Districts in the Volta Region as well as in the Dangbe East and Dangbe West Districts of the Greater Accra Region (Nukunya et al, 1999). Research has shown that there may be as many as 51 shrines of which the Volta Region accounts for 43 (84.3%), Greater Accra Region, 5 (9.8%) and Eastern Region, 3 (5.9%).

Kufogbe and Gbedemah (2004) state that International Needs Ghana (ING) secured the liberation of 3,108 *trokosis* from 19 shrines between 1996 and 2003. ING eventually secured the liberation of an estimated number of 3,500 *trokosis* from about 300 shrines. About 2,350 received employable skills training and seed money to start their own businesses with Danish assistance, enhancing their improved opportunity for inclusion in society.

In addition to the efforts of NGOs and individuals, the Ghana Government and other statutory bodies have taken an interest in the problem. The Commission on Human Rights and Administrative Justice (CHRAJ) and the Ghana National Commission on Children (GNCC) have initiated moves for a solution. The CHRAJ, for instance, was in direct partnership with International Needs Ghana in projects which were aimed at the liberation of *trokosis* and their effective integration into the wider society. The Office of the President has also thrown its weight behind efforts aimed at eradicating the practice through the advocacy efforts of the GNCC and the National Commission on Women and Development (NCWD) both of which now form part of the Ministry of Women and Children's Affairs (MOWAC).

State interventions have included the Criminal Code Amendment Act, (Act 554), which seeks to abolish all forms of customary servitude as the Government does not recognize *trokosi* as a religious practice, but as a form of slavery. However, adherents of *trokosi* describe it as a practice based on Traditional African Religious Beliefs (IRFR, 2006). A significant observation is that, in general, former *trokosis* continue to associate themselves with the shrine into adulthood, making voluntary visits for traditional religious ceremonies. This signifies their strong

belief and attachment to the system as a religious practice.

It has been suggested that the law has the potential of driving practitioners undercover in Ghana or to neighbouring countries where the practice remains legal. Moreover, like any legislation which seeks to prohibit long-standing traditional practices based on cultural and religious beliefs, enforcement of this law remains a challenge. Thus *trokosis* continue to be denied opportunities and capabilities to participate in decision making, gain access to meaningful livelihood opportunities and social services.

Nukunya et al (1999) suggest that while the current liberation and rehabilitation exercises are to be commended, other complementary interventions may include:

- ✍ Expanding access to vocational centres established for their rehabilitation and adequately funded;
- ✍ Inclusion of the families of liberated victims in the process of the liberation exercise to facilitate the emotional healing process,
- ✍ Training of staff of existing rehabilitation centres like those set up by International Needs Ghana to enable them upgrade their skills and capacity to meet the complex needs of traumatized victims.

Witchcraft:

Belief in witchcraft is widespread in Ghana. Generally, witchcraft is defined in terms of the performance of works of with effects which are beyond the natural powers of man through supernatural means other than the divine. Witches are perceived to possess evil spirits and visit miseries such as death and illness on individuals, and misfortunes on communities.

In northern Ghana, traditional authorities and families, in line with their traditional religious beliefs, banish persons suspected to be witches to isolated places or villages designated as *witches' camps*. The suspected witches and the children living in these camps are completely excluded from society, denied of their social rights, and excluded from societal activities and participation. Though no sanction is prescribed for those who voluntarily choose to return to their original communities, they do not do so for fear of being molested or even lynched. Neither do they resort to legal action to secure their freedom though the law provides protection for alleged witches.

The Government, through the Domestic Violence Victims Support Unit (DOVVSU), prosecutes persons who commit acts of violence against suspected witches (Ghana: IRFR, 2006). This traditional religious practice is visited on only alleged women witches, but not on men wizards. Few wizards are sent to the camps. One of the reasons why men are few is that males usually are stronger (both physically and spiritually) than women and can fight back to prevent any attack on them. Males, however, oversee and manage the witches' camps.

The CHRAJ estimates the number of alleged witches in the camps at Yendi, Bimbilla, and Gambaga to be 1,090 (IRFR, 2005), while NGOs working in the area estimate that approximately 3,000 alleged witches reside in all the witches camps. According to statistics from Action Aid Ghana, an NGO, more than 95 per cent of the inmates in these witches' camps are women, most of whom are above 45 years. More than 500 young girls of school-going age are also at the camps running daily errands for inmates who are either their parents or relatives.

The Government, through the Domestic Violence Victims Support Unit (DOVVSU), prosecutes persons who commit acts of violence against suspected witches

The CHRAJ and some human rights NGOs/CSOs have mounted a campaign to end the practice. The NGOs have embarked on sensitization programmes in the communities. The aim is to rescue the suspected witches from the harsh and hostile conditions under which they live, and subsequently integrate them into society. However, it has been observed that some of them refuse to go back to their communities, and some of those who go back to their communities return to the camps to reside there permanently. This may be partly due to their belief in the practice, thus perpetuating the social exclusion induced by the practice.

was that the elderly persons took care of their children and relatives during their youthful days, and they expected the young ones in turn to reciprocate by caring for them during their old age.

The elderly in Ghana also perform numerous social and religious duties and take part in community deliberations on behalf of members of the household. These reciprocal relations between the elderly, the adults and the children reinforce family solidarity (Apt 1997; Fortes 1971). All these promote family member inclusiveness.

In recent times, there has been a weakening of this traditional welfare system as a result of increasing migration and urbanization, demographic changes, the modern capitalist economy and the accompanying changes in the value system of many Ghanaians (Van der Geest 2002).

The increasing migration of the youth to the towns also has a negative social impact on the elderly. The elderly can no longer perform many of the social roles that they traditionally performed. They are increasingly isolated and have fewer opportunities to live with and impart their knowledge to the younger generation. They have, as a result, lost their sense of self-worth in their old age. The younger generation is also no longer able to care for their elderly relatives and parents, even if they wanted to. The strong bond existing among extended family members has become extremely weakened as a result of the spatial separation of family members (Apt 1991).

Elderly women in rural communities are amongst the most excluded in Ghana. Women often face one form of discrimination or the other and tend to be excluded from accessing resources in many rural communities. Among the Kassena and neighbouring groups of Northern

... the social process of migration, nucleation and the accompanying weakening of the support provided by the extended family negatively impacts on the elderly.

Patterns Of Change: Socialization And Ageing

This section describes how the social process of migration, nucleation and the accompanying weakening of the support provided by the extended family negatively impacts on the elderly.

The Extended Family System – Socialisation of the Youth and the Care of the Elderly

In a traditional Ghanaian household, it is common to have two or more generations living together in one compound or under one roof. All the members play important and complementary roles. The principle around which the social system operated

Ghana, for example, women have to rely on their husbands or male children to obtain access to critical resources such as land, livestock and the labour of extended family members. Women may not fetch grain from the food barn of the house (Becher 1995; cf. Mba 2004). While elderly men tend to be better off in terms of having access to the labour of family members, women cannot easily obtain such support from the extended family.

In Ghana women have longer average life expectancy (60.3 years) as compared to men (56.7 years). Women, therefore, tend to be confronted with having to deal with the challenges of the elderly, either as widows living alone or with their children or relatives. Elderly men, on the other hand, usually have the support of their wives and the extended family until they die. When widowed, men also find it easier to get a new partner, that is, marry. There is a general societal support or understanding for the fact that many men cannot live alone and need someone to assist them with the daily chores. They have always had people within the family who take up these duties for them. Women, on the other hand, have traditionally been responsible for caring for the home. Many continue to take up this responsibility in old age and may receive assistance only from their children when they can no longer work.

The Elderly in Urban Areas

Though comparatively small in number, the population of the elderly in the urban areas has been growing rapidly in the last two decades. This is partly a result of the fact that many of the migrants who trooped to the urban areas in the 1970s and 80s are living longer and spending their adult life in the towns. Although it is the wish of many migrants to return to their

home villages during their old age or upon retiring from work, only a few migrants are actually able to do so.

Only a small percentage of residents in the urban areas work in the formal sector. Most urban residents in Ghana work in the informal sector without any form of public or private pension schemes to rely upon when they retire from work or during their old age. Most urban residents, therefore, continue to work as long as they are able to do so. When they can no longer work on account of illness or old age, urban residents typically depend on their children, and to a lesser extent, on relatives for financial support and care. The financial support given to the aged by their children is, however, often inadequate. Jobs are difficult to find for most young, untrained persons in the city and cost of living is high. The young do not have adequate resources to support their elderly parents and relatives. The elderly often live a dejected and deprived life in the cities. Economic deprivation is accompanied by social isolation and neglect. The growing nuclear family means that fewer and fewer people are living in extended families where care for elderly parents and relatives is assured. The elderly, particularly those without reliable dependants to support them financially, are thus amongst the poorest and excluded in urban communities. They are compelled to depend on the support of neighbours, friends and benevolent organizations such as churches, ethnic, town or village associations.

Even for persons who have worked in the formal sector, the period of retirement and old age is often a period of enormous deprivation. Pensions, even where they are available, are very low and are unable to meet the basic requirements of the pensioner in terms of paying for rent, food, utility, health care and a modest allowance for entertainment. Being on pension is

Women . . . tend to be confronted with having to deal with the challenges of the elderly, either as widows living alone or with their children or relatives. Elderly men, on the other hand, usually have the support of their wives and the extended family until they die.

76 The NHIS which is now being implemented nationwide has come as a big relief to many elderly persons in Ghana. The elderly who could not afford the user-fees being charged for medical treatment and care can now be catered for under the NHIS.

usually a period when most people have to forgo many of the things that they could previously afford. Ultimately, this leads the elderly into self-isolation as a result of not being able to meet the cost of participating in the numerous social functions to which they would be invited.

Support for the Elderly

Elderly persons in Ghana receive little support from the Government or non-governmental organizations. Most of the support that the elderly obtain is provided by their relatives. Government support for the elderly has been tardy. This is probably because the problem of ageing was not considered to be pressing. This has resulted in the elderly being excluded from mainstream Government support. Some of the few Government programmes and policies that have specifically targeted the elderly and sought to alleviate their plight include the National Health Insurance Scheme (NHIS). The NHIS which is now being implemented nationwide has come as considerable relief to many elderly persons in Ghana. The elderly who could not afford the user-fees being charged for medical treatment and care can now be catered for under the NHIS.

Furthermore, Ghana has a pension scheme that covers all workers in the formal sector. Although unable to meet most of the expenses incurred by the elderly, the scheme nevertheless provides monthly funds that meet some of the basic needs of registered members. The Government is also encouraging persons working in the informal sector to contribute to a social security pension scheme and to ensure that a pension paid to a retired employee is continuously indexed. However, there has so far not been much success with the idea of a pension scheme for the informal sector

either by the Government or the private sector.

The Government has also strengthened the position of elderly women, especially widows, with the passing of PNDC Law 111 on interstate succession and the marriage law. This law supports the right of women to a fair share of the estate of their deceased husbands. Indirectly, the law supports elderly women who are often unjustly and unfairly treated by relatives of their deceased husbands in the sharing of the estate that they were able to acquire together.

In addition, various actions by the Government including the declaration of 1st July as Senior Citizens Day, the Annual Presidential Lunch for Senior Citizens and the setting up and acceptance of the recommendations of the Presidential Commission to implement a three-tier pension scheme demonstrate the desire, sensitivity and concern on the part of the Government for the inclusiveness of the elderly and their well-being.

In recent times, a few civil society organizations have been specifically set up to promote the interests of the elderly most of whose support is provided by churches and other religious/faith-based organizations. Help Age Ghana and the Christian Action on Ageing in Africa (CAAA) are amongst the few NGOs working with the elderly in Ghana. One of the main concerns of these NGOs is the absence of a national policy that will provide guidelines for dealing with the aged in Ghana. They have, therefore, been pressurizing the Government to enunciate such a policy which will promote inclusiveness of the elderly and provide them with basic care.

Box 3.7**Help Age Ghana
—Caring for the Elderly in Ghana**

Help Age Ghana is a non-Governmental and not-for-profit organization based in Accra. It is a full member of Help Age International, a worldwide network of age care organizations based in the UK. It was set up in 1988 to promote the prospects of older persons in the Ghanaian society. It works with several partner organizations across the country.

Help Age seeks to create public awareness on ageing issues in Ghana and at addressing some of the problems facing the elderly in Ghana. It initiates and assists organizations working with and for older persons in Ghana to develop appropriate community based services for older persons. It also assists in the formation of pragmatic policies and services through advocacy and research.

Help Age Ghana's main activities include the following:

1. Health care and counselling

This aims at addressing the health needs of older persons and involves community clinics/screening with volunteer health teams, training of medical personnel in Geriatrics, running of ophthalmic/eye care programmes and the acquisition of prescribed medicines for older persons who are very poor. Volunteers also counsel groups to accept and manage changes resulting from the ageing process.

2. Adopt-A-Granny Scheme

The scheme links needy older persons with sponsoring families, organizations and individuals who provide regular financial support for their upkeep.

3. Building and Support for Day Centres

Day care centres have been established in Accra and Abetifi to address the peculiar needs of the elderly. Facilities such as recreation, food and library are provided at the centres.

4. Shelter Rehabilitation and Project Support

Under this scheme the dilapidated rooms of poor and destitute older persons in Accra are rehabilitated. Communities are also assisted to develop programmes for the elderly.

5. Advocacy, Awareness Creation and Rights Programme

Help Age advocates for appropriate policies and programmes aimed at promoting the lives of the elderly in Ghana. The Rights Programme seeks to promote the rights of older people in the country. Awareness creation on ageing issues is undertaken through symposia, flyers, posters, and workshops.

Source: Hagan (2001)

Conclusion And Recommendations

Efforts to Promote Inclusion

Religious bodies in the country have made serious efforts to promote inter- and intra-religious peace, harmony and inclusion.

The National Chief Imam of the Islamic Faith consults his regional representatives on all issues. Two representatives from each region of the country participate in conferences where decisions are made on issues affecting the religion. A Council of Pentecostal and Charismatic Churches, now with a membership of over 200 churches of different denominations, has been formed as an umbrella body for pentecostal and charismatic churches. It is the mouth piece of all member churches. A Christian Council of Ghana is established to coordinate the affairs of Christian churches and addresses the welfare of all members. Beneficiaries of its policies, programmes and systems are not restricted to only members.

There are also Local Councils of Churches which constitute the membership of the Annual General Meeting (AGM) which is the highest decision making body of the Council. These bodies provide avenues for participation in decision-making.

All the religious groups, including the Ghana Pentecostal Council, the Christian Council of Ghana, the National Association of Charismatic and Christian Churches, the Ghana Association of Individual Churches, the Office of the National Chief Imam, and the Ahmadiyya Muslim Mission have come together to form the Ghana Conference on Religion for Peace to discuss social issues that affect the nation as a whole. This is a

great step towards inclusion in decision-making, tolerance, understanding and unity among the various religious faiths. Several inter-denominational functions have been peacefully and successfully held as a way of promoting good relations among various religious groups, and ensuring that each religion is included in national or state activities.

Religious institutions, though independent, are expected to register with the Registrar-General's Department to gain recognition. No religion has been denied registration nor suffered interference from the Government. The registration fee is the same as the fees for non-profit making non-governmental organizations (NGOs).

It is the practice in Ghana that Government officials who take the oath of office can swear either a religious or secular oath, depending on the preference or wishes of the individual. At Government meetings or national ceremonial functions, the Government encourages multi-denominational prayers or invocation to promote religious inclusion at all times. Furthermore, the Government formally acknowledges Christian, Muslim, and secular holidays. Some of the symbolic actions and practices which demonstrate the political elites' commitment to promoting and sustaining religious parity and inclusiveness are, for instance, the practice that representatives from all major religions are present at official state functions; the state's active organizational support for the annual Hajj pilgrimage to the Muslim holy sites in Saudi Arabia; and the observation of two public holidays on the Muslim festivals of *Eid-al-Fitr* and the *Eid-al-Adha*.

Actions of the Government, societal goodwill and an educational campaign and sensitisation sessions on religious tolerance have produced a great reservoir of tolerance among religious bodies in Ghana. This has,

to a great extent, prevented inter-religious friction and thus, promoted inclusion within the religious community.

Conclusion

It is clear in this Chapter that within the various Ghanaian social structures, there are systems and practices that promote both exclusion and inclusion. Individuals and groups within a society are variously affected by the institutions of the society. Some may benefit from a particular rule or institution; others may be negatively affected by the same. The social structure of a society may, therefore, limit the opportunities and abilities of specific individuals and groups to gain access to meaningful opportunities, capabilities and useful participation in decision-making.

Most Ghanaian social structures, systems and practices such as kinship, family, chieftaincy, marriage, inheritance, fosterage, widowhood, taboos, circumcision, FGM, rituals/religious practices, belief systems, etc. significantly contribute towards social exclusion or to the attainment of inclusion. While some systems, practices and structures such as the extended family system and inter-ethnic marriages foster equitable *opportunities and capabilities by all to promote inclusion*, others like FGM, witchcraft and other religious practices deepen exclusion.

Since social structures, systems and practices are embedded in the culture of a people, it is important to focus on relevant interventions that contribute to refining or eliminating the practices, structures and systems which induce inclusion to promoting those which serve as drivers towards the attainment of an inclusive society.

Since social structures, systems and practices are embedded in the culture of a people, it is important to focus on relevant interventions that contribute to refining or eliminating the practices, structures and systems which induce inclusion

Chapter 4

Social Exclusion: The Economic Dimension

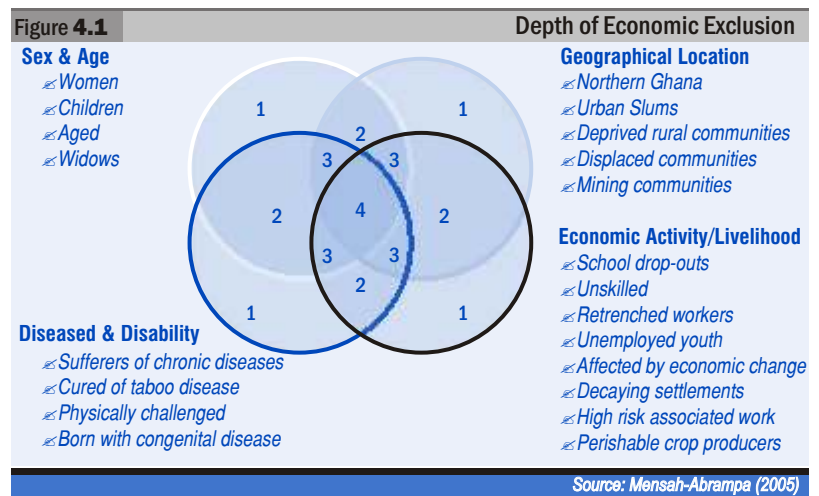


Introduction

The complexity of the subject of exclusion is portrayed in the previous chapters. The situation becomes even more intricate when superimposed or predicated on an equally complex system of economic production in Ghana. This chapter examines the intricacies of the economic scope and its linkages to other facets of exclusion.

Following from the definitions of exclusion in Chapter One, economic exclusion could be inferred as a situation in which certain groups or individuals have limited opportunities and capabilities to participate in economic decisions and gain access to resources to obtain a meaningful livelihood. Exclusion in Ghana as discussed in Chapter One depicts an interdependent system which is rooted in the cultural milieu. In Ghana, and as discussed in the previous chapter, cultural beliefs, norms, values and traditional practices actually lay the basis of exclusion.

Systems and practices within the social structure also define a person's access to resources, alternative livelihood sources and even the acquisition of productive skills. Discrimination on the basis of sex may deny women access to land, even in matrilineal societies since it is male family-heads that control lands. Furthermore, some segments of society may be excluded from livelihoods sources because of biases in favour of male children. The social system readily favours the transfer of property to men. All these give men a head start in the wealth generation process. Other factors such as geographical location, disease, disability and age combine to create exclusion. The relationship between these factors of exclusion is depicted in Figure 4.1



As noted above, generally, leadership in the traditional andocentric society is male-value driven even in matrilineal societies. Even though the queenmother or the female traditional ruler holds the veto power for the election of a chief, the male-centred nature of traditional society dictates a situation where women are excluded from political leadership. In the modern democracy of Ghana, resource plays a key role in political success. In a situation where people resort to individual financing rather than public fundraising or political party financing, individual wealth becomes a key determinant for successful party politics. Therefore, if one is economically excluded the tendency for such a person to be politically excluded is

The intensity of economic exclusion might not be the same. . . some may carry a burden of a double, triple and quadruple deprivation . . .

very high. Indeed, the dimensions of exclusion reinforce each other and economic exclusion becomes more severe when it is reinforced by other facets (Figure 4.1). Many individuals who are politically astute and potentially good may be excluded because they do not have the resources to canvass to win elections or contribute to the political party.

Economic exclusion is reinforced by factors such as sex and age, geographical location and the physical condition and health status of a person. Figure 4.1 depicts four segments of exclusion intensity with the first segment marked by “1” representing those suffering from only one facet which might lead to exclusion. Those marked “2” denote a situation where there are two forms of deprivation leading to a more intense situation of exclusion. Those sections carrying “3” indicate a further intensification. These represent a situation of three forms of deprivations and increased intensity of exclusion while “4” indicates the highest form of exclusion. This is the case of experiencing four facets of deprivation and consequently exclusion.

Applying this to the real world, the case of a disabled family member located in an arid and economically deprived savannah zone in Ghana may be said to be

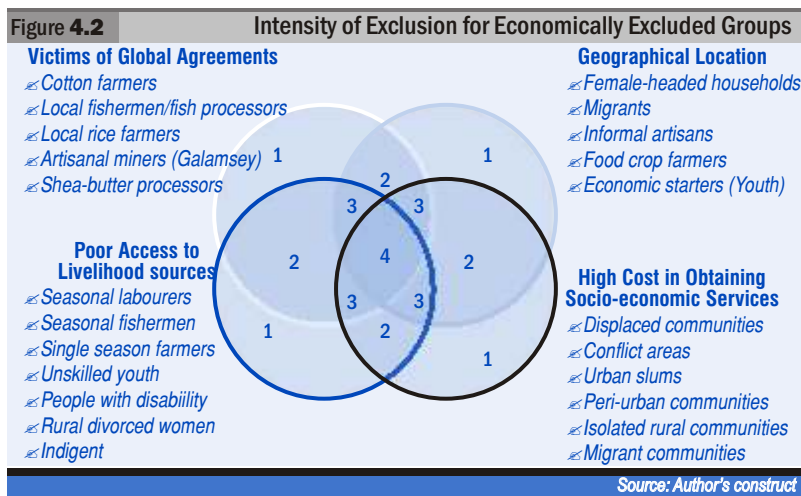
suffering exclusion of the order of “2”. This will, however, not be at the same depth and intensity as a disabled girl savannah area, with a family head who is also a retrenched casual labourer. This is at level “3”. This implies that in responding to economic exclusion all the facets that increase the intensity of exclusion must be considered.

The groups depicted by Figure 4.2 can be categorized into four deprivations areas as follows:

- ✍ Those without access to resources;
- ✍ Those without access to livelihood sources;
- ✍ Those with enormous difficulty in accessing social-economic facilities because the operations of the market and profit maximisation may lead to prices which may exclude some potential participants from the market;
- ✍ Those who have become victims of global agreements;

These identified groups in particular, form the basis of the discussion on economic exclusion in this Chapter. There are, therefore, about 24 selected groups that fall under the categorization that could be described as economically excluded among numerous such groups (See Figure 4.2).

It must be noted, however, that a particular group, household or person might be affected by the deprivation from the other categories. The intensity of economic exclusion might not be the same as some may carry a burden of a double, triple and quadruple deprivation as shown by Figure 4.2. There could be a disabled widow who is a poor fishmonger living in an urban slum at the coast of Cape-Coast deprived of social facilities and pays over ten times for the public rate of water. Such a person falls under all the several categories of the exclusion burden.



Access to Economic Resources

Economic resources such as credit, land, technological inputs and extension services as well as access to physical markets and skills, favourable socio-economic and political environment, among others, are vital productive assets. However, most people such as poor farmers, rural women involved in the production of food and post-harvest processing, small scale artisans such as carpenters, masons, bakers, tailors and beauticians as well as many who operate in the informal sector normally experienced difficulty in gaining access to these resources.

Access to Credit

Credit for Agriculture

In Ghana access to credit by the poor is constrained by their inability to provide the required collateral and their being perceived as a credit risk. It is more critical in the agricultural sector due to low title security and output variability (ISSER 2007). Studies by Parker et al (1995) and Aryeetey et al (1994) provide empirical evidence to show that between 24% and 52% of entrepreneurs in agricultural sector in Ghana mentioned credit as a major constraint to expansion.

Available data on credit especially from the Ghana Living Standards Surveys (GLSS 3&4) also provide some regional variation in Ghana (Table 4.1). The GLSS 3 (1991/1992) data indicate that each of the three northern regions has less than 5% of households that obtained credit in the twelve months preceding the Survey. The rates are, however, higher for the Ashanti Region (23.9%) followed by the Central

Region (13.9%) and the Eastern Region (12.8%). The picture is not different in the GLSS 4 (1998/1999). The data show that the three northern regions still lagged behind in terms of access to credit. The proportions of households obtaining credit twelve months before the Survey are the Northern Region (3.5%), Upper East Region (1.3%) and Upper West Region (0.9%) whereas Ashanti and Western Regions have rates of 22.3% and 15.5% respectively (Table 4.1). The inability of the three northern regions to access credit is due to the single food crop production season which results low production and hence difficulty to meet lending criteria of banks.

People in the rural areas are thus compelled to resort to informal credit arrangements where local traders lend inputs to be paid back in grain after the harvest (ISSER 2007) or to small farmer group credit schemes that support the introduction of inputs, irrigation or diversification into new crops. But those schemes reach only a very small proportion of the farming population. The majority who do not have access to any of the above arrangements are thus excluded from the acquisition of credit to improve production and enhance family life.

Another important area to do with exclusion is the failure rate of loan application. Insufficient income or

People in the rural areas are thus compelled to resort to informal credit arrangements where local traders lend inputs to be paid back in grain after the harvest . . .

Region	GLSS 4		GLSS 3	
	Frequency	%	Frequency	%
Western	131	3.3	326	7.4
Central	168	4.2	305	6.9
Greater Accra	160	4.0	257	5.9
Volta	162	4.0	172	3.9
Eastern	88	2.2	304	6.9
Ashanti	302	7.5	470	10.7
Brong Ahafo	131	3.3	154	3.5
Northern	61	1.5	73	1.7
Upper East	48	1.2	27	0.6
Upper West	11	0.3	19	0.4
Total	1262	100	2107	100

Source: GLSS3 & 4/ISSER 2007

Where people do not have access to viable financial services in their communities they tend to be deprived of the opportunities of raising financial capital to initiate and expand their businesses hence contributing to their exclusion

difficulties to raise the needed collateral as well as to meet a few other conditions are reasons why most loan applications are rejected. It must be noted that the rejection of the loan application of 40% of women and 38% of men was due to the fact that the lender was not satisfied with the proposal or because the borrowers had no collateral. The success rate of application was higher for men. This might be due to the fact that a higher proportion of women reported that collateral was demanded. (ISSER 2005).

Among the sectors, agriculture suffers a higher rate of loan application failures. The ISSER 2005 survey further shows that approximately 13% of the loan applications for the purchase of agricultural land or equipment and 11% of application for the purchase of inputs were not successful compared with a failure rate of 12.5% of loans for business expansion and 7% of loans for the purchase of consumer goods. This situation emanates from the fact that agriculture in Ghana, unlike industry and business, is highly dependent on natural climatic conditions over which there is little human control.

Furthermore, data is also provided on access to the financial services available to communities in the country. In all, less than a third (29 percent) of households in the country indicated that banking facilities were available in their communities.

Beside 'susu' (traditional saving scheme) and 'credit union' sources, about 30 percent of Ghanaians did not have financial services available to them in their communities (NDPC 2005).The NDPC (2005) report established that in the three northern regions as well as in the Volta Region, majority of the people constituting 42 percent and 65 percent respectively had no access to financial services in their communities as indicated in table 4.2 (NDPC 2005).

Where people do not have access to viable financial services in their communities they tend to be deprived of the opportunities of raising financial capital to initiate and expand their businesses hence contributing to their exclusion. A Citizens Assessment Report indicates that most rural households (78 percent) have no accounts or any form of useful relationship with any potentially useful financial institutions. The situation is worse in northern Ghana with higher proportions reaching 87 percent in the Northern Region, followed by the Upper East Region with 81.0 percent (NDPC, 2005). This clearly shows that the majority of the poor; mostly food crop farmers and artisans of the informal sector are excluded from formal or institutional credit or capital. It also implies that all poverty reduction responses and social funding activities that use the financial institutions as intermediaries , indeed, exclude these groups.

Credit to Small Scale Industries

For the 2006 financial activities, credit facilities were provided to MSEs under the Revolving Fund Loan Scheme and the Medium and Small Loans Committee (MASLOC) Credit-line Scheme. Over one billion cedis (GH100,000) was disbursed through other schemes such as the NBSSI/DED- German Development Services to the small-scale

Table 4.2 Type of Financial Services Available in the Community (percent)

Region	Type of Financial Services					
	Banking	"Susu"	Credit Union	Informal Private Money Lender	Other	None
Total	29.0	29.0	9.0	3.0	0.0	30.0
Western	33.0	43.0	11.0	3.0	0.0	9.0
Central	38.0	39.0	11.0	1.0	0.0	12.0
Greater Accra	31.0	33.0	11.0	2.0	0.0	24.0
Volta	25.0	19.0	9.0	5.0	0.0	42.0
Eastern	23.0	34.0	7.0	5.0	0.0	31.0
Ashanti	32.0	36.0	8.0	5.0	0.0	19.0
Brong Ahafo	39.0	32.0	12.0	2.0	0.0	15.0
Northern	16.0	11.0	6.0	4.0	0.0	63.0
Upper East	13.0	16.0	4.0	3.0	0.0	65.0
Upper West	29.0	22.0	5.0	2.0	0.0	42.0

Source: NDPC, Citizens Assessment report, 2006

enterprises throughout the country (NBSSI, 2006). Under the Ghana Poverty Reduction Project, the Social Investment Fund (SIF) has disbursed 35 billion cedis within that period through Rural/Community Banks targeting “the poor” (SIF, 2005).

Access to Physical Market

Most excluded groups that manage to produce and process food encounter difficulties in reaching market centres. In the area of marketing, for instance, the farmer groups are usually affected by numerous challenges such as deplorable road networks, long distances to market centres and the lack of storage techniques. These problems have led to increasing harvest losses, which are estimated at 35 percent (MOFA, 2005). In the Enchi, Juaboso-Bia and Sefwi- Wiawso districts of the Western Region farmers are sometimes cut-off by floods and unmotorable roads for several days from market centres.

The NDPC report (2005), indicates that over a third (37.5%) of respondents take more than one hour to reach the to main market centres and that the proportion of households that take more than one hour to get to main market is higher in the rural areas (35.2 %) than in the urban areas (31.3%). On the average, it takes more than one hour to get to the main market in the Volta and Upper East Regions, while in the Brong Ahafo Region the population need less than a quarter of an hour to get to the main market. In the Upper East Region only 3 percent of the population takes less than 15 minutes to reach the main market (NDPC,2005).

A study by Mensah-Abrampa (2004) in the Western Region of Ghana revealed that the average price difference between

the farm-gate and the local market centre at Daboase (15km away) was 20 percent while the difference within the city market (Takoradi,) just 25 kilometres away was 80 percent. From the above it is obvious that exclusion has led to a situation where the excluded producers laboured in vain for the urban traders to prosper.

Access to Technological Inputs and Extension Services

The transfer of various relevant techniques and knowledge to the farmers and the informal business person is vital in enhancing production. It is meant to access farmers' technology needs and to communicate the information to researchers for appropriate research to provide the necessary feed back to the farmers. But there are constraints that exclude most categories of farmers from accessing these technological transfers. This is particularly true of rural and small scale informal entrepreneurs who use the most rudimentary, time consuming and laborious form of technology. The number of extension officers available is inadequate and put at 1360 farmers to one extension officer (MOFA, 2006). This implies that there is, indeed, competition in accessing extension advice and technology

Box 4.1 Remarks by a Gari Processor

“Its becoming continuously difficult and almost impossible for us to receive financial support in spite of all the perceived efforts by govern-ment. Our only hope is our own savings and support from family and friends.”

Source: Field survey (interview with Obaapayin Ekua Adoma— a gari processor at Bawjase community, Central Region, Ghana)

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... the average price difference between the farm-gate and the local market centre at Daboase (15km away) was 20 percent while the difference with the city market (Takoradi,) just 25 kilometres away was 80 percent

Box 4.2

The Plight of a Rural Farmer

“I produce cassava and plantain as my families' main source of food and income. The nearest market centre from here is at Akontombra Nkwanta which is about 15km from here but the road is so bad during the rainy season such that only big trucks could come here and do that once a week on a market day. When we harvest our cassava and plantain we cannot really have any means of getting it to the market apart from waiting for the weekly truck or by covering the 15km distance on foot carrying nearly 20kg weight. The most selected alternative has been selling the produce to middlemen who manage to bring the trucks to the farm gate. The “cost” of this is that we are offered incredibly low prices such that it becomes worthless selling the cassava and plantain. We cannot therefore produce more than what the family consumes since we cannot store and getting to the market centre is too tedious”.

Source: Eno Esiama (Farmer) at Akontobra; from Field Interview in Enchi District

Box 4.3 Opinion from a Vulnerable Group

“We deserve to live, once we are born, to live decent lives comparable to any average Ghanaian, with adequate resources (financial of course) to access all basic social services irrespective of our location, economic power and political affiliation as we are expected to give back to the state in efforts towards national building”

Source: Participants of Focus Group Discussion for galamsey operators in Obuasi-Ghana, March 2007

application. Information from the Greater Accra Region indicates that an average of 220 people (150 males and 70 females) visited extension centres in the Region per month in 2006. They made enquiries and technical advice was provided on agro-processing, how to prepare a business plan, assessing capacity building/strengthening opportunities, new research results, how to set up a micro finance business, effective marketing of perishable produce negotiation, storage and access to youth employment project registration centres (MOFA, Greater Accra, 2007). This implies that there are nearly a staggering 60 percent of farmers and processors who never have access to extension services and most of these are women farmers and processors (MOFA 2006).

Key factors which have excluded most women both in the rural and urban slums of Ghana from accessing extension services include:

- ✍ Domestic restrictions that limit

women's mobility making it harder for them to attend meetings and take advantage of learning opportunities away from home;

- ✍ Inadequate number of female and gender sensitive extension officers available to meet the specific needs of women farmers and processors.;
- ✍ Low level of literacy among the rural women farmers and women in slums.
- ✍ Inadequate gender mainstreaming into extension activities.

Land Access, Rights and Exclusion

It has been observed that growing population pressure, urbanisation and the development of the market economy have led to significant changes in land tenure practices and related rights (IIED, 2006). Land rights are increasingly individualised and privatised as opposed to group or communal rights (usufruct). In recent years, there has been a rise in land transactions between prospective individual developers and local land owning families, particularly in land-scarce areas. With this development, inheritance rights over land under customary land tenure regimes are no longer guaranteed as many people belonging to land-owning families are left to compete for less land (Amanor, 2001). See Box 4.4 for the definition of the terms 'land rights' and 'land access.'

In a largely subsistence economy such as Ghana's land, as a natural resource, constitutes the main foundation for agricultural production and other

Box 4.4

Definition of Terms

Land Rights

Collectively, interests in a piece of land are often referred to as a 'bundle of rights'. Such rights may be held by individuals or groups (e.g. private property) or by the state (ownership, trusteeship, etc.). Land rights may be based on national legislation, on customary law or on combinations of both. Land rights therefore have to do more with the rules, laws, policies and processes governing access.

A right can be enforced by legal sanctions, or by customs, norms and societal values. This means that land rights can only be effective if there is a system of authority that protects and enforces the claims of a holder of rights in a specific situation. Land rights may also be defined as entailing the powers to consume, obtain income from, and alienating assets, thus emphasizing the exchange value concept of property rights.

Land Access

Land access refers to the ease by which communities, households and individuals acquire land for livelihood activities as well as shelter needs. However, land access is influenced by land rights, or the 'bundle of rights held by an individual, a household or a community. Where communities, households and individuals who need land can get it in sufficient quantity at a desired location, then it is said that land is accessible. On the other hand, if the institutional arrangements governing land acquisition make it relatively difficult for prospective buyers or lessees to obtain land to meet their livelihoods, investment and shelter needs, then land may be described as inaccessible.

Source: Owusu, G. and Agyei, J. (2007): Changes in Land Access, Rights and Livelihoods in Peri-urban Ghana: The case of Accra, Kumasi and Tamale metropolis, Accra: ISSER

livelihood activities. It has been established that access to secure land without accompanying complementary inputs affects land productivity (Maxwell et al., 1998; Owusu and Agyei, 2007). The situation is even more problematic when land access and rights are denied to sections of the population in the first place. Contemporary studies on land tenure in Ghana seem to paint this problematic picture, with serious implications for women, landless youth, poor migrants and poor indigenes. The pressures on these social groups are more intense in the urban and peri-urban areas, and the mining areas where there are rapid changes in land use and farming systems, changing patterns of labour force participation, social change, changing demands for infrastructure, rapid commodification of land and general scarcity of land (Maxwell et al., 1998; Gough and Yankson, 2000; Amanor, 2001; ISSER, 2005; Owusu and Agyei, 2007).

Relative Positions of Social Groups in relation to Access to Land.

The changing land tenure system has implications for disadvantaged and excluded social groups. In broader terms, access to land depends largely on the availability of land and on the extent to which land transactions have been commercialised. The major groups who are increasingly being excluded are: poor indigenes, poor settlers/migrants and disadvantaged women

Box 4.5 provides an indication of how land was acquired by poor indigenes in the past. Indigenes or land-owning families and individuals gain land rights and access through clearing or settling on a portion of communal land or being given a portion of

Box 4.5

Sharecrop Arrangements

In the past, sharecrop arrangements were mainly transacted between migrant farmers and citizen landowners. However, as land become increasingly scarce, few youth have the option of clearing uncultivated forest land to create their own farms and many of them are obliged to seek sharecrop land to supplement the land they can gain from their families. Sharecrop land is usually given on the basis of the landlord taking a third share of the produce and the tenant two-thirds (abusa), or a half share (abunu).

Source: Amanor, K. S., 2001; Land, Labour and the Family in Southern Ghana: A Critique of Land Policy under Neo-liberalisation, Uppsala: Nordiska Afrikainstitutet, p. 75.

family or communal land by a family head or chief to cultivate freely. In most cases, the granting of land to an indigene is almost guaranteed, since it is taken that an indigene has an inherent or inalienable right to access land. In areas where family ownership of land is known, the indigene who is a member of a family without land holdings is in an ambiguous position in terms of rights to land. Such individuals and groups are given no more consideration than settlers or migrants in land negotiations in terms of pricing, use and purchase. Under these situations, the poor indigene becomes landless with no possibilities of gaining access to land for livelihoods activities. Increasing cases of indigene landlessness are being reported in the peri-urban areas of the large cities of Accra and Kumasi where an active land market has developed. In addition, indigene landlessness is reported in mining areas where multi-national mining companies have acquired large tracts of land for mining purposes.

Due to varying levels of socio-economic development across the country mainly as a result of considerable differences in the distribution of services, infrastructure, industrialisation and the availability of productive land, there is considerable movement of people across and within administrative boundaries. While commercialisation of land enables migrants with the necessary resources to acquire land, it is also the case that poor migrants face more restrictions in access to land than indigenes (ISSER, 2005).

In areas where family ownership of land is known, the indigene who is a member of a family without land holdings is in an ambiguous position in terms of rights to land.

...increasing commercialisation of land provides opportunities for women to overcome socio-cultural barriers to access land, the situation. . . though . . . does not favour poor women, widows, single women and female-headed households

Migrants have to contend with relatively higher land prices and other formalised and unformalised restrictions (such as allocation fees, and other demands both in-kind and cash) than indigenes. For poor migrants, these demands are less likely to be met, hence denying them access to land. But for migrants, the process of negotiations for land is more complicated, and calls for the involvement of more people (e.g. the entire membership of the land owning family) than would be the case for an indigene. All these have cost implications both in terms of time and financial resources, which the poor migrant is unlikely to meet.

Across the varied traditional areas of Ghana, the situation of women with respect to land rights and access differ. In matrilineal areas of the country such as the five Regions - Eastern, Ashanti, Central, Brong-Ahafo and Western, women can inherit land. However, Amanor's (2001) detailed exposition on the changing social structure of the family and the impact of economic pressures illustrates the disadvantageous position of women with respect to land rights and access in even in matrilineal areas of Ghana. According to Amanor (2001:117), in today's world, women suffer from the consequences of men withdrawing their responsibilities towards matrilineage and focusing on their children. Matrilineal land is becoming scarcer because men are alienating it to their children. As a consequence, women are suffering from declining access to land and have to rely on husbands for land. Where marriage is insecure, women suffer from the lack of access to land. Even in

stances where women might inherit access to land alongside men, they may not have full ownership rights which include the rights to transfer land. Thus, even where women may inherit land, customs and traditions tend to impose varying degrees of restrictions which tend to undermine their overall rights to land.

Even though the increasing commercialisation of land provides opportunities for women to overcome socio-cultural barriers to access land, the situation does not favour poor women, widows, single women and female-headed households. Single women and female headed households are increasing rapidly. According to the GSS (2005, : 40), while the proportion of never married, divorced and widowed male household heads (15 years and older) declined from 22.4% in 1960 to 18.6% in 2000, that of females increased from 41.1% in 1960 to 53.7% in 2000. The 46.3% of 'currently married' females recorded in 2000 included consensual unions and relationships that may lack marital security in the eyes of both customary and statutory laws. Clearly, therefore, there are significant numbers of single females and female-headed households who are denied land rights and access by their marital status. More importantly, these groups of females are likely to be poor, engaging in low-paying jobs in the informal sector and may lack the financial and economic resources to overcome socio-cultural constraints in their attempt to access land.

People with disability, and people living with HIV/AIDS, are more excluded as employment opportunities do not make any special placement for such disadvantaged cases.

Table 4.3 Access to Employment and Livelihood Opportunities 2005/2006

Sector	Population Share (%)
Public Sector Employment	7.1
Private Formal Employment	6.9
Export Farmers	7.4
Food Crop Farmers	43.0
Non-Farm Employment	26.2
Non-Working	2.7
All	100.0

Sources: GLSS-5, Ghana Statistical Service, 2007

Access to Economic Livelihoods

Generally, livelihood opportunities in Ghana are found in both the public and private sectors. Data from Table 4.3 show that food crop farming offers the largest livelihoods opportunities to the poor.

The public sector and the private formal sectors employ about 7.1 percent and 6.9 percent respectively while as much as 43.0 percent are in the informal sector, mainly agriculture. Non-agriculture livelihoods engage 26.2 percent as shown in Table 4.3. Many economically active people access livelihood through informal livelihoods activities including petty trading of various items such as of fruits, vegetables, hawking of food items, dress-making, batik making and agriculture which do not require much capital, a high level of formal education, high technology or an initial financial investment. The public and private formal sectors employ a lower percentage of the labour force, with the bulk of their labour being highly skilled and urban-based because the public and private employers locate enterprises in urban areas. A higher proportion of people who have higher levels of formal education or skills relocate into urban areas to enhance their chances of employment. High-level manpower in rural and deprived areas becomes excluded in accessing desired livelihoods.

Ghana has a high illiteracy rate of 43 percent. As consequence, economically

active people, especially women, youth, children, the elderly, the physically challenged and school drop-outs find most enterprises in the informal sector more suitable as the sector does not require much in terms of bureaucratic procedures. There is a sizeable proportion of the population that is, however, excluded from all these spheres of livelihood as it has neither the skill nor the capital to start up. People with disability and people living with HIV/AIDS are more excluded as employment opportunities do not make any special provisions for such disadvantaged cases. There is a continual increase in the urban population on account of rural-urban migration mostly by children and the youth selling and hawking on streets and unauthorized places. These economically active groups are totally excluded from skilled enterprises as they do not have any vocational or technical skills. In recent times the livelihoods of such people have been affected by the authorities prohibiting them from hawking and selling at unapproved areas, thus further excluding them from accessing their usual economic livelihoods.

The informal sector has more women because a greater number of women are self-employed due to their low level of education and skills and lack of economic resources. Women porters (“*Kayayee*”) who migrate mostly from northern Ghana to Accra is a case in point. Most of the young girls and women come to Accra and engage in petty trading for livelihood. They thus exclude themselves from further formal education, traditional skill training (such as basket weaving) and agro-based (such as shea butter processing) industry in which they may have to engage if they had stayed in the north.

Generally, most livelihoods opportunities available to the economically active groups within the socially excluded consist mainly of menial jobs which are

Table 4.4 Calendar of Livelihoods of Mankye Village (Greater Accra Region, Ga West District)

Time (month)	Male Occupation	Female Occupation
Jan-March	<ul style="list-style-type: none"> Unemployed, animal husbandry 	<ul style="list-style-type: none"> Stone cracking, Batik making, petty trading, Cassava and pepper processing, animal husbandry
April-June	<ul style="list-style-type: none"> Crops and animal husbandry 	<ul style="list-style-type: none"> Crops and animal husbandry
July-Aug	<ul style="list-style-type: none"> Crops and animal husbandry 	<ul style="list-style-type: none"> Petty trading, Crops and animal husbandry
Sept	<ul style="list-style-type: none"> Unemployed, animal husbandry 	<ul style="list-style-type: none"> Cassava and pepper processing, petty trading, Crops and animal husbandry
Oct-Dec	<ul style="list-style-type: none"> Stone cracking, sand wining, Non-farm hired labour, Carpenters and blacksmiths, driving 	<ul style="list-style-type: none"> Stone cracking, Batik making, petty trading, Cassava and pepper processing, animal husbandry

Source: Discussion with selected representatives of FBOs in Mankye village (June 2005)

casual and seasonal, unlike the livelihood opportunities which are available to those who are not socially excluded. This is shown in Table 4.4 which presents the case in Mankye village of the Ga West District. Most Ghanaians in both rural and urban settings adapt to change and respond to crises or opportunities by changing their means of making a living and by practising a number of different livelihood options at the same time. There is increasing recognition that individuals in rural areas, urban slums, deprived communities, especially women, children and the physically challenged, frequently have multiple sources of livelihoods.

A case in the Ga West district obtained from a field survey indicates two cropping seasons within a year. In the second season which is the minor rainy season vegetables are cultivated mostly by women and the youth in the area. Most males, however, take advantage of the several livelihood options which are available in the last quarter of the year. The demand for building materials such as sand and stone increases towards the end of the year as does the demand for unskilled labour for construction. Perhaps, with set targets in mind these workers take the advantage to generate more income only for the Christmas celebrations, after which they relax, returning to only one livelihood source (animal husbandry). Generally, females have more livelihoods options than

males (see Table 4.4); they are always engaged, making them more flexible in accessing economic livelihoods than males. With many more livelihood opportunities in the informal sector within the district, they engage in the processing of various food items, batik making and petty trading which are excluded in livelihood choices for males.

The seasonality of their livelihoods of both men and women as depicted in Table 4.4 above, does not allow for regular savings, job security, or insurance for their future. This results in increasing poverty, vulnerability and exclusion. The situation is more serious in northern Ghana, where there is only a single raining season for cropping activities. This tends to exclude people from livelihood accessibility for over 5 months within the year.

Although the national insurance policy provides for coverage of the informal sector, most small-scale income earners, such as night table-top vendors and hawkers, farmers and artisans are excluded either on account of ignorance of the policy, poverty or lack of confidence to participate.

Children in Gainful Livelihood

By ILO standards the minimum age for entering into the labour market is 15 years. Ghana's Children Act of 1998 (Act 560) affirms this by prohibiting engagement children below than 15 years of age. It is, indeed a common knowledge that in Ghana, children less than 15 years of age are increasingly involved in paid labour activities which are usually harmful or hazardous to their development and general well-being. According to the 2000 Population and Housing Census, 9.0 percent of children are in the labour force. There are nearly thrice as many male and twice as many female children in rural areas

Box 4.6 Livelihood Seasonality

Adotey says, "am able to start the days work by stone cracking as early as 5.30 am daily, and when the sand trucks arrive at around 9am I join others in loading. Sometimes we are fortunate to load 5 trucks before 4 pm. I also go for construction work at Kwabenya and surrounding communities 3 days in a week. I am able to generate enough money for my family to celebrate the Christmas and New Year.

Source: Field study—Adotey, a 32 year old man

Table 4.5 Working Children (7-14 years) by Sex and Locality of Residence, 2000

Locality	Both Sexes		Male		Female	
	Number	Percent	Number	Percent	Number	Percent
Total	474,204	9	385,288	9.2	361,916	8.8
Urban	181,319	5	84,020	4.6	97,299	5.4
Rural	565,885	12.1	301,268	12.9	264,617	11.4

Sources: Ghana Statistical Service, 2000 Population and Housing Census; GSS 2005, Vol. 2

as there are in urban areas that are economically active. This may be due to the dominance of agriculture as the main economic activity in the rural areas. This explains why there are higher school drop-out rates in the rural or deprived areas as children play key roles in the economic lives of their families. These children are right from the beginning excluded from all the opportunities NHIC, 2006) of training and skills development.

Informal Livelihoods and Ownership

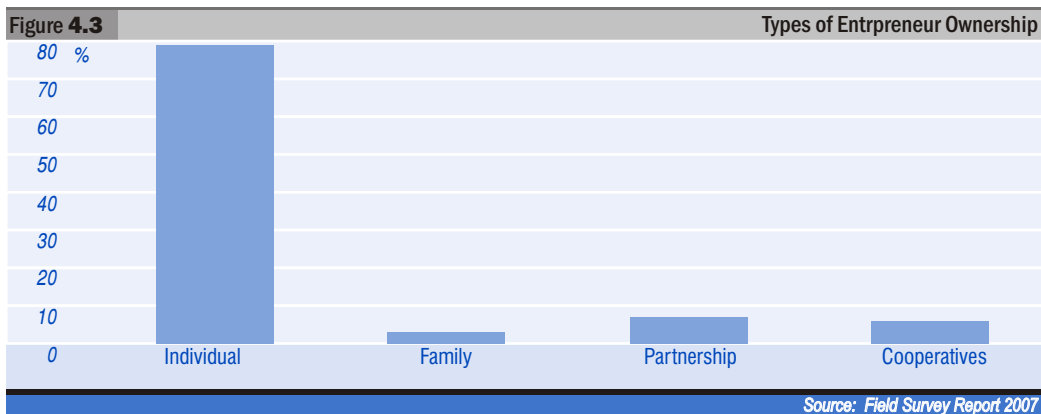
Livelihood enterprise ownership is important since it influences how the enterprise is managed and the level of income generation. A case study of the enterprise ownership types found in the East Aim District in the Eastern Region shows that 79% of enterprises are owned by individuals, with the rest owned by families, cooperatives and partnerships. These

enterprises are not formally registered with any government institution. They make use of simple tools of production resulting in small-scale production.

Figure 4.3 is an analysis of the ownership systems in the informal sector. They determine the extent of an individual's exclusion or inclusion.

Generally, access of enterprises with sole ownership to credit is relatively difficult as compared to access cooperatives, because banks have the policy of lending readily to groups as opposed to sole entrepreneurs. Consequently, many of the activities are self-financed. This state of affairs is largely responsible for the entrepreneur's inability to expand. Furthermore, in the event of long absence on account of factors such as child birth and sickness, such enterprises which tend to lack credit support are bound to collapse. Such is the fate of the many self-initiated and solely owned enterprises which are not covered by any insurance in any form nor supported by any government initiative. They are left to their fate and

individual enterprises . . . are self-financed. This prevailing situation is largely responsible for entrepreneur's inability to expand. In the event of long absence due to several factors such as child birth and sickness, these enterprises tend to lack credit support and are bound to collapse.



inadvertently excluded by government policy.

Access To Social Services

In much the same way as physical accessibility to basic social services is important, economic accessibility is crucial particularly on the mere presence of a service will not guarantee access as cost will potentially exclude several people from using the facility. Disparities in opportunities in health, education, water, sanitation, energy, transportation and environmental impacts manifest themselves in

various ways in Ghana. But these disparities also vary largely in magnitude between socially excluded entities countrywide. Indeed such disadvantages do not operate in isolation. They interact to create a complex, dynamic and mutually reinforcing cycles of disadvantages which, unchecked, will transfer from generation to generation. Specific recommendations to address these disadvantages have been made in Chapter Six of this report.

Cost of Access to Healthcare

Physical and financial access to healthcare in Ghana constitute a major inhibiting factor to good health and survival. Until recently, health financing in Ghana was based on a “cash and carry” system in which patients had to directly pay for medical services immediately after receiving treatment. As a result, only 18.4% of the sick or injured consulted a health practitioner. In its place the GoG has introduced a National Health Insurance Scheme (NHIS) which allows the core poor or indigent, children under 18 years of age and people over 70 years of age to be exempted from contributions. In spite of these efforts, there are still implementation problems and only a little over 8 million people representing about 42% of the Ghanaian population have registered under the Scheme, while nearly 2 million registered (ISSER, 2006) are yet to benefit from the Scheme.

The Law governing the Scheme, NHIS ACT 2006 (ACT 650), makes it compulsory for every Ghanaian to join the Scheme, and provides that, no individual or group will be excluded from health services due to financial difficulties. Despite this, people are excluded. Among the factors still causing exclusion are:

- ✍ Lack of relevant and timely infor-

Box 4.7 Personal Experience on the Cost of Healthcare

Nanadu is 46 years and lives in a mining town of Tarkwa in the Western Region of Ghana with a family made up of her husband, 4 children, 3 house-helps (who are also relatives) her mother and two sisters, a family of 10 people. Her husband works with one of the multi-national mining firms which covers her health service requirements and those of her 4 children. Thus the 6 of them attend the health facility of the mining firm. Consultations and the provision of drugs of all kinds are free of charge to the extent that drugs purchased from the pharmacy due to shortages in-house are reimbursed. The medical bills of her two sisters, 3 house helps and her aged mother are met from the family's coffers. Apart from her hypertensive mother who also has partial visual impairment, the other 5 family members who are not covered by the mining health policy attend the Tarkwa Government hospital and other private health facilities like Hilltop Clinic and Rabonni Clinic, all in Tarkwa.

In the years prior to the introduction of the NHIS, Nanadu spent an average of 325,000 cedis on the 5 members and 210,000 cedis on her ageing mother per month. This was a serious drain on the family's finances as occasionally, depending upon the severity of the sickness or injury, she could spend about 1,000,000 cedis on the 6 members involved. When the Wassu West Mutual Health Insurance Scheme was introduced, Nanadu quickly registered the other six members of the household. She had to wait for 6 months before they could access free healthcare as it took 6 months for the documentation and other processing to be completed. She paid 72,000 cedis for each of the 5 members totalling 360,000 cedis for a year's contribution but registration of her mother was free because she is close to 90 years. Eventually the Health Facility Attendance Card (HFAC) was issued to the registered members of the household, and Nanadu has since seen substantial savings in the cost of medical care. In 2006 alone, Nanadu saved a total of 7,636,500 cedis which would otherwise have been paid in settlement of hospital bills for Nanadu's 3 house-helps, 2 sisters and her old mother.

Source: Field Survey at Tarkwa, March, 2007

mation or knowledge on the benefits and exemptions,

- ✍ Exclusion of some diseases considered to be too expensive to treat under the current arrangements,
- ✍ Poor management of the Health Facility Attendance Card (HFAC) involving long delays in processing HFAC,
- ✍ Voluntary refusal to register.

The cost of healthcare under the Scheme is still high and the urban and rural poor are consequently excluded from accessing quality healthcare due to the financial cost of the facility. The upward adjustment of the premium discourages access by the poor. From a minimum premium of 70,000 in 2006 (GH 7.00) the premium rose to 200,000 (GH 20.00) in 2007. Those who cannot afford the increase resort to other less efficacious healthcare system.

Access to health services in Ghana is also influenced by inequality in the distribution of facilities.

Cost of Access to Education

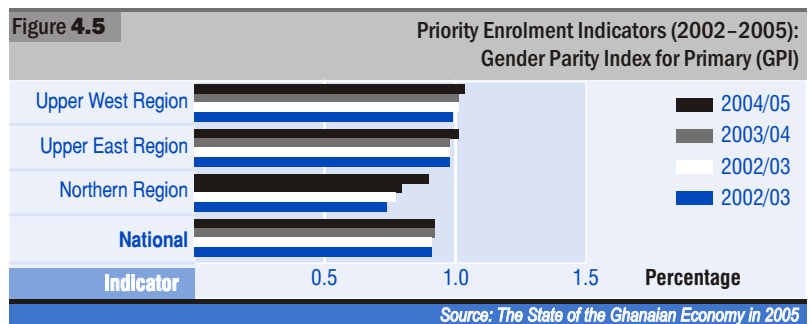
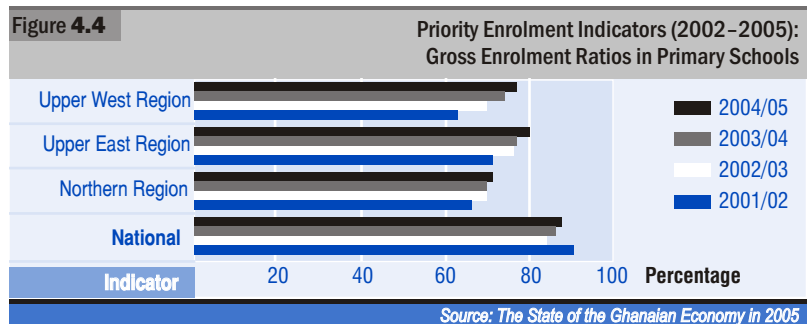
The Education Act of 1961 provided for compulsory primary education. This was reemphasized by the constitutional requirement of free Compulsory Universal Basic Education (fCUBE) to the effect that every child in Ghana should benefit from the most appropriate system of formal basic education. The GLSS 5 shows that Ghana has not attained the 100% gross enrolment rate envisaged from the fCUBE (GSS 2005). The key to the reasons for this situation lies in the difficulty of providing a living for most children (food, clothing, etc) and to pay for the basic school supplies to enable children to remain in school. To boost school enrolment and gender parity

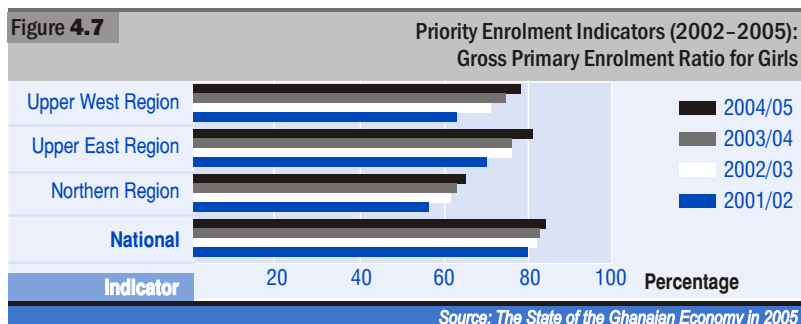
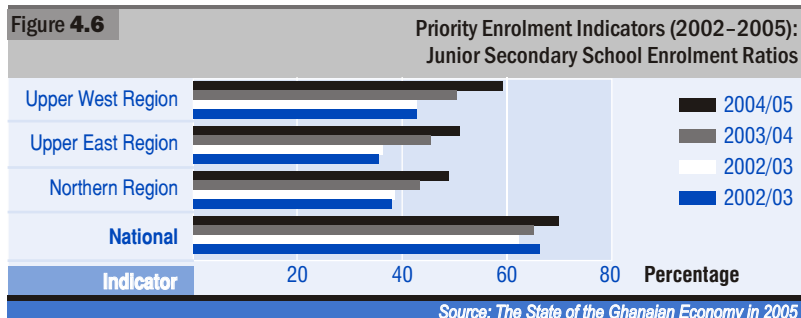
Table 4.6 Distribution of Health Facilities, 2003

Region	Hospitals	Health Centres / Clinics	Maternity Homes
Western			
Central			
Greater Accra	19	174	44
Volta	15	104	35
Eastern	75	353	110
Ashanti	27	235	21
Brong Ahafo	26	128	52
Northern	65	226	66
Upper East	34	179	3
Upper West	14	116	6
Upper West	5	75	4
Upper West	6	51	2
Total	286	1487	343

Source: Ghana Health Service, 2005

ratios, the GoG launched the Capitation Grant in 2004 for 53 deprived districts. Coverage has since been expanded to the whole country. The Scheme removed levies which had hitherto inhibited access and retention in schools. A total of 95 billion cedis (GH9,500,000.00) was initially spent on the Scheme (ISSER, 2006). In 2006 the Government also introduced the School Feeding Programme to promote access, retention and quality of education. The resultant effects of these programmes have been appreciable. Many children did not only return to school but also remained in





school. Figure 4.4 to 4.7 shows the impact of the programmes on various indicators.

Educational strategies aimed at promoting access and retention are beset with shortfalls as the benefits do not reach all. The schemes totally exclude the informal educational systems in Ghana. To date the fCUBE covers only children in formal schools. But education acquired through skills training, apprenticeship programmes and learning on the job from trainers is as crucial as education acquired through other avenues. The increase in school enrolment has not been matched by an increase in school infrastructure and other supplies. Particularly in rural communities, several children carry school furniture (tables and chairs) to school and this excludes the extreme poor from

Box 4.8

Positive experiences of an NGO

The Network for Community Planning and Development (NECPAD) is a non-governmental organization registered in Ghana with a focus on HIV/AIDS awareness creation, water and sanitation issues, elimination of child labour and tobacco control. The Organisation works in collaboration with District Assemblies to improve the lives of rural communities. In the year 2005, NECPAD officials visited the Wassa West District to assess the situation regarding the use of child labour in small scale mining activities (popularly called 'galamsey'). The organisation was overwhelmed by the number of children directly and indirectly involved in 'galamsey' activities in communities within the District. Within the same period, the Country Office of the International Labour Organisation through their in-focus International Programme on the Elimination of Child Labour (IPEC) commissioned an Administrative Census to be carried out with the view of determining the gravity of the use of child labour in 'galamsey' activities in the Wassa West District. The census report, like the report of NECPAD, indicated that over 5000 children are involved in 'galamsey' activities. NECPAD then worked with the ILO Ghana Country Office to develop a two year Action Programme Summary Outline (APSO) titled "Elimination of the Worst Forms of Child Labour in Illegal Mining (Galamsey) Activities in the Wassa West District (WWDA) in the Western Region of Ghana".

NECPAD embarked on public education and community sensitization programs in the 10 communities and quickly realized that children of school-going age carry gold-bearing ore, wash sand for extraction, whilst some by their small size crawl into holes and caves to dig and bring up to the surface gold-bearing rocks. These children are exposed to hazardous chemicals which are harmful to their health. Still others sell at the 'galamsey' sites with a proliferation of

commercial sexual activities practised by girls as young as 12-18 years. Mothers also carry sand/stones ostensibly to be able to support their children just to survive and to attend school. To further enquiries by NECPAD as to why these children refuse to go to school, the predominant response was that they could not afford school supplies (uniforms, footwear, bags, exercise books etc). In accordance with NECPADs agreement with ILO/IPEC, the organisation is withdrawing 300 children between ages 5-18 years, providing them with counselling services, rehabilitation and placement in formal schools and apprenticeship; identifying 125 parents/guardians to counsel and provide them with managerial and entrepreneurial skills to enable them earn a decent living to the support their children to go and remain in school. Currently, NECPAD has withdrawn and placed in formal schools 120 child labourers who have been provided with school supplies and counselling services is still on-going. 180 child labourers have been withdrawn, are being counselled and placed in apprenticeship and other vocational skills training whilst 125 parents have been counselled and are being provided with skills and start-up capital.

The response to the call for withdrawal of the children and the support shown by all community opinion leaders, chiefs and queen mothers, assembly members and indeed the entire community members underscore the enormous contribution support to cost of education by mere provision of school uniforms, school bag and footwear and assorted books could override the money children get from working for 'galamsey' employers. By and large peripheral cost of education excludes more people from accessing education in Ghana.

accessing an adequate level of education.

Exclusion from education also manifests itself clearly in the cost of tuition. Ghana has a policy of free tuition in public schools but the poor quality of education (infrastructure and teaching) has led to the emergence of private sources of supplementary tuition for children. Large numbers of households are unable to afford the cost of this supplementary tuition, implying that a significant number of their children receive only poor quality education. The situation is aggravated by the fact that other school items including uniforms and other clothing, school supplies, transportation to and from school, food, board and lodging at school constitute huge costs to households and exclude large numbers of children from obtaining good quality formal education in Ghana.

Equally crucial in assessing exclusion in education is the large number of rural children who fail the JSS and SSS qualifying examinations due to poor quality instruction, lack of teachers, books and physical accessibility orchestrated by the regional concentrations of educational infrastructure and facilities.

Cost of Access to Safe Drinking Water

Currently there are two distinct water supply arrangements in Ghana:

✎ The urban water supply is delivered by the GWCL to large urban centres (usually with populations of over 50,000) through complex reticulation systems. Payment is by full cost recovery and tariffs are regulated by the Public Utility Regulatory Commissions (PURC).

✎ Due to limited capacity, the peri-urban areas are mostly un-reached, under-served or unserved and these are supplied by intermediary suppliers – called the Small Water Enterprises (SWEs) - made up of tanker services, small cart operators and domestic vendors. Even in parts of the piped network some people are unable to pay the high connection fees. As a result, poor consumers have had to depend on neighbourhood sellers. Furthermore, some affluent communities embark on community mains extensions.

All these come with higher costs than the PURC approved tariffs. For example a consumer served by SWEs pays up to 14 times (Kwabena Sarpong and Mensah Abrampa, 2006) the unit cost of water supplied by the utility to other consumers

Box 4.9 Remarks on Delivery Policy of the Urban Water Utility

"There is no policy, strategy or mechanism on water supply which is directly or indirectly exclusionary in nature and the policy of the Utility is to supply potable water to all urban areas through either surface treatment or underground water. Over the years Ghana Water Company Limited (GWCL) has supplied water from surface treatment but quite recently we have conducted studies into possibility of supplying water through underground water and we have even constructed wells by which potable water will be supplied to parts of Accra..."

Source: remarks by George Accolor – Chief Commercial Manager of GWCL, March 23, 2007

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Items	Expenditure per Month			Amount in litres/day	Amount Spent on Water	No. of Houses in Field Survey	%
	Amount	Percentage	Rank				
Food	600,000	42	1	120	60,000	3	10.7
Rent	350,000	25	2	160	80,000	1	3.6
Clothing	200,000	14	3	180	90,000	8	28.6
Water	100,000	9.1	4	200	100,000	7	25.0
Electricity	45,000	3.2	7	240	120,000	8	28.6
Other Utilities	50,000	3.5	5	260	130,000	1	3.6
Social Obligations	50,000	3.5	5	Total		28	100.0
Total	1,395,000	100					

Sources: Sarpong Manu & Mensah-Abrampa (2006) - Small Water Enterprises in Africa: Ghana (4)

Beyond a certain price of water, it does not only take a chunk of the household's disposable income but also becomes so lucrative that even school children and some parents sacrifice education to sell water.

who are in the same social tariff group.

The price and payment arrangements are crucial in the relationship between access to water and economic life. Beyond a certain price level water does not only take a sizeable chunk of the household's disposable income but also selling water becomes so lucrative that even school children and some parents sacrifice education to sell water. This, indeed, accounts for the sale of iced water in sachets and iced blocks by young people along some major streets in the cities and female adults wholesaling/retailing - a common sight in the Ghanaian cities. Thus, any abnormal increase in price of water has serious implications for choice and livelihood patterns.

Community water supply on the other hand is carried out by the Community Water and Sanitation Agency (CWSA) and involves water supply through point sources (boreholes and wells) and small pipe-borne systems servicing rural and small town/communities. This new strategy requires communities to own and manage their water supply systems, and focuses additionally on demand-driven approaches in the supply of water with public sector facilitation and support. In this regard, local beneficiary communities pay 5-7% towards the capital cost and are fully responsible for operation and maintenance, including the costs. Communities thus have a choice of technology to install small piped systems, boreholes, wells and through their water

management boards set their tariffs, which are then approved by their respective District Assemblies.

Clearly, limited capacity on the part of the GWCL and the capital cost contribution policy of the CWSA provide grounds for excluding the urban unserved, un-reached peri-urban areas and poor communities from accessing safe water. Exclusion is equally created by the cost of connections to the mains, the price of water supplied by the SWEs and the price of water generally.

Cost of Access to Sanitation

Sanitation covers facilities for safe excreta disposal, solid waste disposal and grey or wastewater disposal and obviously includes environmental sanitation. The CCA (1999) points out that the provision of containers for refuse collection has not yielded impressive results due to a poor attitude towards sanitation, the inadequacy of the facilities and levies charged for collection services which are unaffordable for many people. In view of this, both solid and liquid wastes are disposed of in an unsanitary manner, creating risks to human health and the environment, including Ghana's dwindling water resources. In both the urban and rural areas, the cost of emptying septic tanks, contribution towards latrine construction and fees for organized waste collection have excluded many people from accessing improved sanitary facilities.

Box 4.10

School Pupil's Experience with Transport Fares

"I live at Nungua on the Accra-Tema beach road and I attend school at Osu. I used to pay 1,300 cedis to school and same amount back home per day about a year or two ago. Thus I used to spend around 52,000 cedis a month on transport to school alone. With the coming of

the "Kufour buses" I don't have to pay for boarding the bus to school and this amount is saved by my parents so they can use it to pay my other school needs"

Cost of Access to Transportation

Though the cost of transportation increases occasionally due to fluctuations in the price of automobile spare parts and petroleum products on the international and local markets, the establishment of the National Petroleum Authority (NPA) has kept price increases in check. This also translates into stable fares. The establishment of the Metro Mass Transit Limited (MMT) has brought in its wake an improvement in mass public transportation in the metropolitan and municipal areas of Ghana. In these areas, the operations of the MMT adversely affect the private commuter operators called 'trotro'. As one such 'trotro' driver narrated:

Box 4.11 Comment by a Trotro driver on the Metro Mass Transit (MMT)

"...these days the "Kufour buses" (Metro Public Mass Transport) have thrown our business out of gear because they charge nearly 50% less than what we 'trotros' charge. Nowadays when I go to work early morning I get some passengers up to about 10am. Between that time and 4.30pm all passengers prefer the MMT buses so our cars do not get full in time. It's only in the evenings when people close from work that we get passengers. Because of that I have to work till late in the night up to about 11.00pm and even Sundays I sacrifice my church service and go to work since the MMT do not work on Sundays; so Sundays are our days. This is affecting my family because I get home when my wife and children are asleep and leave at dawn when they will be still be sleeping"

Source: Field survey – Trotro driver's comment, March 2007

The MMT had increased its fleet of buses to 524 by 2005 and with the continuous expansion of its operations, the private commuter operators will be at a disadvantage. The situation has serious economic ramifications for the families and livelihoods of the commuter operators. The likelihood of difficulty in accessing other basic services will be worsened for this group of people.

Air transportation is provided locally and internationally. Local flight services to Kumasi, Sunyani and up to Tamale in Northern Ghana are safe but the cost involved excludes many people from patronizing the air transport service in Ghana. The cost of using the railway is rising on account of frequent delays, derailment and technical failures. Consequently bauxite from the mining centre of Awaso in the Western region which used to be transported by rail is currently largely transported by road – a rather costly venture to the mining company.

Cost of Access to Energy

The performance of the energy sector comprising electricity, water and petroleum – showed a decline, with overall growth at 3.7 percent compared to 4.2 percent in 2003 and the target of 4.35. However, the sector's performance improved in 2005 with an increase in the growth rate from 3.7 percent in 2004 to 6.6 percent while the contribution to industrial GDP rose from 32.72 percent in 2004 to 33.2 percent (ISSER, 2004; 2005).

The current demand for electricity in Ghana outstrips the supply from the two hydro power stations - Akosombo and Kpong. Thus, the development of thermal power systems such as the Takoradi Thermal Station and the Takoradi TICO Thermal Station is a response to the shortfall. A combined cycle thermal plant comprising 330mw in 1999, 220mw in 2000 and 110mw respectively were installed, bringing the total installed capacity to 660mw. The annual firm energy supply from the VRAs combined hydro and thermal generation system is approximately 7,300mw. This consists of 4,800GWh hydro and 2,457GWh thermal

The current national access to electricity supply is about 43 percent of the population.

energy respectively. This is, however, dependent on water inflow into the Volta Lake (Ministry of Energy, 2005).

The current national access to electricity supply is about 43 percent of the population. However, over 80 percent of the domestic electricity supply is consumed in the cities and urban towns. (Energy Commission, 2002). This situation does not augur well for equitable development since the majority of the people of Ghana live in rural settings and have to contend with just 20 percent of electricity supply. Thus, a large proportion of the Ghana's population are excluded from accessing electricity as household, commercial and industrial activities depend absolutely on other and economically undeveloped sources.

The bulk of Ghana's energy consumption is from biomass in the form of firewood and charcoal and these together accounts for about 59 percent of total energy consumption. Electricity and petroleum products account for 9 percent and 32 percent respectively. Per capita energy consumption is estimated at 360 kilograms of oil equivalent (koe). Energy consumption in Ghana is estimated at 6.6million TOE. The household sector (primarily for cooking and lighting) alone accounts for 52 percent of the total energy consumption in 2000.

In terms of geographical distribution, access to electricity in 2005/06 revealed an increasing trend in favour of Accra and the urban areas as opposed to the rural areas.

The Government of Ghana in the 1990s developed a National Electricity Study to be implemented over 30 years. The essence of the study is the Self-Help Electrification Programme (SHEP) under which networks will be extended. As the Programme is implemented in phases in accordance with the SHEP list, several communities will have to wait longer to access the facility. Any community which requests for quicker connections to the network is subject to certain conditions - the community must be located within

The bulk of Ghana's energy consumption is from biomass in the form of firewood and charcoal and these together accounts for about 59 percent of total energy consumption.

Box 4.12 Why are public investments in energy justified?

A cost and benefit analysis coupled with the current energy crisis of Ghana amply justifies why the state should invest substantially in energy. In fact energy efficiency has implications for the national, industrial and household economies in terms of the availability, cost and reliability of energy supplies. Ghana's energy sources include electricity generated by hydro and thermal plants, and more recently, smaller generators; powered by liquefied petroleum gas (LPG), biogas and kerosene. Others include fuel wood, charcoal, crop residue/sawdust. For industrial, commercial and residential purposes, efficient energy is crucial. Ghana requires about 1400 megawatts of electricity to meet requirements and that includes usage by the Volta Aluminium Company (VALCO), mining companies and other industries. The uncorresponding increase in investment for the energy sector has culminated in the current load shedding exercise, the consequences of which include, among others, the complete shut down of VALCO, effects on mining operations as well as interruptions in energy supply for industrial, commercial and domestic use. All these have resulted in lay-offs of staff and general low productivity. Even though no research has been done to determine the overall cost of the current energy crisis to the Ghanaian economy, the challenges are obvious: for example, the ex-factory price of cement remains at about 59,000 cedis yet at the retail level the product is sold at about 100,000 cedis. The livelihoods of many families are affected, more and more people are being excluded as access to efficient and reliable source of energy is difficult. Severely affected are the many small scale livelihood enterprises (cottage industries) which had become heavily dependent on electricity for sustenance. Very small business enterprises such as barbering shops, bakeries, corn mills, hair dressing also depend so much on electricity, As Akosombo is currently running on two out of the six turbines, remedial measures prior to the construction of the Bui Dam could result in high cost of energy use. That will potentially worsen the situation of many Ghanaians. Already prominent personalities including the President of the Association of Ghana Industries and institutions have called for urgent need for Ghanaians to pay realistic prices for electricity.

Source: Compiled from Field Report

20kms of the nearest high tension line; all low tension poles required for the entire project have to be procured by the community; and 30% of the number of houses in the community must have been wired. It is clear that many communities would have to wait for their turn; many more cannot access the facility for a long time to come by virtue of their geographical location, economic activity and/or level of poverty. Perhaps, the only hope for such communities will be the implementation of the US\$60million Ghana Energy Development and Access Project aimed at intensifying extension to new communities for which 400 communities will be covered. In the peri-urban areas the cost of low tension poles and wires inhibits newly developed areas and individuals to connect to existing networks. Thus, many poor communities in rural Ghana and even in the peri-urban areas are excluded by the share cost of their contribution to electricity connection. Forest fringe communities are being forced to resort to alternative energy sources which may not be affordable rather than the usual fuel-wood abundant in the forest.

Social Security and Safety Nets

Social security in Ghana is centred on the government instituted Social Security and National Insurance Trust (SSNIT) and the traditional social security system. The large majority of Ghanaians in the informal sector and others in economic activities such as farming and fishing and artisans, etc do not contribute to the SSNIT (Source: Field investigations, 2006). For these groups of people, alternative sources of social security such as the extended family system provide hope for future. To that end,

people prefer to have a number of children and invest in them and other close family members. While this system seems to have worked over time, in recent years, urbanization, migration and economic pressures have forced people to limit their provision of sustenance to their immediate families, leading to hardship for extended families, the elderly, the indigent and the handicapped. As the CCA (1999) report indicates, the limited coverage of the social security scheme leaves individuals and families inadequately protected against income loss due to unemployment, old age, sickness and death. People in both the urban and rural areas who find themselves in this predicament continue to experience wider exclusion gap overtime.

in the peri-urban areas the cost of low tension poles and wires are inhibiting individuals and newly developed areas from connecting. . . Thus, many poor communities . . . are excluded by the . . . cost of . . . electricity connection.

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Globalization and Economic Exclusion

Globalisation can have drastic consequences leading to the exclusion of people from economic development. The discussion which follows highlights the effects of on farmers, fishermen and the mainstay economy of Ghana.

Cotton Farmers

Ghana has 50.3 percent of its economically active population engaged in farming and about 75 percent are small holders at subsistent level (GSS 2005). Notwithstanding the sizes of the farms, 25 percent are directly involved in the production of cash (industrial) crops mainly for exports. These include cocoa,

with the introduction of . . . (AGOA). . . subsidy for cotton farmers in the beneficiary countries, . . . in the form of free extension services, chemicals and planting seeds were removed. . . production costs rose so high that for the poor cotton farmers in Ghana cotton production was no longer viable

cotton, coffee, oil palm, tobacco leaves, cola, rubber and cashew. The production regimes, earnings of the farmers and even access to market are more or less regulated by global agreements which often are not favourable to the farmers who are never consulted in the negotiation of these agreements. One obvious group that has been plunged into severe exclusion as a result of global agreements is the cotton growers who number more than 50,000 and are to be found in the already deprived three northern regions of Ghana. If the global construct is to facilitate development it should be mutually beneficial. Cotton production expanded rapidly in the early and mid-1970s, reaching 24,000 tons in 1977, but fell back to one-third of this figure in 1989 (Ministry of Agriculture, 1992). Since the reorganization of the Ghana Cotton Development Board into the Ghana Cotton Company, cotton production has steadily increased from 4 percent of the country's national requirement to 50 percent in 1990 (Ministry of Agriculture, 1992). Between 1986 and 1989, Ghana saved US\$6 million through local lint cotton production. The Company expected that between 1991 and 1995, about 20,000 hectares of land would be put under cotton cultivation, enabling Ghana to produce 95

percent of the national requirement (Ministry of Agriculture, 1992). This, however, did not materialize with the introduction of the African Growth and Opportunity Act (AGOA). This is because the Act required that subsidies for cotton farmers in the beneficiary countries, which consisted of free extension services, chemicals and planting seeds, were to be removed. As a result, production costs rose so high that for the poor cotton farmers in Ghana, cotton production was no longer viable.

The plight of Apasare reflects the plight of more than 50,000 other farmers and their families. Within a matter of four years the farmers were economically excluded as a result of the AGOA. Furthermore, Ghana did not gain since the trade balance of Ghana worsened.

A visit to the cotton producing areas in the three northern regions reveals the economic decadence which has begun. The ancillary economic activities such as local weaving and cotton seed oil processing that depended on cotton have also been affected. The brisk business of the weekly markets at Walewale, Nanton, Zebilla and others has been reduced by more than 20 percent as measured by the revenue collected by the respective District Assemblies. Thus, the economic base of the three northern regions has been considerably eroded by the virtual collapse of the cotton industry.

It is significant to note that Ghana has generally improved in its human development indicators since 1995 but that change in the three northern regions has been quite lacklustre (NDPC, 2002). This is because one key economic base, cotton production, has collapsed. The exclusion of cotton farmers is registered increase in poverty in the three northern regions in 1992, 1998 and 2006. While the national poverty rate dropped from 51 percent to 38 percent and then to 28 percent, in the

Box 4.13

Experience of a Cotton Farmer

I, Apasare from Walewale have lived my adult life as a cotton farmer and produce just a little of maize and millet for home consumption. I have a family of nine and I managed to sponsor four of my children through school. The cotton production was good and price offered was also good and the Board (Cotton Development Board) readily pays. They also provided the required extension service, inputs such as seeds, fertilizer, chemicals and could even support in obtaining credit. Since nearly eight years ago, the situation changed. Seeds for sowing are even difficult to obtain, we were left on our own to search for inputs. Obtaining extension support became an expensive favour while accessing credit was out of the question. I realized I was becoming poorer every year as I owed money lenders more than what I realized from cotton sales. My food barn also reduced drastically so I stopped producing cotton but the only alternative was to produce water melon which also has its own pricing problems. In a matter of four years I have become a poor man and when my child qualified for secondary school, I could not sponsor him. My situation represents the case of many families here.

Source: Field interview at Walewale 26 March 2007

Conservation experts agree that the fish licensing agreements Ghana and many other African countries have with the European Union and other industrialized nations are tailored

Northern Region increased from 63 percent to 69 percent and then fell to 52 percent; the Upper West Region the poverty rate fell from 88 percent incidence rate to 84 percent and then rose to 88 percent in the Upper East Region, it rose from 67 percent to 88 percent and then fell to 70 percent. The plight of the three northern regions has not been sufficiently considered in any policy regime under the Ministry of Food and Agriculture (MOFA) or the Ministry of Trade, Industry and Presidential Special Initiative. (MOTI & PSI). The advocacy for cotton to be considered and supported under the PSI has not received any positive response.

Fishermen and Fish Processors

Fishing in Ghana is a major source of livelihood. In 1992, it provided a source of living for over 500,000 people but this number was reduced to 400,000 by 2000 (GSS, 2005). Fish production was also reduced from 500 tonnes in 1992 to 452 tonnes in 1996 to 431 tonnes in 2001 (MOFA, 2002). Two valid conclusions can be drawn from the above: first the local fish catch has been reduced by 20 percent and second, along the coast nearly 100,000 people have been excluded from sources of livelihood and income earning opportunities.

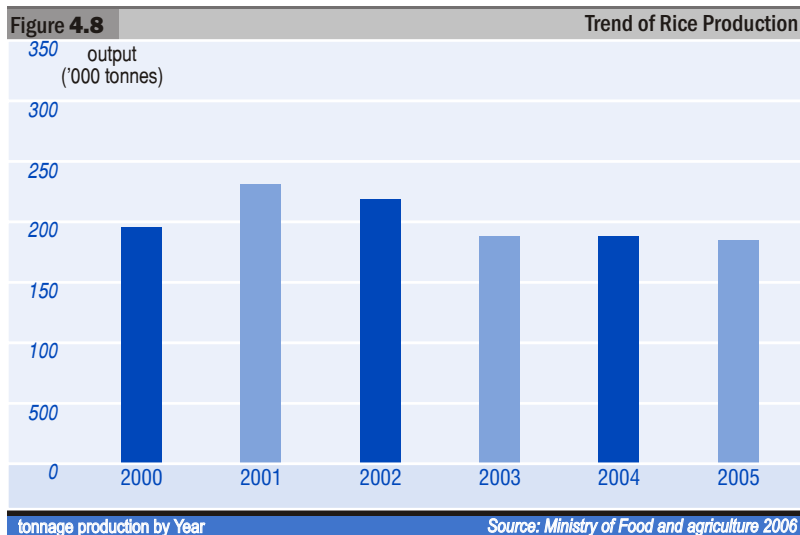
Ghana's fishing problems date back to 1982, when the United Nations Convention on the Law of the Sea established Economic Exclusion Zones that entitled countries to exclusive use of all marine resources 200 nautical miles off their shorelines (Pauly, 2005).

Ghanaian fishing boats, which had

traditionally fished all along the coast of West Africa including the rich Canary cape, had to pay other countries for access to their fishing grounds - something which Ghana could not particularly in the light of its weak enforcement with regard to its own exclusion zone on account of its small naval fleet and inadequate surveillance equipment. The 500 km stretch of the Ghanaian coast line and its 200 nautical miles off-shore stretch consequently lent themselves to poaching.

Conservation experts agree that the fish licensing agreements with Ghana and many other African countries have with the European Union and other industrialized nations are tailored to benefit the non-African fleets (Pauly 2005). "These agreements are extremely unfair," said Daniel Pauly, Professor and Director of the Fisheries Centre at the University of British Columbia and one of the world's leading experts on global fisheries. The terms of the agreements are unusually generous to the foreign fleets, typically giving a certain number of boats access to the fishing grounds for a specified period of time, with no limitation on the catch. Moreover, the catch by foreign fleets does nothing to benefit the local Ghanaian economy because it is taken to Europe for processing. Jobs are not created in Ghana to process the fish nor service the boats.

Unemployment for fishermen has significant social and economic impact since Ghanaian fishermen generally have little or no formal education and are usually landless, with few options for alternative sustainable income generation. A Ministry for Fisheries has been created but the fundamental issue regarding the problems associated with the international agreements has not yet been tackled.



Rice Farmers

The international trade agreements which facilitated liberalization in the process of globalisation also rendered a number of rice farmers estimated at 150,000 economically paralyzed, most of them being in the relatively economically impoverished northern Ghana. Figure 4.8 shows the trend of rice production in Ghana.

The trend indicates a fall in the production of rice from a peak of nearly 300,000 tonnes in 2001 to 236,000 tonnes in 2005 (MOFA 2006). The cause of this drop is due to two key actions, first, the removal of subsidies in the form of free extension services, irrigation support schemes and inputs, and the lack of support to rice farmers in raising credit; second, the removal of tariffs on imported rice which is already subsidized by their source countries.

In 2001 many rice farmers could not sell their produce and ended up in debt pushing them to halt production (MOFA 2002). Subsequently, about 500,000 rice farmers are already out of production and the remaining 100,000 and their families may follow soon.

The cost of local rice production,

which is a true cost reflection, is thus relatively high compared to the cost of imported rice from foreign countries, most of them heavily subsidized.

There is a good practice in the Sene district where the GTZ, Sene District Assembly and The Social Investment Funds (SIF) supported 50 farmers with a mixture of grant and loans to produce rice for local schools. This has become a success story because of the support in processing and storage. The lives of the 50 farmers and their families have improved (SIF 2003).

Other economic groups such as the sugarcane farmers at Komenda and Asutsuare and Poultry farmers all over the country have not been immune from the fate of the cotton and rice farmers as well as the fishermen. Their deprivation and exclusion are related unbridled liberalization in the process of globalisation. Many of the groups discussed have actually moved from merely being poor into exclusion.

Impact of Globalization on the Family and Household

For the household the obvious problem with exclusion from income earning opportunities is poor nutrition for mothers and children. Food intake is drastically reduced and children in Komenda-Edina-Eguafo-Abirem (KEEA) which is a noted fishing district, for instance, have the lowest nutrition status in the Central Region (KEEA, 2006). Families that are economically excluded and hence have little or no purchasing power might develop a second short-term coping mechanism by withdrawing their children from formal education/ apprenticeship among other measures. This saves

Box 4.14 Dynamics of Access to Land for Rice Farming

Government policies have never been able to respond to the problem since the fundamental issue regarding cheap subsidized imported rice competing with local rice produced by the small farmer is untouched. The complication of the exclusion situation of these disappointed rice farmers is that many of them are migrants who came to settle in these locations to engage in rice farming. With the failure of rice farming the landlords have taken over their lands and many have turned into misfits with no access to

Source: Ghana Statistical Service reports (2005)

Many producers of cotton, rice and sugar cane, poultry as well as fishermen have actually moved from merely being poor into exclusion.

the family from providing the regular morning meal; it takes away the cost of uniform, learning materials/tools and provides an additional labour hand for farm work or business, if any. Such children often proceed to the urban areas to begin life as porters, truck pushers or hawkers or engage in some of the worst forms of child labour. Schooling thus ends there, and child labour begins (SIF 2003).

Household access to social facilities including health may also be affected as many cannot afford health care services. Divorce is also very common among such families. The KEEA District which was a prosperous fishing district recorded 11.5 percent divorce rate, the highest in the Region, as against the regional average of 8.9 percent (GSS, 2005), due primarily to the inability of family heads to meet basic household needs.

Impact on Communities

Economic exclusion also leads to the devastation of communities and has the potential of reversing the total development process of a people. There are towns such as Apam, Mumford, Denu, Axim, Moree, Elmina, Cape-Cost, Keta, which were noted well to do fishing communities but are currently on a decline because of the decline of the local fishing industry.

Other towns such as Nasser, Afife, Asutuare, and Nobewam are also on the decline because of the difficulties with rice production. In the Northern and Upper West Regions, many towns are decaying because the cotton industry is dying. These are clear cases of economic exclusion which could lead to other severe forms of exclusion. The issue is how these trends of exclusion can be reversed towards human development and well-being.

Conclusion and Policy Recommendation

The foregoing has provided an insight into the level of exclusion in the economic spheres of Ghana. There is no doubt that perpetuation of the current situation will only aggravate the plight of people and the institutions confronted with exclusion. Whether orchestrated by global trade agreements or internal/local circumstances, farmers, women, children and the elderly among others need to be consciously included in all facets of social, economic and political development of Ghana. Policy makers must take note of the existing exclusion patterns and consciously plan for the the creation of an inclusive society with equal opportunities to social and economic resources as well as equal opportunities to participate in political decisions-making.

In this respect, the Government, the private sector, civil societies, the media and the development partners all have a role to play. To respond to this situation, the government, the CSO and Development Partners (DPs) and all stakeholders must take an interest in further investigating into the situation of exclusion in Ghanaian society in order to address it in their respective development agenda. This could be done using the MDBS, CSO fora and through participation in the monitoring and evaluation of the GPRS and MDGs. Specifically, it is expected that a CSO forum for Exclusion would be set up to adopt these excluded groups and guide them to advocate and improve their situation, especially through demanding from policy-makers a response to their plight.

Achieving a land administration and tenure framework in Ghana, which facilitates land access and promotes sustainable livelihoods will require the

Both the government and the private sector must pursue conscious efforts towards labour intensive interventions.

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strengthening of institutions of governance within the context of Ghana's decentralised development framework. This implies a more horizontal and participatory approach where all stakeholders are consulted. For instance, through a participatory approach spearheaded by the District Assemblies, "vertical" development in housing (high-rise construction) could be promoted, rather than "horizontal" development (housing on individual plots), especially in urban and peri-urban areas, where there is increasing scarcity of land and landlessness. The aim would be two-fold: reduce land requirements per unit of housing and the cost of infrastructure. By reducing land per unit of housing, the cost of new housing will be reduced remarkably and more land will be available for urban agriculture

There is the need for the development of functional economies in the districts to enhance local economic development (LED) and sustainable livelihoods. The focus is to make the entire business environment of rural, peri-urban and urban areas of districts more conducive to business. Specific measures could include the establishment of markets to facilitate trading and related activities (lorry parks, wholesale and retail outlets, etc) and to create employment and promote alternative livelihoods outside agriculture. The promotion of public-private partnership (PPP) could facilitate the development of LED.

Despite rapid urbanisation, it is still possible to provide poor people with sustainable livelihoods in agriculture in urban areas if there are proper land zoning and planning. Urban agriculture is premised on several conditions. These conditions include the preservation of land space for agriculture since agriculture cannot compete with other urban land uses under conditions of high land demand and value; access to free land (unoccupied

institutional land, land along roads, backyards, etc); access to water; secure land tenure and; access to high yielding crops and technology to facilitate intensive agricultural production. Unfortunately land planning and zoning in Ghanaian cities and towns are yet to address these conditions.

Both the government and the private sector must pursue conscious efforts towards labour intensive interventions. Strengthening statutory land agencies should aim at enabling these institutions to improve on their performance and functions in order to facilitate sound land development. In particular, it should aim at reducing lawlessness, abuse of power and corruption with respect to land acquisition and development. It is also suggested that statutory land institutions should collaborate with customary land tenure institutions. The main goal here is to establish a process whereby the strengths of both institutions could be pooled together to address the land needs of the poor and marginalized in society.

Private and public formal employers must make conscious efforts to establish livelihood enterprises in rural and deprived areas to help reduce rural urban migration. Similarly, public and private insurance companies must carry out educational programmes to raise awareness and sensitize the informal sector on accessing insurance policies and encourage seasonal workers to enter into alternative livelihood enterprises. Private Sector Associations, Micro Finance Institutions and NGOs must encourage the formation of partnerships and cooperative enterprises to enhance credit access and skills for increased production which will in the long run increase employment and make enterprises more sustainable.

Specific intervention programmes need to be put in place by the national and local governments as well as civil society

Social Exclusion—the Economic Dimension

organisations to provide alternative livelihoods to landless individuals and groups. While viable alternatives may be few for people with low levels of education and skills, efforts must be made to equip these people for alternative livelihoods that are viable, both in terms of training and in terms of access to the capital they need for starting up. Civil society's role in this direction is of critical importance.

It is critical that the effect of

international agreements is examined not only by the macro gains but by the meso and micro effects. It is essential that a cost-benefit assessment is undertaken, and if the result is negative, such agreements should not be endorsed. The media's role in this is critical. There must be a conscious process by the public information system to raise issues and the implications of some of these global and international agreements so that its negative effects can be exposed.

There must be a conscious process by the public information system to raise issues and implications of some of these global and international agreements so that their negative effects could be exposed and addressed.

Chapter 5

Social Exclusion: The Political and Legal Dimension



Introduction

Social exclusion as defined in Chapter One implicates political and legal exclusion. This is because limited and inequitable opportunities and capabilities to participate in decision-making and in economic and socio-cultural affairs are often a function of political and legal exclusion. In this Chapter, we use the term “Political Exclusion” (PE) to describe the full range of exclusionary phenomena and practices that are related not only to politics, but also to the structure and functioning of our institutions and the legal framework upon which our institutions are built. This is primarily because political exclusion is closely tied to, and is often a cause or effect of, institutional and legal exclusion. A person or group suffers PE where they encounter limited and inequitable access to political assets (e.g. financial support, the support of particular groups), political capabilities (education, political strategy) and political voice (access to the mass media, etc.). These factors determine the extent and quality of the individual's or group's power, resources and ability to participate in decision-making in the political, economic, and social spheres.

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To discuss Political Exclusion, therefore, it is critical to examine how institutional arrangements affect the ways in which certain individuals or groups experience limited and inequitable access to political assets, political capabilities, and political voice. Where there are dysfunctional power hierarchies, illegal accumulation of power, misuse and reckless exercise of power and authority,

PE is rife because the political assets, capabilities and voice that are needed for individuals and groups to exercise agency leading to political inclusion are either limited or virtually non-existent. Common institutional arrangements that approximate what has been described above are the military regimes which Ghana has had since independence and the *de facto* or *de jure* single-party regimes we have had in

any effective agenda for remedying [social, economic, political and legal exclusion] must address all sets of exclusionary practices simultaneously

this country. Less common examples are the distorted forms of traditional governance that exist in some parts of the country and various forms of religious and social organization that operate with limited transparency and exclude many from decision-making processes.

In addition to political participation, the other avenues for political exclusion are limited legal protection for certain groups and constraints in accessing justice for certain segments of the population. In this chapter, therefore, political and legal exclusion is viewed through the broad lenses of political participation, legal protection and access to justice.

Relationship between Social, Economic, Political and Legal Exclusion

As previously noted there are close links between social, economic and political exclusion. They both spring from the same indices of discrimination: gender, ethnicity, religious affiliation. Both social and political exclusion could result in limited voice and limited access to resources. A discussion of social exclusion without a complementary focus on political exclusion is obviously incomplete. This is so because they are intrinsically linked. A person who lacks the economic power to mobilize a group to address a particular issue of political inclusion is less likely to succeed than one who has the available economic resources. Again, a person who has all the required economic resources

without the necessary political resources would be less likely to achieve good results in a campaign to address issues of economic exclusion. It follows from the above that social, economic, political and legal exclusion are closely connected, not only in the ways in which they manifest themselves, but also with regard to the fact that any effective agenda for remedying them must address all sets of exclusionary practices simultaneously.

Flowing from the above, the list of the politically and legally excluded in Ghana approximates the list of the socially and economically excluded. As adapted from GPRS I, the list includes:

- ✍ Disadvantaged Women;
- ✍ National Minorities; Children in difficult circumstances;
- ✍ Youth in difficult circumstances;
- ✍ Refugees/Returnees/Internally Displaced Persons (IDPs);
- ✍ Persons with Disabilities;
- ✍ Single Parents;
- ✍ Victims of Family Violence;
- ✍ The Elderly;
- ✍ The Homeless;
- ✍ The Unemployed;
- ✍ Prisoners;
- ✍ People living with HIV/AIDS (NDPC, 2003).

It is not possible to provide a detailed analysis of each of these politically excluded groups in the space of this chapter. Therefore, the Chapter will concentrate on some politically excluded groups already featured in the previous chapters. These are: Women, Children, Persons With Disabilities (PWDs), and Persons Living With HIV/AIDS (PLWHAs). In the analysis of the phenomenon, causes and remedies of the political exclusion of these groups, we will constantly draw parallels

with other excluded groups in order to illuminate the broader and deeper aspects of PE.

The Institutional Framework on Political and Legal Exclusion in Ghana

Ghana is a multiparty constitutional democracy that prides itself in governing according to “the Rule of Law”. A President who is elected in popular elections heads the executive arm of government. He is assisted by a Vice-President whom he nominates before the election, and on assumption of power, appoints Ministers and Deputy Ministers of State as part of the executive arm of government. Most Public Servants (including Civil Servants) are appointed by the President or by the Public Services Commission under delegated authority from the President (1992 Constitution: Chapter 8).

There is a two-hundred and thirty (230) member legislative arm of government made up of popularly elected representatives of the people from all the constituencies in the country. The Legislature or Parliament examines and passes laws laid in the House on behalf of the President. Parliament also approves or disapproves key appointments to the Public Services made by the President and generally attempts to act as a check on the executive arm of government by summoning members of the executive to Parliament to answer various questions related to their stewardship (1992

Constitution: Chapter 10).

Ghana also has a judicial arm of government that is set up under the Constitution to be independent of any control. The head of the judiciary, the Chief Justice, is nominated by the President, but the nomination needs to be approved by Parliament. Once appointed, the Chief Justice, as is the case with any other judge, may discharge his/ her official functions without any influence from any person or institution (1992 Constitution: Chapter 11).

The 1992 Constitution establishes a number of independent constitutional bodies and mandates them to discharge particular governance functions. There is the Electoral Commission (EC) that is principally charged with conducting and supervising all public elections and referenda (1992 Constitution: Chapter 7), and the Commission on Human Rights and Administrative Justice (CHRAJ) that is charged with the investigation and remediation of violations of fundamental human rights and freedom, administrative injustices and corruption and misappropriation of public moneys (1992

Ghana is a multiparty constitutional democracy that prides itself in governing according to “the Rule of Law”

Box 4.1

Human Rights under the 1992 Constitution of Ghana

Political and Civil Rights Guaranteed in the 1992 Constitution

- ✦ Protection of the Right to Life (Article 13)
- ✦ The Right to Personal Liberty (Article 14)
- ✦ Respect for Human Dignity (Article 15)
- ✦ Protection from Slavery and Forced Labour (Article 16)
- ✦ Equality and Freedom from Discrimination (Article 17)
- ✦ Protection of Privacy of Home and other Property (Article 18)
- ✦ The right to a Fair Trial (Article 19)
- ✦ Protection from Deprivation of Property (Article 20)
- ✦ General Fundamental Freedoms relating to speech, expression, information, thought, conscience, belief, movement, assembly, association (Article 21)

Economic, Social and Cultural Rights Guaranteed in the 1992 Constitution

- ✦ Property Rights of Spouses (Article 22)
- ✦ Economic Rights (Article 24)
- ✦ Educational Rights (Article 25)
- ✦ Cultural Rights (Article 26)
- ✦ Women's Rights (Article 27)
- ✦ Children's Rights (Article 28)
- ✦ Rights of Persons with Disabilities (Article 29)
- ✦ Rights of the Sick (Article 30)

Source: Republic of Ghana, 1992 Constitution

The 1992 Constitution also features an elaborate and comprehensive human rights regime which can hardly be faulted in terms of content and scope.

Constitution: Chapter 18). Others are the National Media Commission (NMC) charged with policing the freedom and independence of the media (1992 Constitution: Chapter 12) and the National Commission on Civic Education (NCCE) charged with the civic education of the general public (1992 Constitution: Chapter 19).

The 1992 Constitution also features an elaborate and comprehensive human rights regime which can hardly be faulted in terms of content and scope. Chapter 5 of the Constitution is devoted entirely to fundamental human rights and freedoms consistent with the International Bill of Rights. These include political and civil rights as well as economic, social and cultural rights. The human rights provisions in the Constitution are supplemented by the Directive Principles of State Policy (DPSP) in Chapter 6 of the Constitution, which are intended to guide law and policy-making to promote human development in Ghana.

All persons and institutions are enjoined to respect and uphold the fundamental human rights and freedoms in the Constitution. The High Court has been given jurisdiction in human rights matters which allows any person who alleges that any provision of the Constitution on the fundamental human rights and freedoms has been, is being, or is likely to be contravened in relation to her to apply to that Court for redress (1992 Constitution: Article 12).

It is important to note that the fundamental human rights guaranteed by the Constitution are all expressed in neutral terms and apply equally to all citizens in Ghana. This is generally the case with all pieces of legislation and other laws in Ghana. According to Article 12(1) of the Constitution every person in Ghana, whatever his or her race, place of origin,

political opinion, colour, religion, creed or gender shall be entitled to the fundamental human rights and freedoms of the individual contained in Chapter 5 but subject to respect for the rights and freedoms of others and for the public interest. The Constitution provides that all persons shall be equal before the law and expressly prohibits all forms of discrimination, stating that “a person shall not be discriminated against on grounds of gender, race, colour, ethnic origin, religion, creed or social or economic status” (1992 Constitution: Article 17).

The ambit and impact of the concept of human rights in the 1992 Constitution is further reinforced by the provisions of Chapter 6 of the Constitution on Directive Principles of State Policy (DPSP). In line with the constitutional injunction on equality before the law and non-discrimination, and with particular regard to the current discussion on PE, the directive principles of state policy require the State to pursue a social objective of directing “its policy towards ensuring that every citizen has equality of rights, obligation and opportunities before the law” (1992 Constitution: Article 37(1)). In recognition of the existing disparities in the country in terms of political agency, voice and capacity, the Constitution positively requires the State, in performing its role of law and policy making, to make deliberate and conscious efforts to ensure the inclusion of specific vulnerable groups in society (1992 Constitution: Articles 35–37).

A significant attempt at creating a framework for inclusion of all sections of society can be found in Article 17(4) of the Constitution, which makes an important exception to the constitutional principle of equality before the law and non-discrimination. Article 17(4) provides that Parliament is entitled to enact laws which are reasonably necessary for the *imple-*

Social Exclusion: The Political and Legal Dimension

mentation of policies and programmes aimed at redressing social, economic or educational imbalance in the Ghanaian society. The provision enables the development of innovative, viable and effective policy on affirmative action to address existing imbalances and forms of discrimination with regard to access to social, political and economic resources, access to justice and voice.

In addition to the general framework on rights, the Constitution makes purposeful efforts to ensure the inclusion of special groups. The Constitution requires the provision of special care for mothers during a reasonable period before and after child birth; the provision of facilities for the care of children below school going age to enable women who have the traditional care of children realize their full potential; and the guarantee of equal rights to training and promotion for women without any impediments (1992 Constitution: Article 27). Children, persons with disabilities and the sick also receive special constitutional protection (1992 Constitution: Articles 28-30).

The Constitution also contains a number of provisions aimed at the eradication of specific forms of social injustice as a fundamental requirement for the creation of favourable conditions for human development in Ghana. To this end, the Constitution prohibits all customary practices which dehumanize or are injurious to the physical and mental well-being of the person (1992 Constitution: Article 26); stipulates that spouses shall not be deprived of a reasonable provision out of the estate of a spouse upon death or dissolution of marriage (1992 Constitution: Article 22); and prohibits the holding of persons in slavery or servitude (1992 Constitution: Article 16) among others. Although expressed in neutral terms, these provisions speak more to the situation

of women and children because of their peculiar socio-economic and political circumstances. Many other statutes, including various amendments to the Criminal Code, also outlaw practices which affect the well-being of women and children such as widowhood rites, child marriages, ritual servitude (“*trokosi*”) and the confinement of old women in witch camps.

It is clear that an elaborate and beautiful legislative architecture exists in Ghana for political inclusion. The challenge, however, is how to translate this elaborate legal framework into practical policies and institutional arrangements for the inclusion and integration of excluded groups in Ghana.

Experience in Ghana has shown that the enactment of laws per se has not addressed the substantive issues which systematically undermine and constrain the ability of excluded groups to participate equally and effectively in social, political and economic life in Ghana. In Ghana, even though formal laws and policies promise equal treatment for all citizens, deep-seated inequities embedded and institutionalized in family and gender systems, informal norms and practices, religious beliefs and political systems influence the way these laws and policies are implemented and often result in unequal outcomes for certain groups. In the following sections we examine whether and to what extent such excluded groups have benefited from the many legislative and policy initiatives aimed at their inclusion in political life.

In addition to the general framework on rights, the Constitution makes purposeful efforts to ensure the inclusion of special groups.

Political and Legal Exclusion of Women in Ghana

In considering the nature, manifestations and impact of political and legal exclusion of women in Ghana, it is important to note that allegations of unequal treatment are often not a direct product of patently discriminatory rules or statutes. Rather, they are the outcome of the differing social and economic conditions and contexts in which people actually live, especially the skewed power-relations that produce exploitative and oppressive relationships in society. The detailed description of these phenomena is contained in Chapter 3 of this report. Thus, any investigation into political and legal exclusion in Ghana must focus not on the letter of the law but rather on the political and socio-economic context or milieu in which they are implemented or not implemented. It is these contexts which invariably tend to produce discriminatory results and outcomes.

A number of structural, cultural and institutional factors tend to limit the rights of women relative to men when it comes to access to resources and social goods. Societal attitudes, customary practices and beliefs, traditional roles of women, gender relations within the family, limited access of women to education and training and inadequate representation of women on decision making bodies, among others, operate together to place Ghanaian women in a disadvantaged position in society. These silent and subtle forms of discrimination and limitations tend to be reinforced through the process of socialization. For example, certain traditional notions which advocate a preference for the education of male children effectively limit the access of female children to formal

education and thus reduce their opportunities for any training employment and consequently their financial independence in the future. This in turn affects their capacities and opportunities to participate in decision-making and other political processes.

Gender-biased allocation of roles within the family also invariably places a huge burden on women with regard to child bearing, child rearing and household duties, which have consequences for the extent to which women may explore their potential and advance in their career or occupation. In urban areas, access to the formal job market is therefore quite restricted for women, since they tend not to possess the required skills and qualifications for entry (Oware Gyekye, et al, 1998). Having regard to the fact that a successful career and a formal sector job are critical indicia for a certain level of political participation in our Republic, the mix of factors just described ultimately constrain the political inclusion of women.

Typically, men and women are socialized and expected to perform different roles and carry out different types of work which are valued differentially by society such that work traditionally done by men is valued higher than what women traditionally do. Social arrangements ensure that men control more capital and monetary resources than women do and that men have the power to take major decisions as household and lineage heads, heads of communities, workplaces and ultimately the state. These practically cover all the power structures of the society (Tsikata, 2001). These silent factors all interact to mute the voices of women and other vulnerable groups at various levels in society and constrain their opportunities to participate equally and effectively in the political and decision-making processes that determine the distribution of political, economic and social resources.

A number of structural, cultural and institutional factors tend to limit the rights of women relative to men when it comes to access to resources and social goods.

Year	1960	1965	1969	1979	1992	1996	2000	2004
Total Seats	104	140	140	140	200	200	200	230
Women Seats	10	19	1	5	16	18	19	25
% of Women Seats	9.6	18.2	0.7	3.5	8	9	9.5	10.9

Source: Allah-Mensah, (2005) and EC 2004 election results

Women's Participation in Political Processes and Public Life

The Constitution guarantees all persons the opportunity to participate in decision-making at every level (1992 Constitution: Article 35). Thus in principle, women are free to take up any position within the political and administrative systems of the country. However, deep-seated socio-cultural structures, systems and practices which discount the competence and capabilities of women in the spheres of political power, constitute a formidable hindrance to the participation of women in politics and public life. This has greatly impeded the attempt by women to participate in active politics both at the district and the national levels. There is evidence to suggest that increasing the number of women who contest elections will not necessarily result in an increase in the number of women elected.

Statistics show that women are yet to make their mark in decision-making processes in Ghana. Women constitute more than 50 percent of the national population of about 21.5 million but their share of political and public office appointments is a paltry 8 percent. This is in spite of years of continuous public education and activism by a host of civil society organisations. Affirmative action in this area in recent times, consisting in part of the purposeful and targeted nomination and support of women to contest for public office, have only made minimal impact in redressing the trend (Allah-Mensah, 2005).

In the 1996 parliamentary elections, out of 59 women who contested, 19 were

elected. In 2000, the number of female candidates increased to 101 but the number elected was 18, constituting 9 percent of the then 200-member Parliament. In 2004, the number of women who contested increased to 104, including 14 sitting MPs, out of which 25 were elected constituting 10.9% of the now 230-member Parliament. At the District Assembly level, 547 female candidates contested the polls in 1998. Out of this number, 196 (36%) were elected. In the 2002 District Assembly elections, 341 out of the 965 women who contested the elections were elected.

The available statistics are indicative that in terms of real figures, women's numbers in the legislature have not increased in any significant way although the number of women contestants has witnessed steady increase. Table 5.1 gives summary statistics of women in Parliament from 1960 to 2004 in Ghana.

It is important to note that the number of women contesting seats in parliamentary elections has increased considerably since 1992, although this is not backed by a corresponding increase in the number of women elected to office. Table 5.2 shows that whilst the number of women who contested for parliamentary seats almost doubled between 1996 and 2000, there was an 11 percent drop in the proportion of elected women from 31 percent in 1996 to 20 percent in 2000. Additionally, despite a 15 percent increase in the number of the parliamentary seats (constituencies) from

in terms of real figures, women's numbers in the legislature have not increased in any significant way although the number of women contestants has witnessed steady increase

Year	1996	2000	2004
No. of Women Contestants	53	95	104
Proportion Elected	18 (31%)	19 (20%)	25 (24%)

Source: Allah-Mensah, (2005) and EC 2004 election results

Table 5.3 Comparative Results of 2000 and 2004 Parliamentary Elections

Region	2000 Parliamentary Elections				2004 Parliamentary Elections							
	No. of Con-stituencies		Contestants		Winners		No. of Con-stituencies		Contestants		Winners	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Western	19	77	8	15	4	22	72	13	19	3		
Central	17	76	8	13	4	19	64	12	17	2		
Greater Accra	22	110	20	20	2	27	109	16	22	5		
Volta	19	99	8	18	1	22	82	12	20	2		
Eastern	26	133	9	26	0	28	105	11	27	1		
Ashanti	33	159	17	31	2	39	142	16	34	5		
Brong Ahafo	21	108	5	19	2	24	88	6	23	1		
Northern	23	134	6	22	1	26	99	7	22	4		
Upper East	12	57	10	11	1	13	52	7	12	1		
Upper West	8	33	4	7	1	10	36	4	9	1		
Total	200	986	95	182	18	230	849	104	205	25		
% Rep		91.2%	8.8%	91.0%	9.0%		89.0%	11%	89.0%	11%		

Source: Electoral Commission

200 seats in 2000 to 230 in 2004, there was only a 2 percent gain in the number of parliamentary seats won by women.

Table 5.3 shows a regional breakdown of males and females electing to contest parliamentary positions and the proportions of both sexes who won seats in the 2000 and 2004 parliamentary elections. There is wide regional variability in the number of contestable seats, the number of male and female contestants and the number of winners from both sexes. While it is not clear what the determinants of these regional variations are, what is obvious is that the increase in the absolute number of female contestants from 95 in 2000 to 104 in 2004 has not been backed by a corresponding increase in the number of female contestants emerging as winners (Table 5.3). Indeed, women have remained

a minority group both as contestants and winners in political elections in Ghana.

In spite of their lower levels of representation in Parliament, a properly designed institutional representation system could have ensured that women are adequately represented on critical committees of Parliament. This is, however, not borne out by the available figures as shown in Table 5.4, which represents the situation in the 2000 Parliament. For example, the Constitutional, Legal and Parliamentary Affairs Committee, which considers a significant number of bills before the House (including some of the most critical ones), had no female representation.

In the Parliamentary Standing Committees on Finance, there is only 1 female representative out of 25 members (Table 5.5). Females have continued to be consistently under-represented in strategic committees of Parliament. It is equally unclear why there is no female representation on the Parliamentary standing committees on selection, subsidiary legislation and standing orders, all of which perform critical parliamentary functions.

Except for the NCCE and the EC, representation of women on constitutional bodies is also abysmally low. Only the NCCE has equal representation of males

In the Parliamentary standing committees on finance, there is only 1 female representative out of 25 members

Table 5.4 Gender Representation on Parliamentary Select Committees

Committee	Total Number	Men(%)	Women(%)
Lands & Forestry	18	17 (94)	1 (6)
Agriculture	20	15 (75)	5 (25)
Food & Cocoa	20	17 (85)	3 (15)
Local Government & Rural Development	18	17 (94)	1 (6)
Constitutional, Legal & Parliamentary Affairs	18	18 (100)	0 (0)
Health	20	17 (85)	3 (15)
Communication	20	15 (83)	3 (17)
Roads & Transport	18	17 (94)	1 (6)
Defence & Interior	18	17 (94)	1 (6)
Foreign Affairs	20	17 (85)	3 (15)
Youth, Sports & Culture	18	17 (94)	1 (6)
Education	19	18 (95)	1 (5)
Mines & Energy	18	16 (89)	2 (11)
Environment, Science & Technology	18	17 (94)	1 (6)
Employment, Social Welfare & State Enterprises	20	18 (90)	2 (10)
Trade, Industry & Tourism	20	19 (95)	1 (5)

Source: Allah-Mensah, 2005

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and females (see Table 5.6). The Forestry Commission and the Lands Commission, which control critical natural resources, have only 1 and 0 female representatives respectively

The situation is no different in non-political appointments to public office. In the public service, women are under-represented in all professional ranks except for secretarial positions, where 95 percent of the workforce is female (Table 5.7). This situation is also found in the judiciary, where there is significant under-representation of women from the level of the Supreme Court right down to the position of Chief Registrar, the only exception being at the levels of Deputy Registrar and below, where there is significant female representation.

Of the 10 Regional Ministers there is no female and no woman heads any of the divisions of the Armed Forces of Ghana. There are 3 women in the 10-member Supreme Court. The only area where women have met the 30 percent Affirmative Action benchmark is at the District Assembly level where their participation has improved from 5 to 35.5 percent (Allah-Mensah, 2005).

The under-representation of women in public office could be attributed to socio-economic and political factors. Women face a number of obstacles in their attempt to contest for political office at all levels. These include low educational levels, low income and inadequate professional experience. It is also a fact that the various political regimes of the country, have not made adequate efforts to encourage women to participate in national governance and decision-making processes. The few women who have the necessary qualification often lack the financial resources required to run for political office. Such women are compelled to depend on men to finance their electoral campaigns

Table 5.5 Gender Representation on Parliamentary Standing Committees

Committee	Total Number	Men(%)	Women(%)
Government Assurances	25	23 (92)	2 (8)
Business	20	17 (85)	3 (15)
Appointments	26	24 (92)	2 (8)
Finance	25	23 (92)	1 (4)
Public Accounts	25	24 (96)	2 (10)
Selection	20	18 (90)	0 (0)
Subsidiary Legislation	23	23 (100)	0 (0)
House	26	22 (85)	4 (15)
Members holding offices of profit	25	22 (88)	3 (12)
Privileges	31	30 (97)	1 (3)
Gender & children	24	18 (75)	6 (25)
Judiciary	21	18 (86)	3 (14)
Special Budget	21	19 (90)	3 (10)
Standing Orders	23	23 (100)	0 (0)

Source: Allah-Mensah, 2005

Table 5.6 Gender Distribution of Membership to Public Boards

Public Board	Total Number	Men	Women
National Media Commission	18	14 (78%)	4 (22%)
National Commission on Civic Education (NCCE)	6	3 (50%)	3 (50%)
Electoral Commission	7	4 (57%)	3 (43%)
Commission on Human Rights and Administrative Justice (CHRAJ)	3	2 (66%)	1 (33%)
Forestry Commission (FC)	9	8 (89%)	1 (11%)
Lands Commission (LC)	19	19 (100%)	0 (0%)
	64	51 (80%)	13 (20%)

Source: Research Directorate, Ministry of Information, 12 May 2004, adapted from Allah-Mensah, 2005.

Table 5.7 Gender Distribution of some Positions in the Ministry

Public Board	Total Number	Men	Women
Deputy Directors	17	13 (76%)	4 (24%)
Assistant Directors	36	30 (83%)	6 (17%)
Principal Information Officer	8	5 (63%)	3 (37%)
Senior Information Officer	12	11 (92%)	1 (8%)
Information Officer	13	11 (85%)	2 (15%)
Secretaries	21	1 (5%)	20 (95%)
Total	107	71 (66%)	36 (34%)

Source: Allah-Mensah, 2005.

and this compromises their independence on the job.

Negative gender ideology has also been a major hurdle for women in the political arena. Some men can hardly conceive of a woman as a leader or decision-maker in the political sphere, which is traditionally and culturally reserved for men. This phenomenon is most pronounced at the constituency level, the lowest level of political party organisation in Ghana. Although this is grossly under-researched, it is conceivable that the exclusion of women from Parliament has its roots in exclusionary practices at this level. Once women are excluded from contesting primaries, they will never make it to Parliament.

The study also found that structural discrimination against women, leading to low educational and training qualifications lowers their entry point into organizations and makes them uncompetitive against their male counterparts.

It is clear from the above analysis that the political participation of women has steadily increased since the coming into force of the 1992 Constitution. However, the effectiveness of their participation in terms of the impact of their voice in critical decision-making processes remains attenuated. There are several factors which account for this and the study on Women in Public Life conducted in 1997 points to some of these.

The Women in Public Life Research Study, undertaken in 1997 arose out of an identified need for major research to isolate formal and informal gender dynamics with a view to understanding why many Ghanaian women who take up careers in the public service do not make it to the top. The Study covered central government institutions, the judiciary, regional and local government institutions, political institutions, security and law enforcement agencies, public boards and corporations, tertiary educational institutions, non-government organizations and traditional authority. The overall objective of the Study was to consolidate the state of knowledge on the extent, constraints and opportunities of women in Ghanaian public life.

The Study showed that all the institutions studied have masculine work environments in terms of female representation, organizational expectations of career practice and the general institutional culture of the management and leadership of the organizations. There was evidence of informal and formal discriminatory practices against women such as the lack of openness in assignment of tasks and nominations for further training and promotions. This, coupled with other limitations affecting women, ensures that they are excluded from qualifying to rise up the career promotion track. It was found that both men and

women at different levels of professional life tend to replicate in the workplace, the sexual division of labour internalized in their early childhood. Fears of accusations of sexual impropriety, incidents of sexual harassment and lack of confidence constrain women from networking, lobbying and competing with men and being assertive in their views and initiatives in the organizations where they work. Females are generally socialized to be “modest” and sexual impropriety is still very much a dreaded social stigma. These patterns of socialization limit women's visibility, initiative and influence at the workplace.

The Study also found that structural discrimination against women, leading to low educational and training qualifications lowers their entry point into organizations and makes them uncompetitive against their male counterparts. In the institutions that uphold professional specialization such as public boards and corporations, tertiary institutions and security agencies, women's lack of professional training tends to relegate them to support roles, which are often not seen as part of the mainstream activity of the institution. Overall, in many organizations women remain in supportive positions such as typists, secretaries, receptionists and caterers, which are positions merely incidental and not central to the main operations of these institutions. These patterns of socialization and self-perception of their roles make many women uncompetitive against their male counterparts.

The obvious implications of poor female representation and voice in private and public life in Ghana clearly indicate that constitutional and legislative guarantees, even token representation of women, do not necessarily translate into political inclusion of women.

Women's Participation in Traditional Political Institutions

Ghanaian political, economic and social life is very much tied to tradition. The foremost traditional governance institution is the institution of chieftaincy. Status, access to resources such as land, and a broad range of traditional social services are mediated through the chieftaincy institution. Although Chapter 22 of the 1992 Constitution (Article 277) defines a chief to include a queenmother, in practice, there are very few women chiefs. queenmothers still play subservient roles in the traditional governance set-up and major decisions are still deliberated upon and taken by all male councils of chiefs and elders. Chieftaincy is essentially a male institution, even though in some areas, the queenmother exercises considerable power, especially in the selection of chiefs and plays an advisory role (Awumbila M, 2001).

It would appear that the traditional role of women through the queenmother to select and remove chiefs has consistently been whittled down. Further, the traditional role of women, exercised through the queenmother, to settle traditional constitutional and governance impasses, has now been almost obliterated.

Generally, in the case of the queenmother, even though the position belongs properly within the status category of the aristocracy and entails widely recognized and valued roles, it is by no means the case that the position carries or is accorded equal power with that of other comparable male office holders in the traditional governance systems (Awumbila M, 2001). It would appear that the status and functions of the high office of the queenmother has not received the requisite formal recognition or given the appropriate

support. She faces problems of inequality in the performance of her roles. In attempting to fulfil the specified functions incumbent on her traditionally, she faces a number of constraints in terms of tangible and intangible resources. For example, the queenmother does not receive allowances from the state, as do chiefs. Royalties accruing from the chief's court and from the disposal of stool property, including stool lands, are also denied her. In social settings, queenmothers still play a secondary role to the male chiefs.

The Constitution provides for the establishment of a National House of Chiefs (NHCs) and Regional Houses of Chiefs (RHCs) (1992 Constitution: Articles 271-274). queenmothers are not members of the NHCs or RHCs. Neither are they members of the lowest tier of the chieftaincy structure, the Traditional Councils set up under the Chieftaincy Act, 1971 (Act 370). This is so in spite of the fact that the Constitution defines "chief" to mean a "person, who, hailing from the appropriate family and lineage, has been validly nominated, elected or selected and enstooled, enskinned or installed as a chief or queenmother in accordance with the relevant customary law and usage" (1992 Constitution: Article 277). There is currently debate as to why the queenmother is denied membership of the Traditional Councils and the Houses of Chiefs. This exclusion is largely due to the cultural construction of gender in Ghanaian society and results in the effective exclusion of queenmothers from participation in decision-making processes.

Queenmothers are increasingly transcending the traditionally imposed limitations on their roles. As custodians of tradition and custom, queenmothers are now in the forefront of the fight against such discriminatory and dehumanizing practices as Female Genital Mutilation

the "queen mother" does not receive allowances from the state, as do chiefs. Royalties accruing from the chief's court and from the disposal of stool property, including stool lands, are also denied them.

Under the matrilineal kinship system where traditionally women are presumed to be the heads of families, in practice men are made to play this role to the exclusion of the women from whom the lineage is traced

(FGM) and “*trokosi*” and are spearheading campaigns against HIV/AIDS and for the formal education of the girl. This resurgence in the role of the queenmother is representative of the general improvement in the role of women in traditional governance. There is evidence of greater insistence by queenmothers to be granted access to the various Houses of Chiefs. There is also a steady increase in the number of queenmothers acting as chiefs of communities and a rise in the number of “women chiefs” in Northern Ghana, where the Centre for Indigenous Knowledge and Organisational Development (CIKOD) has facilitated the institution or re-institution of the “*Pognaa*” (Woman Chief) in Loho in the Upper West Region (Dery, S. K., 2007).

Women's Access to Resources and Property Rights

The Constitution guarantees every citizen the right to property (1992 Constitution: Article 18). In practice, however, certain social groups tend to have very limited access to resources as a result of the interaction of political and socio-economic factors which prejudice their property rights.

Generally, women's property rights and access to resources tend to be relatively less secure largely due to their inadequate participation in decision-making processes with regard to distribution of resources. Even though existing legislation does not expressly discriminate against women, there are structural problems in the various land management systems, which tend to restrict the autonomy and empowerment of women to take advantage of statutory laws and procedures for enforcement.

Under the customary law system the

rights of access of women to productive resources are to a large extent regulated by, and dependent on men. In most customary land tenure systems, under which about 80% of the lands in Ghana are held, community level decision-making about land is the exclusive preserve of chiefs, or family heads who exercise that role on behalf of the community, clan or family. Chiefly authority is generally ascribed to a patriarchal lineage and thus control over land use and land rights is exercised by men, with little or no participation by women. Under the matrilineal kinship system where traditionally women are presumed to be the heads of families, in practice men are made to play this role to the exclusion of the women from whom the lineage is traced (Hilhorst T., 2000). The fundamental role played by men in the acquisition and control of land under the customary law, therefore, gives them greater pre-eminence over land ownership in Ghana.

In terms of lineage, inheritance to property is still based on patrilineal and patriarchal systems, which allow male descendents to inherit almost all landed property. With regard to marriage, the woman's access to property within the husband's family is dependent on the continuous subsistence of the marriage. It is still possible for women to buy landed property, but structural discrimination ensures that women often do not have the financial resources to purchase land on the market and many in the property market refuse to deal directly with women in transactions involving land.

Even though in principle, all subjects of the stool or lineage, regardless of sex, have an inherent right of access to the lands held by the stool or family head in trust, in practice women do not enjoy equal access to and control over stool or family land for a number of reasons. Marriage and its attendant domestic obligations reduce the

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chances of women to acquire land. At customary law, a woman is under an obligation to assist her husband on his own farm. This, coupled with her extensive domestic obligations, effectively reduces the amount of time and effort she can spend developing her own farm. Traditional gender patterns in the division of labour place land clearance in the hands of men, thus giving them priority in the original possession and acquisition of the usufructuary interest. Since women have a relatively lower ability and means to develop land, allocation of land tends to favour men as compared to women. The emergence of permanent crops such as cocoa, which require longer use of land as a profitable and dominant enterprise also gave preference to men, who tend to be economically more empowered to engage in it (Duncan B.A., 1997).

It must be pointed out, however, that despite all the constraints women face in accessing resources, there is evidence of some change. Traditional barriers to women's acquisition of land are slowly beginning to break down. In parts of Ghana, opportunities for women to gain resources are opening up as the rural economy becomes expressed in terms of money. The commoditization of land and labour has created opportunities for women to buy private assets without having to depend on their lineage positions. There is thus an increase in land ownership among women in the country (Duncan B.A., 2000).

In Ghana, marital relations and divorce exert a powerful influence on the extent of women's economic empowerment and have significant implications for their property rights. The distribution of matrimonial property upon divorce is a critical area which lacks a clear legislative framework, resulting in a situation where women's property rights tend to be jeopardized. In the absence of clear

statutory provisions on the regulation of matrimonial property rights (beyond the constitutional provisions), the courts demand proof of substantial financial contribution to the acquisition of property acquired during the marriage, failing which a spouse may not succeed in a claim to specific interest in such property. This position places majority of wives at a disadvantage because in most cases financial contributions made by a wife to the acquisition of property during the period of the marriage are not rigidly recorded or kept as documentary evidence. This approach, therefore, tended to contribute significantly to the exclusion of wives from benefiting from the property acquired by the joint effort of the couple during the subsistence of the marriage and prejudiced their legitimate property rights (Kuenyehia, A., 1986-90; Kuenyehia, A., 1990-1992; Daniels, W.C.E., 1989-90; Kuenyehia & Ofei-Aboagye, 1998; Daniels, W.C.E., 1972; Daniels, W.C.E., 1965). This approach also ignored and discounted the wife's contribution in the form of household work and other traditional duties performed by the wife during the entire period of the marriage. It must be noted, however, that in the last two decades, there has been an encouraging trend in which the courts are gradually beginning to recognize the interests of wives in matrimonial property without insisting on documentary proof of financial contribution (Dowuona-Hammond C., 2005).

Article 22 of the Constitution recognizes the need for equity in the regulation of property rights between spouses and provides that spouses shall have equal access to property jointly acquired during marriage and that assets which are jointly acquired during marriage shall be distributed equitably between the spouses upon dissolution of the marriage.

Even though in principle, all subjects of the stool have an inherent right of access to . . . lands . . . in practice women do not enjoy equal access to and control over stool or family land for a number of reasons

The constitutional provision also requires Parliament, as soon as practicable after the coming into force of the Constitution, to enact legislation regulating the property rights of spouses. To date, however, no such legislation has been enacted and the regulation of the rights of spouses to property acquired during the period of the marriage continues to be subject to the discretion of individual judges. The existing uncertainty leaves room for inequitable judgments.

The regulation of the rights of

inheritance also exerts critical influence on the empowerment of women in Ghana in terms of access to resources and property rights. Even though the law of succession has evolved extensively in the past few decades, legislative attempts to streamline the law have in practice tended to cloud the pertinent issues and have not achieved much tangible improvement in the position of women. The Intestate Succession Law, 1985 (PNDC L111) was designed as a panacea to what was widely recognized as the inequitable customary law rules on

Box 5.2**Special Challenges Faced by Muslim Women
with Regard to the Legal Regulation of Property (Inheritance) Rights**

Islamic marriages and divorces in Ghana are regulated by the Marriage of Mohammedans Ordinance (CAP 129). The Ordinance requires the mandatory registration of all Islamic marriages to ensure their validity (CAP 129: Section 5). The registration must be done within one week, and the bridegroom, bride's wali or guardian, two witnesses to the marriage, and a Muslim priest must go to the relevant District Assembly to have this done (CAP 129: Section 6). Where the time period is not complied with, the High Court may extend the time for registration upon an application made to that Court. The principal effect of these provisions is that, an Islamic marriage or divorce is not an Islamic marriage or divorce, properly so called, unless it has been registered in accordance with the provisions of CAP 129. The courts have held that a marriage that has not been registered under CAP 129 is not a valid marriage.

The problems associated with the Marriage of Mohammedans Ordinance are numerous. First, most Muslims do not know about the existence of the law on registration of Muslim marriages and therefore do not comply with it. A Muslim who is not able to register his/her marriage within the stipulated period will have to engage the services of a lawyer to apply to the High court for extension of time within which to register. The cost of procuring legal services is often outside the reach of the average Ghanaian. The application for extension of time may be refused by the judge.

The procedure for registration stipulated in the law is very stringent and, therefore, does not encourage compliance. The law requires a Muslim to go to a District Assembly to register his marriage or divorce. In addition, the law requires the couple and their guardians to go to the District Assembly in person together with the officiating Imam and two witnesses to the marriage. Within the Catholic Church, for example, certificates of marriages are given in the church immediately after the marriage ceremony. In the case of Muslims, the law does not permit this to be done in the mosque. They are obliged to converge at the District Assembly for the registration. The proximity of the District Assembly to the place of residence or place of marriage may affect one's ability to register within the stipulated period.

Furthermore, in most of the district assemblies the prescribed forms

for registration of Muslim marriages are not usually available. Muslims interested in registering their marriages have to use the forms for the registration of customary marriages or those for the registration of ordinance (Christian) marriages.

Muslims attempting to have their marriages registered face many other practical challenges. First, if the mallam or ulama who performs the marriage or divorce ceremony has not been registered as an Islamic priest, the marriage or divorce is invalid, even if such religious official is fully recognized as such within the community or mosque. Further, in accordance with the provisions of the existing law, if the married couple is unable to get all the parties to the marriage, including two witnesses and the priest, to attend at the District Assembly for the purpose of registering the marriage, they will have to hire a lawyer to make an application to the High Court to dispense with the signature of any of the persons except that of the priest. If there is a delay in the registration of a Muslim marriage, a lawyer will have to be hired to make an application, not to the community tribunal or the circuit court, but the High Court for an extension of time within which to register the marriage. If the married persons wait beyond a reasonable time to make the applications mentioned above, the court would not entertain them and the result would be that the marriage could never qualify as a valid marriage.

All of the above are constraints a has to face in order for the state to recognize his/her marriage as a valid marriage. The practical result of these constraints is that many s have married according to rites, yet the state does not recognize these marriages as marriages because they have not been registered according to the provisions in CAP 129. Thus, upon dissolution of marriage or upon death intestate of a spouse, the other spouse of the marriage is unable to prove that (s)he is legally married to the deceased and, therefore, entitled to inherit. Evidence from the Legal Aid Clinic of the Legal Resources Centre-Ghana shows that many women are denied their property rights upon the dissolution of marriage or upon the death intestate of their partners because of their inability to prove that they were validly married to their ex-partners

succession. The customary law on inheritance upon intestacy tended to exclude women almost entirely, since the wife was not part of her husband's customary family under both types of kinship systems. Further, even though customary law considered it a woman's duty to assist her husband in his occupation in life, the woman did not thereby become a joint owner of property acquired through such assistance (Quartey v. Martey & Another, 1959:377).

In practice, the customary rules of succession which precluded either spouse from inheriting the other created far more destitute widows than widowers. The plight of widows, and in some cases children, under the customary law prompted the enactment of the Intestate Succession Law in 1985 with the objective of eliminating all existing discrimination against either spouse and ensuring equal rights for women in particular and their dependent children.

The Intestate Succession Law, however, appears to have made minimal impact principally because it was an attempt to superimpose legal prescriptions on existing social structures and institutions which have no place for the values or concepts espoused by the Law. The widespread resistance to the operation of the Law, especially in matrilineal communities where it introduces radical changes and the fact that it has not significantly changed the practice of intestate succession in most parts of the country bears witness to this.

Overall experience with the Intestate Succession Law has revealed that any attempt to effect radical changes in the regulation of intestate succession in this country must be a multi-faceted one founded on extensive investigation of the operation of traditional institutions and the

possible impact on family, marriage and social relationships, particularly within the rural areas. Addressing the property rights of women generally, and in the specific cases of matrimonial property and inheritance, obviously requires much more than the mere enactment of legislation. In Ghana, the necessary complementary institutional structures, including those for monitoring, review, evaluation and institutional learning have been conspicuously absent.

... though customary law considered it a woman's duty to assist her husband in his occupation in life, the woman did not thereby become a joint owner of property acquired through such assistance . . .

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Children

This part focuses on the political and legal exclusion of children. The details of the relevant social structures, systems and practices, such as forced child marriages, "trokosi" (ritual slavery) and FGM that underpin the exclusion of children generally are discussed in Chapter 3.

A little over 10 million of the total population of Ghana are children (UNICEF, 2005). The Convention on the Rights of the Child (CRC) and the Children's Act, 1998 (Act 560) define a child as a person below the age of 18 years.

Over the last decade, Ghana has sought to improve its legal framework on children. The 1992 Constitution includes for the first time a distinct set of rights for children (1992 Constitution: Article 28). A number of other laws have been passed aimed at protecting children from specific threats. These include the Children's Act, 1998 (Act 560), which attempts to consolidate all child-related laws and to protect children from inimical practices such as child labour. The Act also introduces Child Panels, within the

A number of other factors tend to hinder the political inclusion of children . . . In impoverished areas . . . the daily process of striving for survival and eking out a living ensures that issues of political inclusion take second place to the more fundamental issues

framework of the local government structures, to “mediate in criminal and civil matters which concern a child” (Children's Act: Sections 27-32). Other relevant laws include an amendment to the Criminal Code, 1960 (Act 29) to raise the age of criminal responsibility from seven to twelve years; the Juvenile Justice Act, 2003 (Act 653); the Human Trafficking Act, 2006, (Act 694); the Domestic Violence Act, 2007, (Act 732) and the Legal Aid Scheme Act, 1997 (Act 542). All these laws give separate, particular, and favourable regard and treatment to children with respect to their protection, growth and development, the creation of institutions for their welfare and access to justice for children (Atuguba, 2005; Atuguba, 2006).

In the particular case of political inclusion, the constitution, in line with international best practices, debars children from voting in public elections and referenda (1992 Constitution: Article 42). The Children's Act, however, provides that “No one shall deprive a child capable of forming views the right to express an opinion, to be listened to and to participate in decisions which affect his well-being, the opinion of the child being given due weight in accordance with the age and maturity of the child” (Children's Act: Section 11).

The existing elaborate legislative framework for the protection of children's rights and for ensuring a certain measure of political inclusion has not been able to deal completely with the political exclusion of children in practice. This is attributable to structural causes, which in turn emanate from inflexible political and ideological superstructures, and the ineffective enforcement of legislation enacted to protect the rights of children. Deep-seated and pervading policies such as “A child may only be seen but not heard” and “Parents speak also for their children”

ensure that the critical voices of children are hardly surfaced in public discussions and policy debates as well as legislative deliberations. Even when policies and laws affecting children are being considered, children are hardly involved in the process, except perhaps, symbolically and tangentially. Yet, the experiential knowledge of children relating to the issues that affect them now cannot be effectively conducted into policy and legislation through the proxy intervention of their parents or other mediums.

A number of other factors tend to hinder the political inclusion of children. Poverty is a fundamental issue in political inclusion, no less in the case of children. In impoverished areas that are caught in a vicious cycle of poverty and children are forced to live in risky and alarming conditions, the daily process of striving for survival and eking out a living ensures that issues of political inclusion take second place to the more fundamental issues of finding water to drink, food to eat, and medicine to cure malaria. This is a vicious cycle because it is precisely the low levels of political inclusion and associated political resources that lead to the sub-optimal supply of the needs of children and their parents. This is another clear example of the intimate interaction between economic and social exclusion on the one hand, and PE on the other.

Certain traditional practices, including child betrothals and child marriages, Female Genital Mutilation (FGM) and the “*trokosi*” practice not only violate the human rights of children; they tend to hamper their well-being, development and full participation in productive life. Even though laws have been passed to prohibit these practices, enforcement levels are extremely low for a number of reasons. Most traditional practices are so deeply entrenched in

society that it requires a concerted effort to progressively eliminate them in a sustainable way.

FGM, for example, has been abolished under Section 69A of the Criminal Code, 1960 (Act 29). The passage of the 1994 legislation may be described as an important landmark in an attempt by the Government and civil society groups to arrest the practice. Ghana may be described as one of the very few African countries to have enacted legislation abolishing FGM. However, the intended effect of the law remains to be felt, due to the strong traditional beliefs associated with the practice, low awareness of the law, general illiteracy, economic benefits derived by excisors and low levels of enforcement (UNICEF, 2000). As at 2000, information from the Police showed that no more than seven FGM arrests have been made nationally, there is no corresponding data to show if the perpetrators were fully prosecuted. A significant feature of these arrests was that in the majority of these cases, the perpetrators had left the Northern Region to effect the practice out of country in Burkina Faso where vigilance for the procedure is low.

In June 2007, the Parliament of Ghana, frustrated by the persistence of the practice of FGM, upped the minimum sentence for the offence from 3 to 5 years in jail after a proposal by the CLPA Committee of Parliament to have a minimum of 10 years failed in the house. The Parliament of Ghana is yet to learn that criminal laws alone do not solve social problems.

As is the case with poverty, the persistence of these debilitating risks to children consigns issues concerning their political inclusion to the background of public debate and public policy.

Children with disabilities, street children, child porters (“*kayayee*”), child

victims of commercial sexual exploitation, children in conflict with the law, children affected by conflicts and working children represent other groups of children with special needs in Ghana. Although laws exist to protect such children, the practices continue to flourish. The key effect of these economic and social exclusion issues on Political Exclusion is that their existence clouds the need for serious discourse, debate, policies, laws and action for the political inclusion of children. All discussions around children tend to concentrate on these other more overt forms of exclusion whilst consigning the Political Exclusion of children to an insignificant footnote.

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Box 5.3

Child Marriages and the Law

Child marriage is another age-old customary practice which allows young girls to be betrothed to much older men chosen by their parents for them long before they are able to give their own consent. It is a kind of arranged marriage which can have serious repercussions on the life of the young girl. In some cases an older man indicates that he would like to marry a young girl when she comes of age. He then assumes responsibility for the girl, paying for her education and other expenses. When the girl reaches the age of puberty, the girl, sometimes as young as 14 years old, is handed over to the man to live with him and is forced to have sex at an early age. This often leads to her getting pregnant in her teens, resulting in possible serious complications at childbirth.

Part of the reason for this practice is clearly economic. Parents of the girl stand to gain considerably from the prospective groom, and are unable to refund moneys taken from the groom if the girl is reluctant to follow through on the arrangement. Thus, such young girls are forced by their own parents and relatives to comply with the wishes of the financier-husband. In recent times, there have been reports of young girls running away from home to escape such commitments. Although a few of them seek judicial relief in the courts, a lot of them end up in the towns and cities to join the many unemployed or underemployed young girls or engage in risky occupations such as head-porterage and prostitution.

The criticism of this practice and the fact that it seriously violates the human rights of the girl and carries the risk of causing permanent physical and mental damage to its victims has led to the passing of a law which makes it an offence for any person to coerce or compel anyone to marry against his or her will. The Criminal Code provides in section 109 that: “Whoever by duress causes a person to marry against his or her will, shall be guilty of a misdemeanour”. The effect of this law however remains unknown, since there are no recorded cases of prosecutions. It is believed, however, that the incidence of child marriages in Ghana has been reduced by increased levels of enrolment of female children in schools.

Source: Compiled from fieldwork and Existing Legislation

Box 5.4

A Traditional Ritual Practice

There are a number of traditional ritual practices in Ghana. Among them is "trokosi". The term "trokosi" refers to a traditional practice of ritual bondage of virgins (normally female children) by which victims are committed to shrines as reparation for the sins of their relatives. It is mostly practised in the North and South Tongu Districts in the Volta Region as well as Dangbe East and Dangbe West Districts of the Greater Accra Region (Nukunya et al, 1999). Research has shown that there may be as many as 51 shrines of which the Volta Region accounts for 43 (84.3%), Greater Accra Region, 5 (9.8%) and Eastern Region, 3 (5.9%). The actual numbers of females involved provides a clearer picture of the extent of the problem. Prior to the liberation process by the NGO, International Needs, there were a total number of 4,714 females in ritual bondage in the affected areas. Out of these, 2,800 (60.3%) have been liberated leaving a total of 2021 still in bondage.

Research has revealed that committal is based on the commission of crimes within the family examples of which are theft, adultery, murder, lying, sexual intercourse with a *trokosi*, rudeness to cult members, defiance to the cult and refusal to pay a debt. Though some of the shrines claim to take both male and female victims, evidence suggests that most of the victims of the practice are female children. An important manifestation is that victims are compelled to undergo rituals of committal against their will. Areas of coercion include wearing of symbols of identity without their consent, denial of freedom to wear clothes of their choice, observance of dietary taboos, forced labour, marriage and sex to the priest to the exclusion of other men and physical abuse for any misbehaviour.

The exclusionary effect of this practice is total. Children of *trokosis* are denied parental and emotional support, adequate nutrition and a healthy environment. Servitude restricts their access to social services such as formal education, medical care (including ante-natal, post-natal attention and immunization of their children) and also keeps them impoverished since they are unable to embark upon their own independent commercial activity. In addition, the entire stigma associated with being a *trokosi* transforms them into social outcasts.

The practice involves a myriad of violations of the human rights of the child *trokosi* including discrimination on grounds of sex and ethnic and social origin; punishment for the wrong doing of others; denial of registration immediately after birth; denial of a family environment; lack of access to information; loss of the right to education with the long term objective of developing the child's personality, talents and mental and physical abilities and denial of the right to be protected from forced marriage and sexual exploitation.

In 1998, the Parliament of Ghana passed into law the Criminal Code (Amendment) Act, (Act 554), which seeks to abolish all forms of customary servitude. It makes it an offence punishable by law for any person to send or receive at any place, any person or to participate or

be concerned with any ritual or customary servitude or any form of forced labour of any individual in Ghana. Like any other law which seeks to outlaw or prohibit long standing traditional practices based on cultural and religious beliefs, enforcement of this law remains a challenge. Experience has also shown that the process of law enforcement has the potential to drive practitioners to operate under cover in Ghana or in neighbouring countries where the practice remains legal.

Continued public outcry against the *trokosi* system has intensified the liberation process by various groups and individuals. One native of Tongu resident at Adidome, the North Tongu capital, has through the Fetish Slaves Liberation Movement (FESLIM) led the way in this process. International Needs, another NGO, has been instrumental in both the liberation exercise and in the rehabilitation of the victims. Through the assistance of the Danish Government, International Needs has established a Vocational Training Centre at Adidome for the training and rehabilitation of liberated *trokosis* and others still in confinement. The centre is a boarding facility and has the capacity to enrol 140 trainees. As at 2000, the centre had 45 women and children (aged between 15 and 34 years) training in vocations such as dress making, bread baking, kente weaving and mat making. Courses last for a period of three years. The beneficiaries included *trokosis*, children of *trokosis* and grandchildren of *trokosis*. A nursery also exists within the centre for *trokosis* who fall below the primary school age (UNICEF, 2000)

In addition to the efforts of the above mentioned organisations and individuals, the Ghana Government itself and other statutory bodies have taken an interest in the problem. The Commission on Human Rights and Administrative Justice (CHRAJ) and the Ghana National Commission on Children (GNCC) have initiated moves towards a solution. The CHRAJ for instance was in direct partnership with International Needs in projects which were aimed at the liberation of *trokosis* and their effective integration into the wider society. The Office of the President has also thrown its weight behind efforts aimed at eradicating the practice through the advocacy efforts of the GNCC and the NCWD which now form part of the Ministry of Women and Children's Affairs (MOWAC).

Nukunya et al, (1999) suggest that while the current liberation and rehabilitation exercises are to be commended, other complementary areas for intervention may include:

- ⚡ Expanding access to vocational centres established for their rehabilitation through availability of adequate financial resources.
- ⚡ Inclusion of the families of liberated victims in the process of the liberation exercises to facilitate the emotional healing process.

Training of staff of existing rehabilitation centres like those set up by International Needs to enable them upgrade their skills and capacity to meet the complex needs of traumatized victims.

Source: Compiled from fieldwork and UNICEF (2000)

Participation of Children and Youth in Traditional Political Institutions

The previous section on women as an excluded group, discussed their exclusion from traditional political institutions. Children and the youth fare worse in

participation in traditional governance systems. The traditional notion that children may only be seen and not heard is still very prevalent. In the case of the youth, there has actually been a severe denigration of their traditional role. Traditionally, the youth of the community were a significant political block and force. They were the real executing agents of most of the decisions and orders of the chief-in-council in the political sphere (going to war, arresting fugitives, etc), the economic sphere (forming and managing farming companies, etc), and in the social sphere (providing night-time entertainment to the community, etc). Their energy was generally needed for the functioning of the traditional state. Today, with the significant migration of the youth from their communities of origin to the cities, the waning of traditional political functions and the commodification of some of the roles previously performed by the youth, their power and influence has significantly waned. This has meant that their participation in community governance and their ability to keep the local level governance system in check is at an all time low.

Violence against Women and Children

The most prevalent forms of violence against women and girls in Ghana include sexual violence and harmful cultural practices. The commonest forms of sexual violence involve incest, rape, commercial sexual exploitation of children and adult women (acquaintance abuse), wife beating, female genital mutilation and fetish slavery. Studies conducted on trends on the incidence and reporting of sexual violence, particularly against children, reveal that child defilement is often complicated by the

fact that children tend to be more at risk of being violated by persons in close relationship with them, such as fathers, uncles, cousins, teachers, pastors and neighbours. The studies also show an unwillingness of parents to disclose incidents of sexual abuse because of the socio-cultural attitudes which place a stigma on victims of sexual offences (NCWD, 1999).

Other studies have shown that violence is a reality for a substantial number of women and children in Ghana and that they are most at risk of sexual violence between the ages of 10 and 18 years. It has been found that the majority of girls and women (2 out of 3) do not report their experiences of sexual violence mainly due to feelings of shame. This could be attributed to advice given to them to be tolerant and to the fact that very little action is taken against the criminal if reported (Coker-Appiah & Cusack, 1999). The traditional practice by which police agencies tend to treat such cases as minor domestic issues to be mediated and settled informally results in a loss of confidence in the justice system and the loss of opportunity for victims to seek appropriate redress (UNICEF, 2000).

In an attempt to make the criminal justice system more responsive to the special needs of women and children who are victims of violence, the Government in November, 1998 established the Women and Juveniles Unit (WAJU) of the Ghana Police Service. This Unit was to deal exclusively with cases of violence against women and children. The establishment of WAJU was based on the premise that issues of abuse of women and children are more efficiently dealt with under specialized institutional arrangements. This concept was first instituted in the capital city and was replicated in Kumasi in the Ashanti

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The annual trend data show non-maintenance of children (Civil) to be the most common form of abuse. This is closely followed by defilement

Region of Ghana in 1999. The Government is in the process of institutionalizing the concept nation-wide and has changed the name of the Unit to the Domestic Violence and Victims Support Unit (DOVVSU).

Trend Analysis of Cases Handled by Domestic Violence and Victims Support Unit (DOVVSU)

We draw on cases reported to DOVVSU as evidence of the incidence of abuse and discrimination within domestic relations, which ultimately generate and reinforce the exclusion of specific groups including women and children.

Table 5.8 shows a range of domestic offences with exclusionary potential and illustrates trend analyses of the domestic forms of discrimination and abuse that contribute significantly to society-wide exclusion from January 1999 to 2006. The annual trend data show non-maintenance of children (Civil) to be the most common form of abuse. This is closely followed by

defilement. In the case of non-maintenance, there is a very strong reason to believe that children who are not well maintained at home and lack such parental care may seem timid compared to their counterparts who are maintained at home. Such children suffer from exclusion resulting from deprivation, sometimes leading to their dropping out of school and their involvement in child labour with far reaching implications for their full and holistic development and their future.

The table shows a low incidence of domestic violence between 1999 and 2001. This is obviously a function of the unwillingness of affected persons to make complaints of incidents of domestic violence to the WAJU and of incomplete data capture. The numbers rose from 2002, peaked in 2004 and then sharply declined from 2005. The reason for the rise appears to be a greater willingness of affected persons to use the available institutional mechanisms and improvements in data capture. The subsequent decline may be attributed to increased resource availability to the institutions that deal with domestic violence.

Table 5.8 Recorded Annual Cases of Domestic Violence and Children in Accra (January 1999–March 2007)

	first quarter									
	1999	2000	2001	2002	2003	2004	2005	2006	2007	
Defilement	154	181	204	533	509	414	400	482	94	
Indecent Assault	11	16	28	69	49	48	77	47	10	
Rape	23	34	58	134	100	115	131	142	41	
Incest	4	6	5	16	8	7	4	3	1	
Exposing Child to Harm	1		4	67	48	35	55	117	38	
Attempted Abortion				18	17	16	15	18	5	
Attempted Rape	2	1	3	24	28	12	17	28	5	
Attempted Defilement				1	7		4	5	1	
Failing to Supply Necessities of Health and Life			7	17	142	54	64	118	133	
Child Stealing		3		16	10	8	11	8	1	
Compulsion		2		3	3		3	3	2	
Criminal Abortion	1	1		2	8	9	15	29	6	
Bigamy			1	3	1	6	3	6	1	
Carnal Knowledge of a Female Idiot		2		1	2	2	4	6	4	
Child Trafficking				4	4	1		2		
Abandonment of a Child				2	3	8	8	8	1	
Attempted Female Circumcision								1		
Child Labour			1					3	1	
Unlawful Child Removal								5	1	
*Non Child Maintenance (CIVIL)	523	1383	1047	1899	3024	3022	1768	1662	390	
GRAND TOTAL	721	1634	1369	2940	3868	3770	2633	2707	626	

Source: Domestic Violence and Victim's Support Unit (DOVVSU), 2007

Traditional Practices Injurious to Women and Children

Customary practices which tend to be injurious to the physical and emotional well-being of a person are invariably targeted at women or female children for reasons which are not exactly easy to justify. A number of traditional customs, practices and rituals, targeted at women in particular, are so patently discriminatory against women and seriously injurious to their physical and mental well-being that it boggles the mind why they exist in the first place. Article 26 of the Constitution prohibits traditional practices which are injurious to the welfare of any person. Yet it is a well-known fact that such harmful practices continue to be practiced and enforcement levels of the laws remain negligible.

In some Ghanaian communities, where widowhood rites are practiced, the practices tend to humiliate and exclude women (Kuenyehia & Bortei-Doku, 1998). Chapter three of this report provides details on widowhood rites and a number of other practices that impede inclusion.

Most of these practices are clearly discriminatory against women since widowers are hardly ever required to perform such extensive endurance rituals upon the death of a wife. Typically, the rites that widowers are required to perform involve minimal discomfort, the worst being confinement to the house for a week or two. Criticism of the severity of widowhood rites and their harmful effects on women led to the introduction of a provision in Ghanaian Criminal Code which makes it an offence for any person to compel a bereaved spouse to undergo any custom or practice which is cruel in nature.

It is difficult to determine the practical impact of the law prohibiting widowhood rites because of the conspicuous absence of any reported cases of prosecution or statistics on the matter. There are serious problems of enforcement, resulting from the fact that these practices are steeped in traditional customs and religious beliefs which are not easy to erase by legislation alone. The law, therefore, seems to have had little or no impact on the actual practice. It has been noted that protecting the rights of women and children and ensuring their inclusion in decision-making at all levels, for example, requires not simply the enactment of laws, but the need for major changes in societal attitudes, perceptions and patterns of behaviour. It involves re-orientation of gender roles and enhanced access to and control over resources at the family, community and national level. Beyond, this there is the need for the reform and transformation of state institutions and processes to reinforce and support the legal, institutional and political inclusion of excluded groups. The challenge to date has been how to configure institutions that will complement the existing legal framework.

Tackling Domestic Violence

A major milestone in the protection of women and children in family life and through the criminal law came in May 2007 when the President of Ghana signed the Domestic Violence Bill into Law. Although expressed in gender-neutral terms, the role of women's groups in the drafting of the bill and in the high-powered, high-impact advocacy leading to the passage and signing of the bill is evidence that women are the most affected in a legal regime that had no specific legislation on Domestic

A number of traditional customs, practices and rituals, . . . are so patently discriminatory against women . . . that it boggles the mind why they exist in the first place.

Violence. This progressive piece of legislation deals with a broad range of matters that constitute domestic violence. The Act provides civil relief for victims of domestic violence and criminal sanctions for perpetrators. Like all of the other laws that have been discussed in this Chapter, this law could be ineffective.

To ensure the effective implementation of the Domestic Violence Act, 2007 (Act 732), and for the law to contribute towards an inclusive society there is the need to develop a clear National Policy and Plan of Action on Domestic Violence which will set out the key issues to be taken into consideration in providing coordinated preventive strategies and effective responses for domestic violence nationally. The Plan of Action should also address issues relating to an effective feedback system; data collection; complaint mechanisms; tracking systems, sufficient resources and monitoring and evaluation systems.

Following the enactment of the law, there is the need for the immediate enactment of implementing regulations for the law and the design and development of forms required for the implementation of the law in accordance with section 41 of the Act. That section provides that any Legislative Instrument made under the Act should cover the following among others: the provision of forms necessary for the purposes of the law; the prescription of training for police and court officials on domestic violence; the provision of education and counselling of victims and perpetrators of domestic violence; the prescription of shelters for victims; and provision for the effective implementation of the Act.

There is also the need for a conscious effort to strengthen the capacity of staff of Ministries, Departments and Agencies (MDAs) and other relevant stakeholders

that have a role to play in the implementation of the Domestic Violence Act. These include: the Ministry of Justice and Attorney General's Department; the Police Service; the Ministry of Health and the Department for Social Welfare. Training programmes for capacity-building will have to focus on the contents of the law, the dynamics of domestic violence and procedures for obtaining redress. There must also be efforts at sensitization of civil society and the general public to ensure the effective implementation of the law (Minkah-Premo, 2007).

Persons with Disability (PWD)

A "person with disability" has been defined by section 59 of the Persons with Disability Act, 2006 (Act 715) to mean "an individual with a physical, mental or sensory impairment including a visual, hearing or speech functional disability which gives rise to physical, cultural or social barriers that substantially limit one or more of the major life activities of that individual". The Ministry in charge of Social Welfare suggests that the number of persons living with disabilities could be calculated by using a 10% formula (UNICEF, 2000:120). This represents a significant portion of the population and emphasizes the need for clear and effective policies to ensure the political inclusion of PWDs.

Some disabilities are with the individual at birth, some strike early in life, while others occur later as one is exposed to risks relating to specific disabilities.

The Ministry in charge of Social Welfare suggests that the number of persons living with disabilities . . . represents a significant portion of the population and emphasizes the need for clear and effective policies to ensure the political inclusion of PWDs.

Disabilities that affect persons under the age of fifteen (15) years are substantially under reported. This may be due to the fact that at the younger ages, specific disabilities may not be sufficiently developed to be observed by, or communicated to strangers. The sex ratios indicate that while at ages under 6 years, one may expect 100 males with disability to 108 females with disability, this ratio increases to 124 females to 100 males in the prime of life, from ages 16-55 years (Ministry of Employment and Social Welfare, 2000:12).

According to the above report, about 53 per cent of women with disability have no formal education compared with 37.3 per cent of males with disability. Even when PWDs manage to enter the formal educational system, they hardly manage through primary education. It has to be noted, however, that the few that manage to battle their disabilities off and persevere through the formal educational system do succeed and in most cases distinguish themselves in their career.

Available data indicate that the rate of employment of PWDs (69 percent) is much lower than that of the general population (80.2 percent). Even where PWDs are employed, the question arises as to the quality and level of employment and the constraints and frustrations faced in employment. The question therefore is not necessarily a quota of employment for PWDs but rather equipping PWDs with appropriate employable skills and competence to make them self-reliant. It is also important to ensure good care and conditions of work for PWDs whose working conditions are often dehumanizing.

In Ghana, as in many parts of Africa, culture, social status and religious cosmology have interacted and influenced people's perception and attitude towards

disability (Appiagyei-Atua, 2006). PWDs, in their day-to-day activities, face different barriers and forms of exclusion and discrimination. Most of the limitations encountered are not the result of the functional impairments related to the disability. Rather, they flow from the religio-cultural belief in Ghanaian society that a person's sin is responsible for his/her disability. Disabilities are often considered as curses or punishments for sins committed either by the PWD, parents of the person or one of his ancestors. A direct result of this religio-cultural thinking about disability is that traditionally, more focus has been placed on finding out and obviating the causes of disability and less on improving the living conditions of PWDs. The natural consequence of this unfortunate approach is the marginalization of PWDs and their exclusion from enjoying equal opportunities in all spheres of life.

In Ghana, the general treatment offered to PWDs has, at best, been to treat them as persons deserving to benefit from the charity and largess of others. In most cases, PWDs are stigmatized, stereotyped and relegated to the fringes of society. Among the Akan, as is the case in other communities in Ghana, a person born with some disability or who becomes adventitiously disabled is precluded from holding any traditional political office or occupying any leadership position in the community. In times past, it appears that children born with disability were killed or otherwise disposed of. In all these instances, the fundamental and inherent rights of PWDs are trampled on.

According to the National Policy Document on Disability, a number of factors and practices contribute to the persistent exclusion of disabled persons in Ghana. It is noted that information is geared mainly towards the able bodied without any consideration for disabled persons. For

Even where PWDs are employed, the question arises as to the quality and level of employment and the constraints and frustrations faced in employment.

example, there is an absence of subtitles on television programmes for PWDs and inadequate facilities for sign language in programmes on TV and at public fora. There is also inadequate provision of interpreters and special telephone facilities when and where needed by PWDs. Furthermore, specialized educational and training facilities for PWDs are either unavailable or in short supply. PWDs also face institutional barriers which limit their movement/transportation and their access to employment opportunities. With respect to employment opportunities, four misconceptions seem most prevalent. PWDs are often perceived as: someone else's responsibility; as requiring constant supervision; as being best served in isolated self-contained settings and as being generally incompetent.

The 1992 Constitution guarantees certain basic rights for PWDs. These include the right to live with their families or with foster parents and to participate in social, creative or recreational activities and the right not to be subjected to differential treatment in respect of their residence other than that required by their condition or by the improvement which they may derive from the treatment (1992 Constitution: Article 29(1) (2)). PWDs are also guaranteed protection against all exploitation and treatment of a discriminatory, abusive or degrading nature (1992 Constitution: Article 29(4)). Significantly also, the Constitution provides that in any judicial proceedings in which a PWD is a party, the legal procedure applied shall take his physical and mental condition into account (1992 Constitution: Article 29(5)). In addition, every place to which the public have access shall as far as practicable have appropriate facilities for disabled persons (1992 Constitution: Article 29(6)). Provision is also made for special incentives to be given to PWDs engaged in business and also to business

organizations that employ disabled persons in significant numbers (1992 Constitution: Article 29(7)).

To give effect to these rights of PWDs, the Constitution further mandates Parliament to enact such laws as are necessary to ensure their enforcement (1992 Constitution: Article 29(8)). Thus far, the Persons with Disability Act, 2006 (Act 715) remains the main enactment in this regard. Passed in August 2006, Act 715 makes some elaborate provisions on the rights, employment, education, transportation and health of PWDs. It also establishes the National Council on Persons with Disability in its section 41(1) with the object of proposing and evolving policies and strategies to enable persons with disability enter and participate in the mainstream of the national development process of Ghana.

Ensuring inclusion of PWDs does not involve simply eliminating direct or *de jure* discrimination but also indirect or *de facto* discrimination. Eliminating indirect discrimination involves removing certain structures which have served as barriers to the recognition of PWDs as decent human beings with capacities that could be harnessed and developed to enable them attain the best in their chosen field of endeavour. As noted earlier, these barriers are mainly attitudinal, institutional and environmental.

A number of defects have already been noted in the Persons with Disability Act. These are likely to affect its impact on eliminating all forms of discrimination against and exclusion of PWDs. First of all, the Act does not contain an equality or non-discrimination provision. Such a provision is crucial in establishing the relevance and justification for the law as well as defining the context and scope of the law, particularly in view of the fact that the non-discrimination clause (Article 17) of the 1992 Constitution does not specifically

The Constitution provides that in any judicial proceedings in which a PWD is a party, the legal procedure applied shall take his physical and mental condition into account

mention disability as one of the prohibited grounds of discrimination. It is, therefore, suggested that the law must be amended by the insertion of a section which expressly states that PWDs shall not be discriminated against on the grounds of their disability and shall be entitled to all the rights and privileges available to all citizens in addition to any relevant special treatment accorded them with the aim of assisting them towards achieving substantive equality with other members of the society. Alternatively, the courts should interpret the Act in such a manner as to incorporate the key elements present in this new formulation.

The Disability Act is also silent on the gender dimension of discrimination against PWDs. Females with Disability (FWDs) face more discrimination and prejudices at the household and community levels than men. In view of the fact that Females with Disabilities (FWDs) face this level of multiple discrimination, the law should have singled them out for special treatment. It has been noted that FWDs tend to suffer exploitative and abusive practices in society coupled with ineffective legal provisions to protect their rights. Data available indicate a more stable marriage for male PWDs than female PWDs. FWDs recorded a higher divorce rate, about four (4) times that of male PWDs (Ministry of Employment and Social Welfare, 2000). The Protocol to the African Charter on Women's Rights which Ghana has signed (but has not ratified) requires States Parties to ensure the protection of women with disabilities and take specific measures commensurate with their physical, economic and social needs to facilitate their access to employment, professional and vocational training as well as their participation in decision-making. It also requires state parties to ensure that the rights of women with disabilities, including freedom from violence, non-discrimination

based on disability and the right to be treated with dignity are respected. The Protocol clearly shows the way for the Parliament of Ghana.

The Act has also eliminated a key function of the National Council on Persons with Disability which was included in the Disability Bill. In the Bill, clause 42 provided in part that the Council shall “implement, monitor and evaluate disability policies and programmes...” However, in the Act, the word “implement” is taken out. This deletion severely waters down the functions of the NCPD.

With regard to the enforcement of the Disability Act, there is the need to re-examine the criminal law approach to dealing with non-compliance of its provisions. The Act appears to limit sanctions to fines and imprisonment and does not seem to recognize the fact that potential culprits may not be individuals but organizations, particularly the Government, commercial entities, churches, etc. There is the need to expand the scope of sanctions under the Act to ensure that all mechanisms and practices leading to violations of economic, social and cultural rights of excluded groups are identified as punishable offences, giving entitlement to compensation. What is needed, therefore, is a Disability Tribunal of a sort to engage in negotiation, mediation and arbitration to resolve non-compliance and the payment of appropriate compensation. Given that attitudes to disability are predominantly informed by cultural circumstances and beliefs, the mere threat of punishment will not necessary foster change (Appiagyei-Atua, 2006).

The above critique of the PWD Act reveals that it shies away from addressing deeper and particular issues of PWDs and from legislating an action-oriented process of ensuring the proper inclusion of PWDs.

Females with Disability (FWDs) face more discrimination and prejudices at the household and community levels than men. In view of the fact that Females with Disabilities (FWDs) face this level of multiple discrimination, the law should have singled them out for special treatment.

Persons Living with HIV/AIDS (PLWHA)

In Ghana HIV/AIDS is now a well-documented phenomenon. It has gone beyond a health problem and is now a political, economic and social matter of concern. The estimated rate of infection from the mid-1980s to 2000 has more than doubled, and in spite of the control efforts by various groups and organisations, there is no notable decline in the prevalence of the disease. The HIV/AIDS prevalence in Ghana's population is currently estimated to be below the 5% threshold for a generalised HIV/AIDS epidemic. There are wide spatial variations in prevalence across the country and the overall national prevalence has fluctuated over time, standing at 2.6% in 2000, 3.6% in 2002 and 3.1% in 2004. This appears relatively lower than in adjacent countries, where prevalence is around 5% and over 25% in East and Southern African countries (Fobil, & Soyiri, 2006). HIV/AIDS prevalence variations also exist among the ten political and administrative regions in Ghana. Vulnerability was found to be greatest among those aged 24 years – 39 years, accounting for 59% of PLWHA in Ghana. However, the figures show that HIV prevalence among persons aged between 4 – 14 years is low, accounting for only 1.0% of all HIV/AIDS cases recorded, with older persons (49 years and above) constituting for 8.0%.

There has been considerable political commitment to dealing with the epidemic and Government has moved to operationalise the National Strategic Framework for HIV/AIDS through multi-sector collaboration. In addition, the Government has formally established the Ghana AIDS Commission (GAC) to provide leadership and to coordinate the national response. The National AIDS

Control Programme (NACP) provides HIV screening and counselling facilities in all teaching, regional and district hospitals and has developed educational programmes to create awareness and to increase knowledge about the disease to enhance positive behaviour change. With a relatively advanced decentralised system of government, Ghana is presented a further opportunity to operationalise HIV/AIDS response strategies at the community and grassroots levels. This effort is currently being scaled up on a regional basis, and efforts are underway to intensify the local, community-based response to the epidemic.

Many CSO, NGOs and CBOs including multinationals and bilaterals have also been working in partnership with several government agencies to bring HIV/AIDS control and prevention programmes closer to the people. The role of NGOs in HIV/AIDS control has largely been in the area of advocacy (for say access to Anti-Retroviral Drugs (ARVs) and the running of anti-stigma campaigns) and health education and support for those with the disease.

In Ghana, as in almost all countries, the disease is associated with stigma, repression, discrimination and exclusion, as individuals affected (or believed to be affected) by HIV have been rejected by their families, their loved ones and their communities. Stigma is a powerful tool of social control and can be used to marginalize, exclude and exercise power over individuals who show certain characteristics. While the societal rejection of certain social groups (e.g. homosexuals, injecting drug users, sex workers) may predate HIV/AIDS, the disease has, in many cases, reinforced this stigma. By blaming certain individuals or groups, society can excuse itself from the responsibility of caring for and looking after such populations. This is seen not only

In Ghana HIV/AIDS is now a well-documented phenomenon. It has gone beyond a health problem and is now a political, economic and social matter of concern.

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in the manner in which 'outsider' groups are often blamed for bringing HIV into a country, but also in how PLWHA are denied access, first, to the services and treatment they need and second, to a range of other political, economic and social resources.

Whilst a lot of work is being done at the policy and operational level to deal with the health concerns of PLWHAs, very little is being done to ensure their political and legal inclusion. The many advocacy efforts are particularly directed at ensuring the availability of health facilities and medicines for PLWHAs. Very little has been done, for example, in ensuring that the existing legal framework takes account of the special needs of PLWHAs who suffer job insecurity and other forms of workplace discrimination and exclusion.

As a primary measure, it is proposed that a study be conducted to better understand the current human rights and legal framework for protecting PLWHAs, drawing from all the miscellany of laws and regulations on the subject. Such a study will encompass different strands of the challenges faced by PLWHAs. These will include the special case of the rights of PLWHAs who are also sex workers and the practice of the police to use the possession of condoms or other family planning paraphernalia as evidence that one has committed the crime of soliciting as a prostitute. At least one NGO has contacted the Legal Resources Centre, a legal services NGO, which runs a legal aid clinic, to challenge this practice of the police in the courts of law. The NGO argues that sex workers who are PLWHAs need to carry some of such contraceptives because of their capacity to reduce the risk of transmission of the disease.

Such a study must also include the special case of the rights of partners in both monogamous and polygamous unions to test or not to test; to require the other partner(s) to test; to exit or not to exit a

polygamous union when one of the partners tests positive; to stay in a union but decline to engage in sexual activity; and a whole range of personal autonomy, human rights and legal issues that remain very dimly lit in our jurisdiction. In more practical terms, the study will seek to answer the following direct questions: Does a spouse have the right to refuse sexual relations with their counterpart when claiming a right to protect oneself from infection? Does a spouse have the right to demand HIV/AIDS testing from their counterpart when claiming a right to protect oneself from infection? What rights does one wife have over other wives and her husband within polygamous unions? And in a broader context, does the individual have the right to claim rights or services from the state to protect his/her HIV/AIDS status or to live a full life as a PLWHAs?

When this is done, there will be a document from which policy makers may make and implement policies for the full enjoyment of the rights and entitlements that will make for a full life for PLWHAs. It is only when PLWHAs are capable of holding their own against the agencies of State and other duty-bearers regarding testing, treatment facilities, sexual negotiation and employment that they can live a full life. Such a document will also serve well as an advocacy resource for the many advocacy groups that work on HIV/AIDS. The resource will assist these groups to ground their advocacy on facts about the human rights and legal framework for PLWHAs, the shortfalls thereof and the possibilities for reform. The resource will also, hopefully, serve as a learning curve for advocacy groups in this area to go beyond advocacy for services to PLWHAs and encompass other fundamental issues relating to their rights in unions, their rights at work and their right to fully participate in the political and other processes in the state.

Whilst a lot of work is being done at the policy and operational level to deal with the health concerns of PLWHAs, very little is being done to ensure their political and legal inclusion.

Prisoners and persons in detention in Ghana have a legal right to vote, but voting facilities are not made available

Towards Social Inclusion in Ghana - Thematic Analysis of Political and Legal Exclusion

In the previous sections, the concepts of political and legal exclusion, their relationship *inter se* and with social and economic exclusion were examined. PE was examined amongst key identifiable groups such as women, children, the youth, PWDs, and PLWHAs. This section will analyse the themes which permeate political and legal exclusion across various excluded groups. These themes are political participation, legal protection and access to justice.

In discussing the various themes, the causes, manifestations and impacts on relevant excluded groups are used as examples to highlight the three themes.

Political Participation

We have already discussed the limits on the political participation of women and of children. In this thematic discussion of political participation and political and legal exclusion we will use the case of prisoners as an example.

The prison population in Ghana stands at about 11,800 (Penal Reform International, 2004:16). The total number of temporary detentions for the year 2002 was 592,289 (Ofori, 2006). If the number of persons in temporary detention at any one time is added to the total prison population the number of persons in prison becomes significant.

Prisoners and persons in detention in Ghana have a legal right to vote, but voting facilities are not made available to them on voting day for the various public elections held at the national and local government levels. This contributes to the exclusion of such persons excluded from this aspect of the political process. Aside from voting, prisoners and persons in detentions are excluded from all other political processes at all levels.

The case of the PE of prisoners and persons in detention is interesting because the laws of Ghana grant them the right to vote and to otherwise participate in political processes; it is the institutional ordering of political processes that contributes to their exclusion. It is conceivable that the institutional practices are premised on the assumption that a person who falls foul of the law automatically loses a number of rights and freedoms, including the right to vote and to participate in other political processes. To deal with PE, we need to address not only the legislative framework, but also the institutional practices.

Protection under the Law

This Chapter shows, throughout, how legislation is a tool for promoting inclusion in political, social and economic life. Where critical areas of national life are not properly regulated by the law, exclusion may occur. Again, where there are available laws on the subject but these are poorly enforced, exclusion invariably results. This is the focus of the second theme - the role of legal protection in the promotion of inclusion.

The analysis of the state of the law has revealed wide gaps in the legal protection of PLWHAs and to a lesser extent, PWDs. The analysis of the state of the law on

women and children has also revealed wide gaps in legal enforcement. The evidence is that many excluded groups are underserved by the protection of the law, including its enforcement mechanisms. We have seen how the property and inheritance rights of women and children are underserved by the civil law has also been demonstrated as has. How the rights of women and children are underserved by the criminal laws of Ghana. The same point has been made in the case of PWDs and PLWHAs.

Whilst it is true that considerable efforts have been made to ensure legal protection for excluded groups, a lot remains to be done. Chief amongst these is the problem of legal enforcement. This leads us to the discussion of the last major theme - access to justice.

Access to Justice

A review of the impact of legislative and policy initiatives instituted to promote political inclusion for excluded groups such as disadvantaged women; children in difficult circumstances; PWDs, PLWHAs, the aged and the unemployed does not portray a positive trend. The missing link is access to justice.

Where there is quick, easy and effective access to justice, excluded groups may easily seek redress for discriminatory and exclusionary practices by any individual or institution including Government. Access to justice generally means access to state-sponsored or state-sanctioned legal services. These legal services include access to relevant and timely information about legal rights and responsibilities; legal advice; legal counselling; legal representation; and other legal advocacy services. At the individual level, access to justice may be defined as a person's ability to seek and obtain fair and

effective responses for the resolution of conflicts, the control of abuse of power and the protection of rights through transparent, accountable and affordable mechanisms and processes that are responsive to broad social needs and sensitive to culture and the needs of disadvantaged groups.

In Ghana, the issue of Access to Justice is inextricably linked to the special circumstances of excluded groups including women, children, Persons with Disabilities (PWDs), Persons Living with HIV/AIDS (PLWHAs), etc. The level of access to justice of individuals is also inevitably influenced by factors such as age, geographical location; health status; income status; educational attainment and disability, among others. Studies have shown that the economic, social, cultural, and attitudinal barriers which confront people in their quest to gain access to timely justice and the effects of limited or no access to justice can be damning indeed (Atuguba et al., 2007).

Cost is a major challenge for persons seeking to use the formal court processes to access justice. With particular respect to civil claims, the combined effect of the Courts Act and the High Court Civil Procedure Rules ensures that the actual beneficial enjoyment by a successful litigant of the fruits of his judgment through the operation of execution of judgment mechanisms is several millions of cedis away. In the area of criminal trials, an accused person is to be afforded a fair, timely and speedy trial by reason of Article 19 of the Constitution, yet logistical constraints ensure that this right is constantly violated because investigations are snail-paced, record keeping poor, investigators and witnesses are unable to attend court, and accused persons are not conveyed to court. Such cases, which number in the thousands, could easily be struck out for want of prosecution. However, for the majority of indigent

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defendants, financial constraints ensure that they are unable to hire counsel to have such cases struck out.

Article 294 of the Constitution provides for the institution of a legal aid scheme, which consists of representation by a lawyer, including all such assistance as is given by a lawyer, in the steps preliminary or incidental to any proceedings or arriving at or giving effect to a compromise to avoid or to bring to an end any proceedings. To this end, Parliament enacted the Legal Aid Scheme Act in 1997 (Act 542). Under this Act, legal aid is available to a person for the purposes of enforcing any provision of the Constitution, if he has reasonable grounds for taking, defending, prosecuting or being a party to the proceedings relating to the Constitution; if he earns the Government minimum wage or less and desires legal representation in any criminal matter; or a civil matter relating to landlord and tenant, insurance, inheritance with particular reference to the Intestate Succession Law, 1985 (P. N. D. C. L. 111), maintenance of children and such other civil matters as may from time to time be prescribed by Parliament; or if, in the opinion of the Board the person requires legal aid. Again, financial constraints have ensured that the Board has limited its mandatory interventions to instances where a person may face a death penalty or life imprisonment. All others must join the queue and wait for years for their turn to access justice. A number of Non-Governmental Organizations (NGOs) run legal aid clinics but these are also swamped with cases well beyond their capacity.

It is more than clear that political participation, legal protection and access to justice are the three most critical components of any agenda to promote political and legal inclusion, and ultimately an inclusive society. It is in this light that the following conclusions and policy recommendations should be read.

Conclusions and Policy Recommendations

It is clear from all of the above analysis that serious legislative and institutional efforts are being made to deal with the issue of PE in Ghana. All these efforts have, however, not realized the desired levels of political inclusion in our body politic. It is clear that there are significant fault lines in the conceptual, legal and institutional remedies applied to the problem of Political Exclusion. In this last section there is deep reflection on some of these, whilst pointing out the way for a better approach to dealing with the problem of Political Exclusion.

Addressing Deficits in the Characterization of Political Exclusion

There is overwhelming evidence that the characterization of the problem of PE of various segments of the society is less than satisfactory. The literature mostly characterizes the problem as a cultural one borne out of a Ghanaian love for sticking to outmoded social structures, systems and practices that contribute to PE. Following this characterization of the problem, policymakers and advocates move to the natural conclusion that a process of sensitisation and education of the populace to move away from outmoded customs and the criminalization of outmoded practices will lead to the political inclusion of erstwhile excluded groups. In the two-decade-old active process of seeking political inclusion for women, the women's movement in Ghana has mainly trodden this path.

Another misconception has been to assume that PE is caused mainly by the

absence of the excluded group from the corridors of power and the venues where policy and law are churned out. The natural response then is to make for token representation of the excluded group in these places. Yet the reality is that even the creation of a Ministry of Women and Children's Affairs will not be enough to ensure that the voices of women and children are represented in policy and in law. The recent events surrounding the passage of the Domestic Violence Bill into law have shown that the impact of a campaign of the excluded may be better felt and be more effective from outside of the corridors of power than from within it.

It is absolutely necessary that the problem of exclusion is not wrongly characterised culture, that is traditional, ingrained attribute of African (Ghanaian) culture that ensures that certain segments of society are excluded and which was slowly undone with the onset of colonial rule. This wrong characterization of the problem leads to the wrongful prognosis that a process of modernization, including formal education and enlightenment, will lead to an abandonment of all the horrible cultural practices that contribute to exclusion.

In general, it is important to distinguish between culture, tradition and custom from the blend of interests of the powerful that masquerades as culture and tradition and effectively ensures the effective exclusion of weaker stakeholders. This invention of culture and tradition by the powerful to coincide with their own interest has gone on for so long that it is often mistaken for real culture and tradition which seeks to promote the well-being of the people.

Addressing Deficits in the Historicization of Political Exclusion

Flowing from the above, there is a consistent mistake in the historicisation of the problem of exclusion in Ghana. First, exclusion is often traced to the pre-colonial era and presumes a state of affairs then based on exclusion. The argument is then that the issues of exclusion, today are vestiges of the pre-colonial era that have refused to go away even after the "enlightenment" of the colonial enterprise. On other occasions, the problem of exclusion is traced to the post-independence era where a mad scramble for resources by competing interests led to losers and winners, and the excluded are the losers from this struggle. What is often left out in the process of locating the genesis of exclusion in Ghana's body politic is the event of colonialism itself, broadly defined to include all extraneous influences that were forcibly imposed on the people of Ghana. Yet the evidence is that this singular event caused far more exclusion than any other event in our history

In pre-colonial Ghana, the queenmother, where she existed, was instrumental in choosing and removing the chief. She also determined all traditional constitutional impasses and her opinion and concurrence were sought for every major decision that was taken. In Ghana today, there are female chiefs who trace their office through a succession of female chiefs. Recently, the Centre for Indigenous Knowledge and Organizational Development facilitated the installation of a female chief in Loho in the Upper West Region. It appears that historically, the office was not unknown to them.

There are many other areas where the colonial enterprise represented a serious drawback for PE. At Customary Law, the domicile of a woman (her home for legal

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purposes) did not follow that of her husband, at Common Law (the English rules of law that were superimposed on the Ghanaian Legal System), the domicile of a woman was completely dependent on her husband's and changed whenever her husband's changed. It is also on record that when Ghana appointed her first female judge of the High Court, there was no female High Court judge in the United Kingdom.

In the three northern regions, there is a difference between the percentage of land holdings for women in the Northern and Upper West Regions on the one hand and in the Upper East Region on the other. In the former, they hold 2% and 4% of all land under crop production whilst in the latter the percentage is 30%. Some analysts have suggested that the reason for this is historical patrilineage and patriarchy, yet this does not explain the difference in land holdings especially as the Upper East is the most densely populated of the three regions (Bortei-Doku Aryeetey, 2002:86ff). The real reasons lie in the relatively strong Islamic tradition in the Northern and Upper West Regions, which appears to skew resource allocation in favour of men. In this case, as in many, it is the colonizing effects of Islam that led to skewed resource allocations across gender lines.

As in the above examples, the invention of customary rights and powers in the early days of colonialism to suit the colonial enterprise had negative effects on social inclusion. The interests of the colonial administration were served by favouring the chiefs who became pawns in a system of indirect rule. As the linkages between the chiefs and the colonial administration grew, the chiefs were given a freer rein to claim rights and prerogatives which they did not necessarily have before. In the particular case of landed resources, the legal concepts of British feudal law were transferred to customary landholding systems in Ghana, despite their

inappropriate nature. This was the beginning of the diminishing role of other stakeholders in decisions relating to traditional constitutional governance, the allocation of resources, and the management of disagreements and conflicts. As noted earlier, one of the first casualties of this enterprise was the role of the queenmothers and the female chiefs in resolving impasses including constitutional impasses and impasses relating to the allocation of resources. Their role as the primary overseers of issues of quality, equity, balance and the protection of the interests of the minority, women, children and posterity correspondingly diminished. It is critical that in locating the exact nerve centres of the problem of exclusion, we endeavour to point to the exact points in time when certain exclusionary practices emerged, the better to address them. In doing this, the pre-colonial, colonial and post-colonial eras including the activities of various governments since Ghana's independence, should be covered. An exclusion of any time-frame will lead to incomplete diagnoses of the problem of exclusion.

Addressing Deficits in the Legal Definition of the Problem of Exclusion

Where some groups are historically excluded, a legislative framework that is neutral cannot solve the problem of exclusion. Only an institutionalized process of affirmative action, starting with a strong legislative basis, and supported by institutional arrangements and resources will lead to the inclusion of erstwhile excluded groups.

Addressing Deficits in Legal Enforcement and Institutional Arrangements

It is critical to discuss the persistence of PE in the face of progressive legislation and institutional arrangements for Political Inclusion. There are many institutions (governmental and non-governmental) that have been set-up to address issues of political exclusion. All of them work frantically for the empowerment of excluded groups and their complete inclusion in all aspects of national life. Thus, the problem does not lie with the institutional arrangements for implementing the laws and policies on exclusion. Beyond these, there are many other critical factors that lead to exclusion in practice.

On their own, legal provisions cannot ensure a change in behaviour. In areas where state control is weak and customary authorities are strong, national law has little impact. Similarly, where competition is strong and the economic stakes are high, there is great pressure to adopt informal practices which bypass the law. Again, information is often inaccessible, whether about legal provisions, which are themselves complex and sometimes contradictory, or about changes to the law and their implications.

It is difficult to change institutionalized practices such as the phenomenon of having men front for women in property transactions by merely enacting legislation on it or pointing to legislation that says that men and women are equal. Neither is it enough to set-up a ministry of women and children's affairs to address such issues. Today in Ghana, men are still preferred to women when it comes to finding someone to stand surety for another as a pre-condition for granting bail. The explanation given by the police is quite understandable. It is easier to arrest and detain a man than a woman. The laws of

Ghana require that separate detention centres be maintained for men and women and since most of those in detention are men, it is easier and cost-effective to add another man to the lot than seek a separate dwelling for a female who may have to be detained when the person she stands bail for jumps bail. Thus, in practice, many court officials and police officers do not allow women to sign bail bonds. It follows that excluded groups will continue to be excluded until positive and pragmatic steps are taken to ensure that the necessary institutional and operational infrastructure is available to operationalize their progressive and sustainable inclusion.

To take another example, and in the area of natural resources, such as timber, non-timber forest products, fisheries and pastoral resources, more attention is paid to the development and regulation of the male aspects of the industry. Policy-making is, therefore, easily skewed towards the male aspects of the trade, leaving out the female aspects. The latter will ordinarily receive scant attention. In the particular case of the regulation of the fisheries industry, very little attention is paid to fishmongers, a predominantly female occupation.

Dealing with Issues of Real Politic

There is also often a chasm between what politicians and other public officials say by way of public endorsement and advocacy for the inclusion of excluded groups and their real thoughts and beliefs as expressed in practice. If it were possible to surface for public discussion, what politicians and bureaucrats charged with implementing programmes of inclusion said behind closed doors the issues would be considered quite differently. quite differently.

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Developing and Scaling-Up Coping Mechanisms and Strategies of the Excluded

In order to get by and to survive, excluded groups have developed many coping mechanisms in the face of legal and institutional failures. First, many excluded groups create their own rules (outside of the formal legal system) to meet their needs. In the Western and Central Regions, for example, many women do not submit to the formal process of seeking divorce in the law courts and perhaps having same refused after three long years, many court attendances and millions of cedis. They have developed the concept and practice of the “free-note” where an ex-husband delivers to the ex-wife a written note stating that they are divorced and that she is free to remarry. Although a much gendered practice, it represents an example of how many excluded groups are working around the formal system that penalizes them for no wrong done.

In the Western, Central, Ashanti, and Volta Regions and other parts of cocoa farming areas, women ask for a share of the matrimonial property whilst the husband is alive. This ensures that they obtain legal title to it as a gift and are not deprived of a share of the property through an application of complicated calculations under the intestate succession laws. This is also the surest way to avoid the wrath, indignity and pressures that ordinarily ensue from the relatives of a deceased husband and directed at the widow. It also ensures that the husband does not dissipate the matrimonial property on say, the dowry of a second wife.

In recent times, many Ghanaian women have been pursuing autonomy in production and commerce, establishing and managing their spheres of activity quite

independently of men. This has ensured that they generate and keep their own resources and do not look to their husbands and partners for any or the least support, together with all the conditionality which often comes with such support. Women have also been able to widen their claims to resources by assuming extensive powers of management and control of production resources that go beyond normative prescriptions in their cultures and associated family systems. This is borne of the recognition by women that access without control weakens the potential for empowerment. They have, therefore, begun to ensure that they have rights of control in addition to access. This completely turns the male-centred kinship institutions of resource control that have evolved out of patriarchal ideologies on their head. When women are able to afford it, they take advantage of the growing commoditization of assets, acquire these, and gain permanent rights over them, rights that are not now available within customary systems. For women, therefore, the breakdown of customary systems may enable them to seize new opportunities (Bortei-Doku Aryeetey, 2002:86ff).

There is a lot to learn from these coping mechanisms and strategies. It is critical to examine the possible ways in which may be engineered the coping strategies of the politically excluded into formal policy and operational responses to PE that can be tested and possibly scaled-up. The first thing to do is to ensure that these coping mechanisms are not cloaked in illegality by the state.

Ensuring Voice and Inclusion

It is important to begin the process of inclusion by ensuring that communities and ordinary people do not find it difficult to

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access the policy arena because they are informal, have less advocacy skills and are easily crowded out of the policy table by policy-makers, donors, and large NGOs. The process of developing the PRSPs in many African countries showed that the participation of civil society including CBOs was limited by the political nature of the process, influence of donors and international financial institutions. Yet policy processes and the law must be informed by experimental knowledge. The challenge is as usual how to communicate community-learned knowledge into national level policy and law. It is essential to ensure that the excluded are themselves a part of the policy and law making processes. It is also necessary that people who work directly with the excluded, who see first-hand the daily lives of the excluded, are involved in policy and law making processes.

Ordinary persons and institutions working for the excluded must continue working constantly on the issues of Power, Knowledge, and Agency as the key determinants of what informs the policy process. Secondly, because the law and legal institutions possess the power of definition, it is essential to ensure that legal definitions are constructed to ensure inclusion of the excluded.

It will not be enough merely to ensure physical representation of the excluded in decision-making bodies. Beyond this, there must be effective representation of the concerns, views, suggestions, and recommendations of the excluded by ensuring space for their percolation into the arenas of policy dialogue and decision-making. There must also be rules, regulations and protocols within these decision-making bodies to ensure that their processes and the substantive outcomes of those processes take account of the issues that face the excluded.

Social inclusion is heavily dependent on the extent to which the legal and policy framework and the matrix of institutions recognize and protect the human person as the central object and beneficiary of the development process as well as the extent to which the beneficiary is able to participate in the process. Critical components of the laws, policies and institutions for social inclusion are the institutions that will assure access to justice. This is because the justice system is the ultimate determiner of inclusion or exclusion in a constitutional democracy such as Ghana's that is based on the Rule of Law. In the ultimate analysis, it is the combination and close interaction of political participation, legal protection and access to justice that can ensure the sustainable and progressive elimination of situations of inequitable opportunities and capabilities leading to the removal of obstacles to social inclusion.

Critical components of the laws, policies and institutions for social inclusion are the institutions that will assure access to justice.

Chapter 6

Conclusions: Promoting an Inclusive Society



Introduction: Summary of Empirical Evidence

Various indicators have been used in the text as proxies for Social Exclusion (SE). The complexities involved in the analysis of social exclusion in this report suggest that about 62 percent of the poor are socially excluded implying that not all the poor people are socially excluded. The analysis further reveals that SE which was about 0.316 in 1991/2 declined to 0.231 in 2000 and further to 0.176 in 2005/6. This decline is significant; however, because the rate is still above single digit this implies that social exclusion is still a problem.

The core unemployment rates (another indicator of SE), as measured by the Ghana Living Standards Surveys, have also declined from 3.5 percent in 1998/99 to 2.9 percent in 2005/2006. Additionally, the Misery Index, which is the sum of unemployment and inflation rates, rose from 0.346 in 1999 to 0.50 in 2001, fell moderately to 0.414 in 2003 before declining further to 0.229 in 2006. Thus, the Misery Index has fallen by half from 0.509 in 1997 to 0.229 in 2006.

Over the last decade, Ghana has maintained its position as a medium developing country (by UN Human Development Report classification) since attaining this position in the early 1990's with the HDI reaching 0.568 in 2002. Even though the levels in recent years have been much lower than what was attained in 2002, the HDI estimated at 0.54 in 2006 is still fairly high. The real GDP growth has averaged between 4 – 6 percent during the period 1997 to 2006, while the prevailing level of poverty has declined from 39.5 percent in 1998 to 28.7 percent in 2006.

The report also provides startling evidence of the gender dimensions of exclusion. For 2006 Ghana had a Gender-

related Development Index (GDI) of 0.596 indicating that females were more excluded than males and that for every 100 males, about 60 females have a level of development comparable to their male counterparts. Available evidence from the report further indicates that Ghana had a Gender Empowerment Measure (GEM) of 0.374 indicating that for every 100 males only about 37 females have the same level of empowerment in the three basic dimensions of empowerment, namely, economic and political participation, decision making, and power over economic resources.

The nature, scope and character of social exclusion or otherwise is based on, and/or influenced by, the structural and institutional arrangements for the mitigation of exclusion and the promoting of inclusion. These structures and institutions whether traditional, socio-cultural, economic or political or acting in combination prescribe and define roles of people within the country at the micro, meso and macro levels. The impacts of these structures become less severe as one moves from the smaller unit (comprising the individual and family levels) towards

The various forms of exclusion overlap and reinforce each other demonstrating that social, economic, institutional and political issues are central to public life throughout Ghana.

the meso and macro levels. While there is optimism that as Ghana's HDI increases the number of people who are poor and who are often marginalized will decline, there is much concern about how social institutions in the country may help in addressing social exclusion and promote inclusion. Considering that excluded groups constitute significant proportions of the population, (e.g. women, children, prisoners, and the elderly), access to justice, for instance, becomes an important ingredient for ensuring the realization of constitutionally guaranteed rights of individuals and groups. The attainment of broader goals of human development cannot be achieved without special attention being given to these critical segments of the population.

The spatial nature of exclusion considered in this report, is not limited to the social structure and social exclusion as a category alone. It is also manifested in social, economic, and political forms of exclusion. The various forms of exclusion overlap and reinforce each other demonstrating that social, economic, institutional and political issues are central to public life throughout Ghana. The interplay of exclusionary factors be they formal or informal has led to the creation of deprived social groups and inequities in access to the distribution of benefits, resources and opportunities.

Besides, despite the decline in social exclusion as measured by the various indices, the overall measurement of social exclusion is still in double digits. Thus, social exclusion levels are still high despite its rate of decline. Ghana, therefore, faces a formidable task of promoting an inclusive society. Complicated problems require complex solutions. Social exclusion is a consequence of interacting institutional, economic, political, socio-cultural and historical factors. Social exclusion

marginalizes people who are needed to build families, communities, and the nation. Failure to fully utilize their contributions and lives results in compromised human development for everyone and consequently the nation. Exclusion at the level of the family or the individual devastates their human potential and wastes their lives.

Social exclusion is not simply the consequence of singular causal factors. It is a complex and interactive, cumulative, and persistent phenomenon that cannot be addressed through programmes that only attack one contributing factor at a time. To reduce social exclusion, a holistic and intentional coordinated strategy that deals with all of these and probably more contributing causal factors at the same time is required. Not dealing with all of these contributing factors simultaneously will result in failure. Any strategy that is narrowly defined will fail because none of the contributing elements is sufficient in itself to sustain social exclusion. If one factor is ignored, it would become the weak link in the causal chain that is targeted for reform and redress, and the effort will fail.

Summary of the Main Dimensions of Social Exclusion

Available evidence throughout this report clearly shows that there are a number of areas where actions are needed in promoting an inclusive society. Box 6.1 provides a summary of the main dimensions of social exclusion.

Box 6.1

Summary of Main Dimensions of Exclusion in Ghana

Economic Dimensions

- ⚡ *Inadequate income levels* tend to preclude people from having a standard of living considered acceptable in the society in which they live rendering them susceptible to multiple disadvantages through unemployment, income, poor housing, inadequate health care and barriers to lifelong learning, culture, sports and recreation.
- ⚡ Large numbers of young people in Ghana who enter the *informal economy* each year after completing Junior Secondary School remain unemployed, underemployed and consequently *excluded from gainful and productive employment* in Ghana's changing labour market.
- ⚡ The *lack of physical access to credit*: monetary policies such as *high interest rate regimes* by Government tend to bar the small scale economic operators from accessing credit from the financial institutions. For example, loans and advances (especially from commercial banks) tend to be skewed towards manufacturing instead of agriculture where most Ghanaians have their livelihoods.
- ⚡ The *provision of inadequate social security marginalizes people in their old age*: There is the need to ensure the rights of people to live in dignity with secure livelihoods; a state of social justice must be maintained in order to limit the incidence of social exclusion.
- ⚡ The *lack of access to land especially by small-scale farmers*: achieving a land administration and tenure framework in Ghana which facilitates land access and promotes sustainable livelihoods will require the strengthening of institutions of governance within the context of Ghana's decentralised development framework.

Globalisation Dimensions

- ⚡ *Ghana's enforcement* of its own exclusion zone is weak leading to exclusion of access to fishing rights.
- ⚡ The phenomenon of globalization and its attendant trade agreements which facilitated liberalization also rendered a number of rice farmers estimated at *150,000 economically paralyzed and excluded*.
- ⚡ *Access to markets* is more or less regulated by global agreements which often are not favourable to the farmers who are never consulted in negotiating these agreements. For example, the exclusion of the cotton farmers in the North from access to inputs, extension services and credit reduced their incomes. The ancillary economic activities such as local weaving that depended on cotton were also affected

Education and Health Dimensions

- ⚡ The wide differentials and *patterns of illiteracy* have implications in the effective transmission of culture and in determining the capacity of the individual to participate fully in the development process
- ⚡ Facilities for the *provision of quality health care services* are not evenly distributed throughout the country thereby hindering accessibility to health facilities.

Socio-cultural Dimensions

- ⚡ *Traditional systems* and practices that promote the exclusion of the most vulnerable alienate certain people in society, particularly women, children and people with special challenges from developing their potentials. This situation of exclusion usually results in these populations being economically, socially and politically excluded and therefore susceptible to risks. The

vulnerable and excluded cannot withstand and manage risks and shocks which mostly happen beyond their control.

- ⚡ The social system invariably also determines the economic responses and position, which includes a person's access to timely and relevant resources, alternative livelihood sources and even the acquisition of productive skills.

Spatial Dimensions

- ⚡ The harsh *physical and climatic conditions* in hard-to-reach areas in the northern, Eastern and Western regions of Ghana exclude the people from accessing health and education facilities available in the region.

Disadvantaged Children

- ⚡ The impacts of policies and actions that perpetuate exclusion are also more pronounced among disadvantaged children with its severity much more severely exhibited in the three northern regions generally and in rural areas. Access to social goods and services, most especially access to education and health are more limited to children in these areas.

The Elderly and Ageing

- ⚡ Age and ageing is a natural social phenomena encountered in every human society.
- ⚡ The elderly in Ghana are becoming more and more excluded as an outcome of the disintegration of the extended family system, the rise of unemployment and the migration of the active labour to more lucrative parts of the country.
- ⚡ The elderly, particularly those living in the urban areas without children or other relatives to support them are severely excluded financially and socially and are among the poorest of the poor.
- ⚡ Of special concern is the common labelling of elderly women as witches and their banishment from their communities in the three northern regions.

Legal and Political Dimensions

- ⚡ Despite *laws, policies and treaties* that theoretically provide for the social inclusion of women and children in Ghanaian society, the implementation of these laws are weak and inefficient.
- ⚡ *Gender-biased allocation of roles within the family* invariably places a huge burden on women with regard to child bearing, child rearing and household duties, which have consequences for the extent to which women may explore their potential and advance in their career or occupation.
- ⚡ *Women's Participation in Political Processes and Public Life*: Deep-seated socio-cultural structures, systems and practices which discount the competence and capabilities of women in the spheres of political power, constitute a formidable hindrance to the participation of women in politics and public life.
- ⚡ *Women's Participation in Traditional Political Institutions*: Women chiefs or *queen mothers* still play subservient roles in the traditional governance set-up and major decisions are still deliberated upon and taken by all male councils of chiefs and elders.
- ⚡ *Women's Access to Resources and Property Rights*: Generally, women's property rights and access to resources tend to be relatively less secure largely due to their inadequate participation in the decision-making process with regard to distribution of resources.

Box 6.1 continued Summary of main Dimensions of Exclusivity in Ghana

Legal and Political Dimensions continued

- ⌘ The main social systems and practices affecting the youth include forced child marriages, "trokosi" (ritual slavery) and FGM that underpin the exclusion of children generally.
- ⌘ *Children and the youth* fare worst in participation in traditional governance systems. The traditional notion that children may only be seen and not heard is still very prevalent. In the case of the youth, there has actually been a severe denigration of their traditional role.
- ⌘ The most prevalent forms of *violence against women and girls* include sexual violence and harmful cultural practices. The commonest forms of sexual violence involve incest, rape, commercial sexual exploitation of children and adult women (acquaintance abuse), wife beating, female genital mutilation and fetish slavery.
- ⌘ *Persons with Disability (PWDs)*: Available data indicate that the rate of employment of PWDs (69 percent) is much lower than that of the general population (80.2 percent). Even where PWDs are employed, the question arises as to the quality and level of employment and the constraints and frustrations faced in employment.
- ⌘ *Persons Living with HIV/AIDS (PLWHA)*: The disease is associated with stigma, repression, discrimination and exclusion, as individuals affected (or believed to be affected) by HIV have been rejected by their families, their loved ones and their communities.

Source: Compiled from previous chapters of this report

Key Ways of Addressing Social Exclusion and Process Towards Achieving Sustainable Social Inclusion

An inclusive society can be achieved if social inclusion is mainstreamed as a priority objective across all policy objectives and implementation. Achieving sustainable inclusion will require new policy responses. This will include tackling unemployment, modernising the social

Box 6.2 Recommendations for Addressing Key Emerging Issues

Economic

- ⌘ Enhancing *food security* must be recognized as an important means for empowering the poor and promoting an inclusive society in a country classified as a low income, food-deficit country.
- ⌘ Promote interventions that *enhance farmers' incentives to invest* in modernised agricultural practices that will enhance productivity including appropriate policies, technological change and basic infrastructure
- ⌘ Intensify and sustain Government *intervention in the labour market* to create more decent jobs to reduce the number of the unemployed.
- ⌘ Promote measures to ensure that the *informal economy* promotes more rewarding and decent employment opportunities.
- ⌘ Promote and sustain *forest management and environmental practices* to reduce environmental degradation.
- ⌘ Develop measures to *make tourism an important medium* for promoting inclusiveness and empowering the excluded.
- ⌘ Adopt measures to enable women engage in *market-related work*.
- ⌘ Develop legislature that will give sanctions to and deter the use of child labour.

Social/Gender

- ⌘ Policies and programmes for empowering the excluded and promoting inclusion should *distinguish poverty reduction from social exclusion interventions* and acknowledge that neighbourhood effects are important factors in rural Ghana in the promotion of participation or perpetuation of exclusion.

- ⌘ *Adopt strategies* to promote inclusion and address not just the *individual, or the family*, but also focus on the *neighbourhood*, and the society at large.
- ⌘ Provide measures to address *teenage pregnancy* among school girls including measures to minimize stigmatisation experienced by girls who return to school after delivery.
- ⌘ *Modernise customary practices* which tend to be injurious to the physical and emotional well-being of persons particularly those that are invariably targeted at women or female children.
- ⌘ Provide mechanisms to *empower women* to participate in decision making at the district, regional and national levels.
- ⌘ Promote measures to *reform the prisons* and also to address the increasing mob justice which is seeping gradually into Ghana's delivery system.

Education

- ⌘ Intensify the efficient use of *education and health* facilities as a growth factor in reducing social exclusion and poverty because of their potential to generate additional economic activities which are external to planned programmes.
- ⌘ A much *broader definition of access to education* than that adopted by the Ghana Statistical Service is needed to delineate social exclusion
- ⌘ There is the need for the gatekeepers of the family's *nutrition to be educated on more helpful ways of presenting food* to various household members.
- ⌘ Provide measures to address unplanned adolescent *pregnancy* especially among school girls including measures to minimize stigmatisation experienced by girls who return to school after delivery.

Box 6.2 continues

Education Recommendations continue

security system, improving access to basic services, and eliminating discrimination. Significant regional differences in social exclusion and differences between rural and urban settings should be tackled.

Institutional arrangements need to be strengthened for developing, delivering and monitoring policies to promote greater social inclusion. This will involve allocating clear political responsibility for ensuring that social inclusion is at the heart of policy-making; establishing clear objectives and quantifiable targets for reducing social exclusion; ensuring that effective arrangements are in place to guarantee horizontal coordination between

ministries and agencies at the national level and also between national and local levels; involving and mobilizing relevant actors such as social partners and NGOs in the process; and, developing better data and analysis of social inclusion trends and ensuring regular monitoring of progress.

Social exclusion is multidimensional in nature. In a complex society such as Ghana's, addressing the problems of social exclusion would be herculean. The problems of social exclusion must first be identified. It must then be ascertained whether current Government policies and legislation match the problems that have been identified.

Institutional arrangements need to be strengthened . . . to promote greater social inclusion. This will involve . . . allocating clear political responsibility for ensuring that social exclusion is at the heart of policy making . . .

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Box 6.2 continued**Recommendations for Addressing Key Emerging Issues****Health, Water and Sanitation**

- ✦ Having the necessary *health insurance* or the necessary finances to afford health care care or having health institutions close to places of residence will still not guarantee health access if the required health personnel are not available in the right numbers in specific localities. There is the need to attenuate the brain drain in the health sector in order to reduce the high patient-doctor/nurse ratios. .
- ✦ Increase access to *improved sources of drinking water* to benefit all households.
- ✦ Bring *health facilities* closer to places where people live to facilitate access to these facilities.
- ✦ Address *administrative problems associated with the National Health Insurance Scheme* as a means of increasing access.
- ✦ Empowering the excluded and promoting an inclusive society demands the strengthening of the prevention component of the *campaign against the HIV/AIDS disease*.

Political and Legal

- ✦ Adopt realistic process of sensitisation and education of the populace to move away from outmoded customs; criminalization of outmoded practices will lead to the political inclusion of excluded groups.
- ✦ *Ensuring Voice and Inclusion*: Government must ensure that communities and ordinary people, do not find it difficult to access the policy arena because they are informal, have less advocacy skills, and are easily crowded out from the policy table by policymakers, donors, and large NGOs.
- ✦ The excluded and those who work with and for them must cooperate to address the shortcomings of policy in order to

ensure inclusion. In particular, ordinary persons and institutions working for the excluded must work constantly on the issues of Power, Knowledge, and Agency as the key determinants which inform the policy process. As the law and legal institutions possess the power of definition, it is essential to ensure that legal definitions are constructed inclusively.

- ✦ There must be legislation on rules, regulations, protocols, etc. within the decision-making bodies to ensure that their processes and the substantive outcomes of those processes take account of the issues that face the excluded.
- ✦ *Access to Justice*: the legal/justice system must be structured and administered in a manner that will provide the citizenry with affordable and timely access to appropriate institutions and procedures through which they can claim and protect their rights, including the right to be included and the right not to be excluded.
- ✦ Remove obstacles faced by the excluded in accessing justice. These include limited or no knowledge about legal rights and entitlements; limited or no knowledge about legal and social responsibilities leading to the infringement of the rights of others and the denial of entitlements; limited or no effective access to inexpensive social services which will forestall the need for recourse to other avenues for the resolution of disputes relating to access; limited voice for real stakeholders on the design of policies on Access to Justice; limited and ineffective real access to courts and other dispute resolution avenues due to the cost of travel to the centres or the cost of legal processes, fees and penalties; and discriminatory practices against the excluded (person with low income levels, women, children, PWDs, PLWHA, etc).

Box 6.3 Some CSOs Networks and Coalitions in Ghana		
Network/Coalition	Areas of Concern	Target Social Group
National Coalition on Domestic Violence Legislation	Domestic Violence	Men, Women, Children, domestic workers
Women Manifesto Coalition	Women's Development Needs	Women
Network for Women's Rights	Women's rights	Women
National Coalition Against the Privatisation of Water (NCAW)	Privatisation of water and other Basic services	Urban/rural poor
Coalition of NGOs Against Surface Mining	Environmental Degradation	Mining communities
Media Foundation West Africa	Press freedom & rights to information	Journalists & media Information practitioners
Growth & Poverty Forum (GPF)	Poverty reduction & pro-poor communities	Poor groups & poor policies
Ghana National Coalition on the Rights of the Child (GNCRC)	Children welfare & rights	Children
Ghana Anti-Corruption Coalition (GACC)	Corruption, transparency & accountability, good governance	Public officials & state agencies
Ghana National Education Campaign Coalition (GNECC)	Education and access; educational policy	School-going children

Source: Compiled from Field Report

Advocacy Action for Socio-Economic Inclusion in Ghana

The analysis of social exclusion and the various indicators used for measuring the indices strongly suggest some key elements in the domain of social exclusion. In order to reduce SE to acceptable levels in Ghana, there is the need to launch a frontal attack on improving and increasing access to health, focusing on life expectancy. There should be more public education about the NHIS to encourage more people to join it. The Scheme cannot be attractive given the bottlenecks that have been noted in this study. Equally relevant is the promotion of pro-poor growth through special support schemes such as special

Box 6.4. Three Key Donor Funding Initiatives for Advocacy in Ghana

- ✦ Ghana Research and Advocacy Programme (G-RAP): This is a pooled funding mechanism to support the institutional development of Research and Advocacy Organisations (RAOs) in Ghana. It is aimed at strengthening the institutional capacity and autonomy of RAOs to engage actively with the Government and civil society in pro-poor processes and to advocate on behalf of the poor and socially excluded in Ghanaian society. Participating donors include DFID, CIDA, DANIDA and the Royal Netherlands Embassy, Accra.
- ✦ RAVI (Rights and Voice Initiative) is targeted at strengthening the voices of people living in poverty and the marginalized to enable them engage the Government on fundamental human rights issues. RAVI is being funded by DFID.
- ✦ BUSAC (Business Sector Advocacy Challenge Fund) through advocacy actions aimed at broadening the engagement of the private sector in Ghana in policy formulation and implementation, assisting in removing bottlenecks that impede the efficient running of the private sector and improving the image of the private sector within the Ghanaian society. BUSAC is funded by USAID, DANIDA and DFID.

Source: Compiled from Field Report

concessionary interest rates, tax holidays and market access. These should enhance access to market credit, land and other operant factors of production. The battle against unemployment (including under-, frictional and seasonal unemployment) should be relentlessly fought. The youth employment program must be maintained and improved upon; all temporary employment opportunities must be turned into sustainable jobs that can guarantee and sustain sources of livelihood for the youth. Though there has been considerable success in reducing the rate of inflation, Ghana has still not met the target of the Second Monetary Zone conditionality of achieving a single digit rate of inflation. Thus the Misery Index still requires further attention with regard to the rate of inflation through more prudent fiscal and monetary policies. Thus, advocacy should focus on all the factors that promote social inclusion such as are used in measuring the HDI, GDI and GEM as well as policies that will reduce SE.

Advocacy for socio-economic inclusion should involve the process of supporting, recommending and agitating to change existing laws, policies, institutions and processes which work to exclude sections

of the population from participating economic and political participation and sustainable human development. The main objective of advocacy is to find ways of bringing the excluded communities and groups into policy dialogue with the Government and to shift the balance in the influence of political power in their favour. Civil society organisations (CSOs) can be strong advocates of the interest of the excluded. It is also in the interest of the excluded to have CSOs and Government forge a strategic alliance for socio-economic inclusion of individuals, groups and communities (UNDP, 2000).

Many CSOs in Ghana lack the capacity to engage actively in effective lobbying and result-oriented advocacy on account of inadequate knowledge and resource constraints, both financial and human as well as high quality data and information with which to challenge and actively engage the Government in the formulation of inclusive socio-economic policies. However, this situation is changing with the emergence of networks and coalitions among CSOs in Ghana as well as support from the donor community. The engagement of Government by CSOs is, therefore, steadily improving.

Many CSOs in Ghana lack the capacity to engage actively in effective lobbying and result-oriented advocacy

Box 6.5

Ghana's GPRS and Challenges of CSO Networks

.... In their newly assembled form, ... [the] capabilities [of coalitions and networks of CSOs] may not be ready for use, and frequently need to be moulded and made suitable for deployment in collective action. This process is time consuming, involving cultivating trust and confidence, as well as defining the rules for, and of, collective action. It also requires the harmonisation of leadership styles, values, incentives and motivation, legitimacy, power relations and organisational culture.

As civil society actors have attempted to engage in national policy dialogue, a growing number have come to realise that dealing with the state and its agencies is a complex undertaking. It calls on them not only to mobilise their diverse and complementary strengths, but

also to reconstitute themselves into more coherent entities that are better able to participate in dynamic dialogue with the state.

At [another] level, the complexity of the GPRS process is evident in the programmes and activities undertaken by both parties. Currently, the policy formulation, deliberation and dialogue processes of the state are not aligned with those of the civil society networks. There is very little exchange of information about programmes among civil society organisations and networks, and certainly none at all between them and government agencies. As a result, the two sets of actors are hardly able to align or harmonise their programmes and activities in a manner that will facilitate systematic engagement...

Conclusions: Promoting an Inclusive Society

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There should be increasing donor attention given to the role and importance of civil society organisations through more funding for civil society capacity-building, lobbying and advocacy. Three donor-funding initiatives in the last 5 years (G-RAP, RAVI and BUSAC) provide example good example of practice.

The involvement of CSOs and their coalitions and networks in lobbying and advocacy action campaigns in Ghana is a recent phenomenon. Consequently they face many challenges. As such, there are many challenges facing CSOs.

Despite the challenges facing CSOs and the coalitions involved in advocacy, evidence exist to point to the impact of individual CSOs and coalitions/networks on the socio-economic inclusion of the vulnerable and excluded sections of Ghanaian society. We illustrate these achievements with Box 4.17 on the impact of advocacy by a Ghanaian NGO, Integrated Social Development Centre (ISODEC) and affiliated coalitions and networks, to socio-economic inclusion.

Box 6.6 Impact of Advocacy Actions—A Case Study

In 2000, the Integrated Social Development Centre (ISODEC) initiated a 3-year research and advocacy programme aimed at promoting national development alternatives principally in Ghana and to some extent in the West Africa sub-region. This programme, which came to be referred to as the Rights-based Advocacy Programme (2000-2003) (RBA1) sought to: confront the neoliberal policy measures promoted largely by the international donor community; promote accountability by the state to its citizens; instil civil activism through rights awareness, rights promotion and defence, and economic literacy; and to promote social equity through the responsible use of public resources. These objectives gave birth to specific institutional and programmatic initiatives including the establishment of the Centre for Public Interest Law (CEPIL) and the Centre for Budget Advocacy (CBA). CEPIL remains the leading public interest litigating and human rights body in the sub-region. The Centre for Budget Advocacy is a pioneer in pro-poor budgeting and research in the [West African] sub-region and in active demand across the region....

Over the last three years, ISODEC has worked with others to initiate very successful campaigns such as the fight against water privatisation through the National Coalition Against the Privatisation of Water (NCAP), as well as the fight against the privatisation of the Ghana Commercial Bank through the 'Free the Eagle Campaign' with support from the staff of the GCB and other stakeholders. ISODEC was very instrumental in the formation of the Northern Network for Education Development (NNED) and the Ghana National Education Campaign Coalition (GNECC), which is leading the campaign for Education for All and currently pushing for fee-free universal basic education in Ghana. The Alliance for Reproductive Health Rights (ARHRs) and the Market Access Promotion Network (MAPRONET) are also being facilitated and or supported by ISODEC and its partners to campaign for reproductive rights and promote market access for poor producers respectively.

The successful campaign against privatisation of urban water in Ghana and the coalition that it engendered (NCAP), has become a worldwide inspiration in the struggle against corporate take-over of essential public services, and the coalition itself a unique movement of a wide variety of civil society organisations with the trade union movement being a leading voice. The success of this campaign triggered off similar campaigns in many countries in the sub-region and against other privatisations in Ghana such as a campaign to stop the privatisation of Ghana's leading commercial bank, the Ghana Commercial Bank GCB)

Source: www.isodec.org.gh/campaigns/Campaigns.htm (Retrieved information on April 20, 2007).

Decentralised Sources of Advocacy for Socio-economic Inclusion

The governmental or public framework for socio-economic inclusion in Ghana is the district assembly and local government framework. The District Assemblies and their sub-district structures (Area Councils and Unit Committees) are defined by law as the basic framework for the active involvement of all sections of the society including the excluded in local decision-making. This process is supposed to influence political and socio-economic decision-making at the community and district levels and consequently the national level. The District Assemblies and in particular the sub-district structures also form the basis for problem identification and for the initiation and implementation of self-help projects at the local level. The basic aim of these structures is to take

decentralisation to the grassroots level by involving local people in all decision-making processes. This process of inclusive political and socio-economic development is legally enshrined in Ghana's 1992 Constitution and explicitly spelt out in the Local Government Act of 1993, Act 462.

However, in many districts in Ghana, the lower structures (Area Councils and Unit Committees) of the local government (District Assembly) are either non-existent or non-functional. The non-functioning of these vital structures or organs of the District Assembly raises questions about the impact of Ghana's decentralisation programme on community decision-making and the promotion of inclusiveness in district and national economic development. More importantly, the absence and non-functioning of the sub-district structures of the Assembly deny the excluded a platform for engaging the Government. In addition, the District Assemblies lack the capacity both in terms of financial and human resources to effectively create conditions for the socio-economic inclusion of socially disadvantaged groups at the district and national levels.

Bridging the Gap: The North-South Divide

The analysis in the report points to many disparities between the northern regions and the southern parts of the country. The poor infrastructural development, low access to social services and dehumanising cultural practices such as FGM, fosterage, confinement of suspected witches to camps, inclement weather conditions, low productivity, inappropriate coordination of development activities are all symptoms and/or results of extreme poverty and exclusion.

Most of the indicators related to access to key social services are lowest in these three northern regions. These regions harbour the poorest of the poor in Ghana. Apart from the social problems that this level of poverty and exclusion generates, the development prospects of the northern regions remain grim.

Bringing the northern regions to par with the South requires intensive social and financial investment beyond the current levels. Strong political and socio-cultural will as well as sheltered funding arrangements are required. A detailed development strategy, with the active input of the potential beneficiaries and other experts is needed to hasten the development of the North and to make the northern parts a functioning integral part of Ghana.

An inclusive approach will improve livelihoods opportunities, enhance capabilities in human development and restore the dignity and progress of the excluded in these areas.

in many districts in Ghana, the lower structures (Area Councils and Unit Committees) of the local government (District Assembly) are either non-existent or non-functional

Conclusion: Elements for Research, Advocacy and Lobbying

Promoting an inclusive society should be everyone's concern. The government, civil society, traditional rulers, faith-based organisations, media practitioners and research institutions/think tanks all have crucial roles to play. Given the analysis and patterns of exclusion as presented in this

report there are some grey areas which require further investigations, confirmation and elaboration. Social exclusion is an uncharted area for meaningful discourse in Ghana. Further enquiries will be needed to clarify some of the loose ends in the report. This has implications for action embracing further research with regard to lobbying and the development and implementation of practical advocacy programmes as well as policy planning and implementation. Box 6.7 provides insights into some of the key elements/measures and focus areas for research, advocacy and lobbying. It is designed to serve as a guide in an inextricably interconnected web.

Table 6.1		Key Elements of Human Development and Social Exclusion for Advocacy
Key Elements and Measures	Focus Areas for Research, Advocacy and Lobbying	
1. Long-term unemployment (UNR)	✎	Joblessness (Economic) - Creation of more jobs
2. Inflation rate (INFR)	✎	Price increases (Economic) - Combat inflation
3. Misery Index (MISERY_I)	✎	Fight against joblessness and price increases
4. Poverty rate (PovR)	✎	Poverty line (Economic) - Reduce number of people spending less than \$2 per day and promote higher equity in income distribution. Equity Transmission Mechanisms for education and advocacy include: household size, wage income, government transfer, household disposal income, District Assembly Common Fund, HIPC Funds and Budget allocation to poor areas
5. Human poverty index (HPI)	✎	Adult literacy rate (Education - formal, non-formal including adult literacy), Life expectancy through access to health facilities and education to enhance preventive measure such fight against filth especially Accra, and need to increase; Purchasing power GDP per capita through more pro-poor growth policies
6. Social Exclusion Index (SEI)	✎	More research on and lobbying for the Poor who are deprived of -Education, -Health, water and sanitation, -Accommodation: More affordable housing facilities
7. Human Development Index (HDI)	✎	Promotion of long and healthy life, Adult Literacy Rate, Increase in gross enrolment to promote education for the youth; Promote pro-poor growth in the real Gross Domestic Product (GDP)
8. Gender-related Development Index (GDI)	✎	Promote policies that will account for and reduce inequalities between males and females opportunities.
9. Gender Empowerment Measure (GEM)	✎	Lobby against discrimination that promote Gender inequality in -Economic participation, -Decision-making, -Political participation, and -Power over economic resources
10. Lorenz Curve or Gini Coefficient on Income Distribution	✎	This has not been measured in this study. Areas should include the percentiles of population that own given proportions of national wealth, etc.

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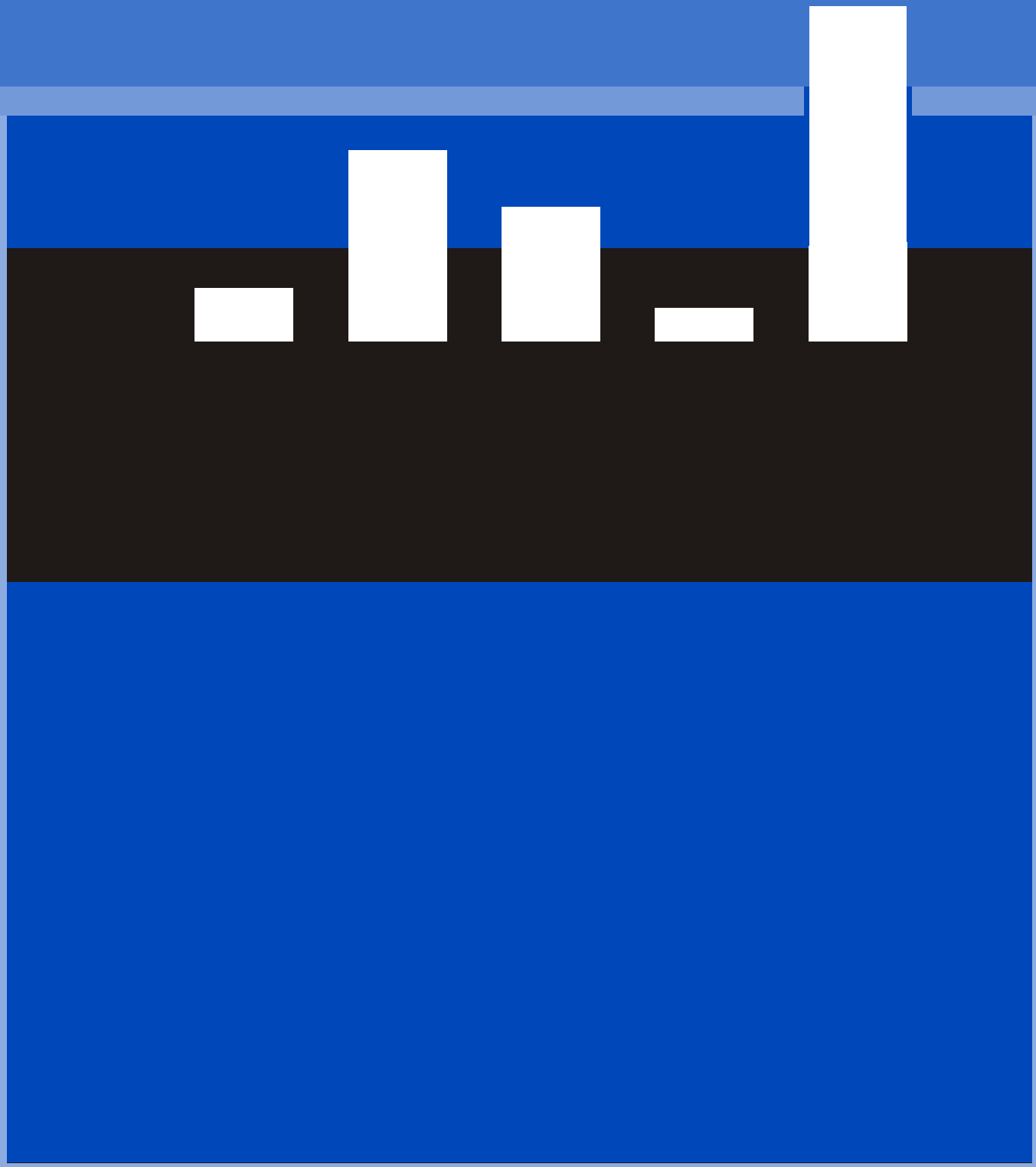
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PART A: The State Of Social Exclusion Indicators In Ghana

Introduction.

The UNDP in collaboration with the Government of Ghana and the Development Partners prepares the National Human Development Report. The focus of this year's report is on Social Exclusion. Several factors such as poverty, globalisation and certain social structures, systems and practices contribute to exclusion in Ghana. In addition, economic, political and legal drivers also influence exclusion and contribute to its severity. The Ghana NHDR team defined social exclusion in Chapter One of this report as the following;

"Social exclusion refers to limited/inequitable opportunities and capabilities to participate in decision-making, gain access to meaningful livelihood opportunities and social services due to discriminatory institutional practices in the political, economic, social spheres based on gender, ethnicity, geographical location, race, age, income status, health status, educational attainment, and disability".

It is in the light of this definition that there is the need for relevant statistics and indicators in the appreciation of the extent, dimensions and severity of social exclusion in Ghana.

Within the context of Ghana's development agenda, the excluded constitutes a societal albatross impeding human development and poverty reduction efforts. The key for addressing the problem involves the use of relevant statistical data and indicators to facilitate the analysis of the possible causes, the dimensions, the extent, trends and effects of social exclusion in Ghana. The statistical data and indicators will also aid in appreciating the characteristics of the excluded as well as the preparation of relevant policy recommendations.

In the light of the above, this section of the NHDR seeks to provide statistical indicators to aid in investigating trends in the different components of human development. It is the expectation of this section that the indicators so identified will enhance national dialogue as well as contribute to international dialogue on the concept of social exclusion as a menace to development.

Methodology

Four major factors jointly constitute the building blocks that influence the participatory methodological framework for the section, namely, the conceptual framework and the key objectives in accordance with the objectives of the section, the relevance of statistics in the human development report and its useful application as an advocacy tool. The methodology takes into account, practicality of approach, detailed analytical work and conceptual details.

Data Sources

In order to produce the proposed list of indicators, the following data sets were used.

Households-based Surveys

- ✍ The 1998/99 and 2005/2006 Ghana Living Standards Survey (GLSS 4 & 5) conducted by the Ghana Statistical Service, (GSS)
- ✍ The 2003 Core Welfare Indicators Questionnaire (CWIQ 2) Survey conducted by the Ghana Statistical Service
- ✍ The 2003 Ghana Demographic and Health Survey (GDHS) conducted by the Ghana Statistical Service
- ✍ The 2000 Population and Housing Census conducted by the Ghana Statistical Service
- ✍ Consumer Price Index (CPI) Surveys conducted bi-monthly by the Ghana Statistical Service
- ✍ The 2000 Child Labour Survey conducted by the Ghana Statistical Service
The 2000 Ghana Labour Market Survey conducted by the Ministry of Manpower Development and Employment
- ✍ The 2001 Ghana People's Security Survey conducted by the Centre for Social Policy Studies (CSPS) of the University of Ghana, Legon in collaboration with the Institute of Statistical, Social and Economic Research (ISSER), University of Ghana, Legon and the Ministry of Manpower Development and Employment
- ✍ Multiple Indicator Cluster Survey, (MICS) 2006 conducted by the Ghana Statistical Service

Establishment-based Surveys

- ✍ The 2003 Ghana National Survey of Trade and Business Associations conducted by the Private Enterprise Foundation (PEF) and supported by the British Department for International Development (DFID).
- ✍ The National Industrial Census of 2003/2004 conducted by Ghana Statistical Service

Administrative Records

- ✍ Establishments Inspections conducted by Labour Department under the Ministry of Manpower, Youth and Employment
- ✍ Administrative Records of the Social Security and National Insurance Trust (SSNIT) Ministry of Education, Science and Sports,
- ✍ Ministry of Health,
- ✍ Ghana Health Services,
- ✍ Ghana AIDS Commission,

✍ Electoral Commission,

✍ Parliament House.

Specialized and ad-hoc surveys

✍ The National Registration of Unemployed and Underemployed Persons conducted by the Ministry of Manpower Development and Employment in 2001;

Other secondary sources

✍ World Development Reports by the World Bank

✍ ILO/Amankrah J.Y Report on Decent Work Statistical Indicators Study for Ghana

✍ ILO/CSPS, Legon published data on Socio-Economic Security

To make the proposed indicators comprehensive, new indicators on the following were added:

✍ democracy, governance, and human rights

✍ decent work deficits

✍ Social Exclusion at the household level

✍ assets and participation to education and health

✍ Child nutrition and survival

✍ under-employment

✍ household amenities and assets, violence, crime and safety

✍ household perception of well-being

✍ Child labour and streetism

Part B: Indicators Of Social Exclusion

Note: Some of the estimates of other dimensions of social exclusion presented in this study are based on the GLSS 5 survey for 2005/2006. This data should be considered as preliminary given the fact that the survey has not yet been officially released.

Section 1- Human Development and Related Indices

Table 1.1		Human Development Index						
year	Human Development Index (HDI) value	Life Expectancy at Birth (years)	Adult Literacy Rate* (%)	Combined Gross Enrolment Ratio for primary, secondary and tertiary schools (%)	GDP per capita (ppp US\$)	Life Expectancy Index	Education Index	GDP index
2006	0.540	58.5	47.1	57.6	2771	0.558	0.506	0.554
1999	0.553	63.1	50.0	62.3	1811	0.635	0.541	0.483
1992	0.501	57.5	48.8	58.8	1406	0.541	0.521	0.441

Source: Raw Data from GSS Internet research, Vanias Human Development Reports and input from Nortey, Amankra, Amuzu and Mettle.

Table 1.2		Human and Income Poverty					
year	Human Poverty Index (HPI-1)	Probability at birth of not surviving to age 40 (% of cohort)	Adult Illiteracy Rate (% ages 15 and older)	Population without Sustainable access to an improved water source (%)	MDG Children under weight for age (% under age 5)	MDG Population below income poverty line (%)	National Poverty Line (million cedis)
2005/2006	37.33	0.006045	52.9	22.00	18.00	28.5	3.7
1998/1999	34.17	0.006095	50.0	24.60	24.90	39.5	3.7
1991/1992	38.00	0.006875	51.2	35.40	27.00	51.7	3.7

Source: Raw Data from GSS Internet research, Vanias Human Development Reports and input from Nortey, Amankra, Amuzu and Mettle.

Table 1.3		Gender-related Development Index							
year	Gender-related Development Index (GDI)	Life Expectancy at birth (years)		Adult Illiteracy Rate (% ages 15 and older)		Combined Gross Enrolment Ratio for Primary, Secondary and Tertiary Schools (%)		Estimated Earned Income (PPP US\$)	
		Female	Male	Female	Male	Female	Male	Female	Male
2005/2006	0.596	60.3	56.6	66.7	81.4	54.4	60.9	2335.98	3214.64
1998/1999	0.545	68.8	57.4	37	65	58.4	66.2	1572.88	2063.85
1991/1992	0.473	56.1	58.8	38.5	60.5	52.4	64.9	938.94	1044.58

Source: Raw Data from GSS Internet research, Vanias Human Development Reports and input from Nortey, Amankra, Amuzu and Mettle.

Table 1.4		Gender Empowerment Measure				
year	Gender Empowerment Measure (GEM)	Seats in parliament held by women (% of total)	Female legislators, senior officials and managers (% of total)	Female professional and technical workers (% of total)	Ratio of estimated female to male earned income	
2005/2006	0.374	10.9	12.9	34.0	0.73	
1998/1999	0.391	9.5	23.1	36.3	0.76	
1991/1992	0.371	8.0	19.6	41.5	0.75	

Source: Raw Data from GSS Internet research, Vanias Human Development Reports and input from Nortey, Amankra, Amuzu and Mettle.

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Section 2- Access Issues for Socially Excluded Groups

Section 2.1-Access to Basic Services for Socially Excluded Groups

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Table 2.1.1 Access to Water, 1991/1992,1998/1999 and 2005/2006

Services 1991/1992	Accra	Urban Coastal	Urban Forest	Urban Savannah	Rural Coastal	Rural Forest	Rural Savannah	All
Inside pipe	59.8	36.2	29.3	15.5	2.7	3.3	1.4	15.1
Water Vendor	0.7	2.1	0.2	22.7	1.0	0.1	0.4	1.5
Neighbour/Private	38.2	15.8	19.8	1.0	7.4	0.6	1.1	9.2
Public Standpipe	1.3	30.3	12.8	5.2	18.6	4.9	5.9	10.2
Borehole	0.0	0.2	3.9	9.8	2.7	28.8	24.6	14.6
Well	0.0	7.8	18.1	22.2	18.5	14.1	17.1	14.1
Natural Sources	0.0	7.6	15.9	23.7	49.2	48.2	49.6	35.2
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1998/1999								
Inside pipe	50.3	23.1	30.7	13.6	4.2	4.6	0.0	14.7
Water Vendor	12.9	4.5	3.0	3.3	3.3	0.5	2.3	3.6
Neighbour/Private	35.1	32.0	22.7	23.3	5.6	8.0	0.8	14.1
Public Standpipe	0.8	21.9	23.1	15.9	26.7	9.8	0.0	12.3
Borehole	0.0	1.1	1.7	5.6	15.0	31.0	36.0	18.5
Well	0.0	11.6	10.3	16.2	19.7	10.1	17.7	12.0
Natural Sources	0.9	5.9	8.5	22.1	25.5	36.0	43.2	24.9
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2005/2006								
Inside pipe	50.8	32.1	27.6	13.6	4.2	2.0	2.2	16.3
Water Vendor	5.8	8.8	2.4	0.8	2.4	0.1	-	2.2
Neighbour/Private	37.6	24.5	20.0	24.3	11.4	2.9	2.5	14.3
Public Standpipe	4.5	16.2	21.0	28.2	14.6	7.2	1.2	10.7
Borehole	0.1	4.3	8.8	16.6	27.7	55.5	53.4	30.4
Well	1.1	11.5	17.2	8.8	10.2	11.9	8.7	10.3
Natural Sources	0.1	2.7	3.0	7.7	29.5	20.3	32.0	15.8
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: GLSS-5, Ghana Statistical Service, 2007

Table 2.1.2 Access to Toilet, 1991/1992,1998/1999 and 2005/2006

Services	Accra	Urban Coastal	Urban Forest	Urban Savannah	Rural Coastal	Rural Forest	Rural Savannah	All
1991/1992								
Flush Toilet	230.7	18.3	10.4	2.6	1.4	1.9	0.6	7.1
Pit Latrine	13.7	32.8	39.3	36.1	56.2	81.8	32.8	50.2
Pan/Bucket	29.2	18.3	26.3	26.3	3.5	5.4	2.1	11.3
KVIP*	13.3	9.9	16.8	6.7	6.2	3.1	2.3	6.8
Other	13.1	20.6	7.2	28.4	32.7	7.6	62.2	24.6
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1998/1999								
Flush Toilet	8.5	6.6	11.2	3.3	2.1	1.5	0.3	6.6
Pit Latrine	21.1	10.9	16.8	24.7	47.5	60.7	16.7	35.4
Pan/Bucket	15.2	11.5	12.7	5.5	4.5	4.7	0.3	6.8
KVIP*	30.7	53.7	56.1	40.2	23.0	23.3	11.2	29.1
Other	4.0	17.3	3.2	26.2	22.9	9.8	71.5	22.1
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2005/2006								
Flush Toilet	33.4	22.9	17.6	5.1	1.4	1.1	0.7	10.2
Pit Latrine	5.0	22.7	23.7	11.6	43.5	57.6	20.8	31.5
Pan/Bucket	57.2	42.3	52.8	65.5	27.2	33.5	9.2	37.4
KVIP*	3.2	1.5	3.2	0.3	0.1	0.3	0.3	1.3
Other	1.1	10.6	3.0	17.4	27.8	7.5	69.0	19.6
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

*KVIP-A type of facility developed in Ghana

Source: GLSS-5, Ghana Statistical Service, 2007

Table 2.1.3 Access to Electricity, 1991/1992,1998/1999 and 2005/2006

Year	Accra	Urban Coastal	Urban Forest	Urban Savannah	Rural Coastal	Rural Forest	Rural Savannah	All
1991/1992	89.5	60.5	70.2	35.1	10.3	10.3	3.6	29.8
1998/1999	89.5	68.2	83.4	45.8	27.4	24.9	3.9	41.4
2005/2006	88.3	74.1	76.2	64.6	29.1	32.4	17.0	49.2

Source: GLSS-5, Ghana Statistical Service, 2007

	1998/99	2005/06
Prime Fixed	¢2000	¢13000
0-50 Kwh	-	-
300-600 Kwh	¢50	¢610
>600 Kwh	¢75	¢1065

Source: Ghana Public Utilities Regulatory Commission

	1991/92	1998/99	2005/06
Sewing Machine	27.2	30.3	20.9
Stove	13.7	12.8	18.0
Radio	41.5	0.9	53.8
Video	4.1	74.3	13.9
TV	10.9	22.4	31.0
Camera	0.2	2.7	2.8
Iron (electric)	15.7	23.8	27.8
Bicycle	15.5	19.2	22.3
Car	1.9	0	2.6
Mobile Phone	0	2.9	19.0

Source: Ghana Statistical Service Ghana Living Standards Surveys 3–5, 1991/92, 1998/99 and 2005/06

Section 2.2- Access to Education

Rural/Urban				
Urban	Male	87.4	92.9	95.0
	Female	81.6	88.0	95.0
	All	4.6	90.4	95.0
Rural	Male	71.7	81.1	80.6
	Female	66.5	78.9	79.1
	All	69.3	80.2	79.9
Locality				
Accra	Male	91.3	91.1	95.2
	Female	87.4	85.6	95.7
	All	89.2	88.4	95.7
Urban Coastal	Male	85.0	89.7	97.9
	Female	82.6	88.0	97.0
	All	83.8	88.9	97.4
Urban Forest	Male	90.1	94.9	97.4
	Female	82.5	90.1	97.0
	All	86.4	92.5	96.7
Urban Savannah	Male	81.1	94.9	86.2
	Female	66.7	90.4	88.1
	All	75.0	92.5	87.2
Rural Coastal	Male	80.1	83.4	87.3
	Female	70.3	84.4	82.0
	All	75.3	83.9	84.7
Rural Forest	Male	84.7	91.2	94.6
	Female	81.8	88.5	93.7
	All	83.5	83.9	94.2
Rural Savannah	Male	51.3	66.0	62.4
	Female	45.6	61.1	61.2
	All	48.6	63.7	61.8
All Male		76.5	84.9	85.0
All Female		71.5	81.9	84.6
All		74.1	83.4	84.6

Source: Ghana Statistical Service Ghana Living Standards Surveys 3–5, 1991/92, 1998/99 and 2005/06

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Table 2.2.2 Net Enrolment in Secondary School by locality and gender, 1991/92, 1998/99 and 2005/06

Rural/Urban		1991/92	1998/99	2005/06
Urban	Male	47.3	52.9	58.5
	Female	39.6	47.2	51.8
	All	43.4	49.9	55.0
Rural	Male	37.7	36.9	32.6
	Female	29.8	33.7	31.3
	All	34.2	35.4	32.0
Locality				
Accra	Male	54.3	59.3	66.2
	Female	37.9	52.9	58.1
	All	45.9	55.8	61.9
Urban Coastal	Male	54.2	51.1	58.3
	Female	43.3	47.0	60.2
	All	48.5	49.4	59.3
Urban Forest	Male	47.2	49.5	61.1
	Female	39.3	43.8	50.2
	All	43.04	46.2	55.5
Urban Savannah	Male	28.1	47.8	36.7
	Female	36.0	44.4	34.2
	All	31.7	46.2	35.4
Rural Coastal	Male	42.6	40.2	33.9
	Female	29.6	34.7	35.7
	All	36.8	37.5	34.7
Rural Forest	Male	44.0	43.3	44.7
	Female	35.4	39.9	37.9
	All	40.1	41.7	41.9
Rural Savannah	Male	25.8	24.6	17.6
	Female	22.1	21.5	20.5
	All	24.1	23.2	18.9
All Male		40.9	42.4	41.9
All Female		33.7	39.0	39.8
All		37.5	40.74	40.9

Source: Ghana Statistical Service Ghana Living Standards Surveys 3-5, 1991/92, 1998/99 and 2005/06

Table 2.2.3 Enrolment by Educational Level and Sex 2004-2005

Enrolment	Total	Male	Female	% Female
Tertiary				
University	73,410	47,716	25,694	35.0
Polytechnics	24,983	18,238	6,745	27.0
Total	98,393	65,923	32,470	33.0
Lower Levels				
Public Senior Secondary School	333,002	188,115	144,887	43.5
Junior Secondary School	1,048,367	568,351	480,016	45.8
Primary	3,077,489	1,601,884	1,475,605	47.9
Kindergarten, K1-K2*	778,109			
Special Education	4,435	2,666	1,769	39.9

K1-K2: First and Second years of Kindergarten

Source: MOES The Medium Term expenditure Framework, (MTEF), for 2006-2008

Table 2.2.4 Enrolment by Type of Public and Private Sectors, 2005–2006

Enrolment	Total	Male	Female	% Female
Public				
Creche/Nursery	66,178	32,888	33,290	50.3
Kindergarten	807,369	402,068	405,301	50.2
Primary	2,647,616	1,365,836	1,281,780	48.4
Junior Secondary School	883,060	476,071	406,989	46.1
Total	4,404,223	2,276,863	2,127,360	48.3
Private				
Creche/Nursery	116,623	58,942	57,681	49.5
Kindergarten	191,450	96,456	94,994	49.6
Primary	475,287	240,342	234,945	49.4
Junior Secondary School	157,942	81,190	76,752	48.6
Total	941,302	476,930	464,372	49.3

Source: Ministry of Education and Sports

Table 2.2.5 Enrolment patterns in technical and vocational institutes, 2005/2006

	Public	Private	Total	Percent Enrolment
Agricultural engineering	131	22	153	0.55
Agricultural mechanics	856	0	856	3.09
Blocklaying and concreting	11	16	27	0.10
Carpentry and joinery	10	144	154	0.56
Construction	48	0	48	0.17
Cookery for catering industry	400	1827	2227	8.03
Business studies	3846	4543	8389	30.24
Public finance and accountancy	272	0	272	0.98
Dispensing technicians	0	24	24	0.09
Electrical engineering	134	16	150	0.54
Electrical installation	1827	964	2791	10.06
Fashion	58	27	85	0.31
Food and beverage services	0	246	246	0.89
Furniture	282	0	282	1.02
General course in engineering	60	0	60	0.22
General textiles	0	188	188	0.68
Industrial maintenance	501	111	612	2.21
Mechanical engineering	127	843	970	3.50
Motor vehicle mechanics	1095	303	1398	5.04
Office machine services	35	0	35	0.13
Painting and decorating	254	129	383	1.38
Plumbing	1562	305	1867	6.73
Print craft	39	50	89	0.32
Radio, TV and electronics	1430	564	1994	7.19
Refrigeration	1733	885	2618	9.44
Telecommunications	56	0	56	0.20
Upholstery making	62	0	62	0.22
Welding	333	257	590	2.13
Other	368	751	1119	4.03
Total	15,530	12,215	27,745	100.00

Source: Ministry of Education, SRIMPR Division, 2006

Table 2.2.6 Total Student Enrolment for all Public Universities and Polytechnics, 2001–2006

Enrolment	2001/2002			2002/2003			2003/2004			2004/2005			2005/2006		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Institutions															
Universities	13491	32,693	32,693	16,960	36,935	53,895	2,034	42,942	44,978	25,353	48,055	73,408	29,149	54,929	84,078
Polytechnics	4976	15466	15466	5514	17603	23117	6834	17,519	24,353	6845	18138	24983	7510	17154	24664
Total	48159	48,159	48,159	22,474	54,538	77,012	8,868	60,461	69,329	32,198	66,193	98,391	36,659	72,083	108,742
Percentage in Total (%)															
Ratio: (Male:Female)	28	72	100	29	71	100	31	69	100	33	37	100	34	66	100

Source: National Council on Tertiary Education

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Table 2.2.7 Full-Time Academic Staff for Polytechnics, 1999–2006

Polytechnic	1999/2000			2000/2001			2001/2002			2002/2003			2003/2004			2004/2005			2005/2006		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
Accra	22	90	112	20	109	129	18	112	129	22	89	111	29	103	132	23	115	138	24	97	121
Kumasi	23	85	108	21	91	112	18	86	104	22	83	105	22	81	103	19	88	107	20	82	102
Takoradi	22	75	97	24	78	102	21	74	95	21	74	95	22	76	98	24	82	106	25	78	103
Ho	20	66	86	25	67	92	22	70	92	22	75	97	25	80	105	22	78	100	20	81	101
Cape Coast	9	35	44	10	40	50	9	41	50	9	51	60	18	61	79	18	57	75	11	51	62
Tamale	6	84	90	12	115	127	7	121	128	2	137	139	13	130	143	11	128	139	9	114	123
Sunyani	19	123	142	11	98	109	15	99	114	18	91	109	16	108	124	17	111	128	16	95	111
Koforidua	4	35	39	4	31	35	3	25	28	3	29	32	3	39	42	9	56	65	12	65	77
Wa	0	0	0	0	0	0	0	0	0	0	0	0	1	11	12	2	13	15	1	14	15
Bolgatanga	0	0	0	0	0	0	0	0	0	0	0	0	2	12	14	3	12	15	2	13	15
Total	125	593	718	127	629	756	113	628	741	119	629	748	151	701	852	148	740	888	140	690	830

Source: National Council on Tertiary Education

Table 2.2.8 Full-Time Academic Staff for Public Universities, 2003–2006

Universities	2003/2004			2004/2005			2005/2006		
	Women	Men	Total	Women	Men	Total	Women	Men	Total
University of Ghana	154	676	830	150	616	766	156	611	767
KNUST	40	460	500	43	526	569	62	569	631
University of Cape Coast	33	270	303	36	308	344	33	287	320
University of Education, Winneba	29	208	237	33	213	246	33	215	248
University of Development Studies	7	96	103	6	98	104	6	113	119
University of Mines and Technology	1	36	37	3	39	42	5	40	45
Total	264	1746	2010	271	1800	2071	295	1835	2130

Source: National Council on Tertiary Education

Section 2.3- Access to Health

Table 2.3.1 Consultation by Ill or Injured Individuals by Type of Health Personnel, 2005/2006

Type of Health Personnel	1991/92	1998/99	2005/06
Doctor	41.4	19.8	23.6
Nurse, Midwife	3.4	8.0	8.3
Medical Assistant	4.4	7.6	4.7
Pharmacist	3.8	2.6	20.8
Other	6.6	5.9	2.4
Did not Consult	40.5	56.2	40.1
Total	100.0	100.0	100.0

Source: Ghana Statistical Service Ghana Living Standards Surveys 3–5, 1991/92, 1998/99 and 2005/06

Table 2.3.2 Place of Consultation by Ill or Injured Individuals

Type of Facility	1991/92	1998/99	2005/06
Dispensary Pharmacy, Chemical Store	3.5	3.0	16.5
Clinic, Maternity Home, Maternal Health Centre	21.2	17.9	19.6
Other	2.2	7.9	4.3
Did not Consult	44.9	56.2	40.1
All	100.0	100.0	100.0

Source: Ghana Statistical Service Ghana Living Standards Surveys 3–5, 1991/92, 1998/99 and 2005/06

Table 2.3.4 Distribution of Health Manpower, 2004

Region	Doctor to Population Ratio, Public Sector	Nurse to Population Ratio
Western	37638	2241
Central	35347	1573
Greater Accra	6550	969
Volta	35986	1232
Eastern	29305	1203
Ashanti	13237	2121
Brong Ahafo	35783	2034
Northern	81338	2079
Upper East	33146	1395
Upper West	68534	1368
National	17733	1510

Source: Ghana Health Service, 2005

Table 2.3.5 HIV Prevalence Rate, 2003

Locality	Men	Women	Total
National	1.5	2.7	2.2
Urban	1.5	2.7	2.3
Rural	1.4	2.5	2.0

Source: Ghana Health Service, 2005

Table 2.3.6 HIV Prevalence Rate by Region, 2003

Region	Men	Women	Total
Greater Accra	1.6	2.6	2.2
Eastern	2.9	4.4	3.7
Central	0.3	1.7	1.1
Western	1.8	3.9	3.0
Ashanti	1.3	3.0	2.3
Brong Ahafo	1.3	3.8	2.7
Northern	1.0	0.9	1.0
Upper West	1.6	2.0	1.8
Upper East	2.2	0.8	1.5
Volta	0.3	1.7	1.1

Source: Ghana Health Service, 2005

Section 2.4-Access to Employment and Livelihood Opportunities

Table 2.4.1 Employment Shares and Job Creation in Ghana by Industry, 1991/92 to 2005/06

	Accra			Other Urban			Rural					
	1991/92	1998/99	2005/06	1991/92	1998/99	2005/06	1991/92	1998/99	2005/06	1991/92	1998/99	2005/06
All Jobs												
Agriculture (%)	1.1	-	1.2	27.5	-	22.5	76.5	-	76.4	60.1	-	56.0
Mining/Quarrying (%)	0.2	-	0.3	0.9	-	1.3	0.4	-	0.5	0.5	-	0.7
Manufacturing (%)	24.3	-	21.0	11.8	-	16.4	6.5	-	8.6	9.0	-	11.7
Utilities (%)	1.1	-	0.3	0.2	-	0.7	0.0	-	0.0	0.1	-	0.2
Construction (%)	2.9	-	3.8	1.9	-	3.3	0.8	-	0.9	1.2	-	1.7
Trading (%)	32.1	-	38.6	34.4	-	32.6	10.2	-	8.7	17.2	-	17.4
Transport/Communication (%)	5.4	-	7.7	5.1	-	5.0	0.6	-	1.1	1.9	-	2.7
Financial Services (%)	4.1	-	5.2	0.7	-	2.1	0.1	-	0.2	0.5	-	1.1
Community & Other Serv. (%)	28.8	-	22.0	17.5	-	16.1	4.9	-	3.6	9.5	-	8.4
All (%)	100.0	-	100.0	100.0	-	100.0	100.0	-	100.0	100.0	-	100.0
Number of workers (in '000)	420.1	-	964.6	1,264.1	-	2,131.3	4,043.1	-	5,395.7	5,727.5	-	8,491.7
Paid Jobs Only												
Agriculture (%)	1.1	3.5	1.1	18.3	21.8	17.8	65.8	63.0	65.9	47.0	45.7	42.6
Mining/Quarrying (%)	0.2	0.1	0.3	1.1	1.6	1.4	0.7	0.7	0.8	0.7	0.8	0.9
Manufacturing (%)	22.0	18.5	20.5	12.8	18.5	16.0	8.9	11.7	11.1	11.2	14.2	13.9
Utilities (%)	1.1	0.6	0.3	0.2	0.6	0.8	0.1	0.1	0.1	0.2	0.3	0.3
Construction (%)	3.1	2.3	3.9	2.2	2.5	3.6	1.3	1.3	1.2	1.7	1.7	2.3
Trading (%)	32.4	41.8	38.7	38.4	31.2	34.8	14.8	14.6	13.5	22.7	22.0	23.3
Transport/Communication (%)	5.7	7.5	7.9	6.1	4.4	5.6	0.8	1.1	1.8	2.7	2.7	3.8
Financial Services (%)	4.4	4.3	5.3	0.8	1.2	2.3	0.2	0.3	0.3	0.7	1.0	1.6
Community & Other Serv. (%)	29.9	21.5	22.1	20.1	18.2	17.6	7.5	7.3	5.4	13.0	11.7	11.3
All (%)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of workers (in '000)	395.2	646.9	923.7	1,059.8	1,134.7	1,807.5	2,590.5	3,139.3	3,521.3	4,045.4	4,921.0	6,252.4

Source: Harold Coulombe and Quentin Wodon based on GLSS Surveys, 2007

Table 2.4.3 Employment, Unemployment and Underemployment Rates (%), 1991 to 2006

	Employment (paid or not)			Employment (paid only)			Unemployment (Narrow)			Unemployment (Broad)			Underemployment		
	91/92	98/99	05/06	91/92	98/99	05/06	91/92	98/99	05/06	91/92	98/99	05/06	91/92	98/99	05/06
Ghana	75.9	...	71.6	53.3	52.3	52.8	2.7	3.7	2.3	4.1	5.7	5.0	7.9	...	5.8
Sex															
Male	76.2	...	72.6	59.4	55.9	58.5	2.8	4.6	2.4	3.8	5.2	4.7	8.6	...	5.9
Female	75.7	...	70.8	48.1	49.1	47.7	2.7	2.8	2.2	4.4	6.1	5.2	7.3	...	5.8
Locality															
Accra															
Male	54.9	...	63.7	53.3	53.4	61.8	8.9	9.6	5.4	11.0	13.6	9.7	6.1	...	1.9
Female	59.3	...	56.5	54.5	52.2	53.4	5.0	3.9	4.1	8.1	12.3	8.2	5.7	...	2.5
All	57.4	...	60.1	54.0	52.8	57.6	6.7	6.6	4.7	9.4	12.9	9.0	5.9	...	2.2
Other Urban															
Male	63.3	...	67.1	54.0	52.3	59.1	5.1	6.8	3.6	5.8	6.2	5.4	5.7	...	5.4
Female	64.4	...	63.0	53.0	49.8	51.7	6.3	4.2	3.7	8.0	6.6	7.1	6.9	...	4.7
All	63.9	...	64.9	53.4	50.9	55.1	5.7	5.4	3.7	7.0	6.5	6.3	6.3	...	5.0
Rural															
Male	84.5	...	77.3	62.5	57.7	57.4	1.0	2.8	1.1	2.0	3.1	3.1	10.1	...	7.0
Female	82.9	...	77.7	45.1	48.2	44.5	0.8	2.1	1.1	2.4	4.6	3.7	7.7	...	7.0
All	83.6	...	77.5	53.1	52.7	50.6	0.9	2.4	1.1	2.2	3.9	3.4	8.8	...	7.0
Quintile															
Lowest	81.0	...	71.2	44.6	40.3	36.1	1.0	1.2	1.9	2.6	4.8	6.7	6.9	...	5.7
Second	77.4	...	72.9	49.1	50.7	48.3	1.1	0.6	1.8	2.5	3.8	4.2	8.0	...	5.5
Third	75.7	...	70.4	51.4	50.7	52.4	3.2	3.1	2.5	4.2	4.7	4.3	8.3	...	6.1
Fourth	73.5	...	71.7	54.7	55.0	59.1	3.4	4.9	2.4	5.0	6.1	4.2	8.4	...	6.5
Highest	73.3	...	71.9	63.7	60.3	63.5	4.3	6.8	2.9	5.8	7.9	5.5	7.6	...	5.2
Poverty Status															
Very Poor	79.5	...	71.6	46.6	43.4	34.9	1.1	0.9	1.7	2.7	4.8	6.9	7.6	...	5.9
Poor	76.4	...	72.5	50.7	49.5	46.5	2.4	1.0	2.3	3.3	3.3	5.1	8.2	...	5.6
Non-Poor	73.6	...	71.5	58.3	56.1	57.4	3.9	5.2	2.4	5.3	6.4	4.5	8.0	...	5.8

Source: Harold Coulombe and Quentin Wodon based on GLSS Surveys, 2007

Notes: Employment rate is defined as the percentage of individuals aged between 15 and 64 declaring a job in the last 7 days. Two statistics are presented, the first including all jobs, paid or not while the second one limit itself to paid employment; narrow unemployment rate is the percentage of individuals available and looking for a job in relation to the labour force; broad unemployment rate is only concerned with individuals available for work, not necessarily looking; and finally underemployment rate is the percentage of working individuals willing to work more hours.

Table 2.4.5 Shares of Employment by type of Employment and Geographic Location (%), 1991 to 2006

Status in Employment	Accra			Other Urban			Rural			All		
	1991/92	1998/99	2005/06	1991/92	1998/99	2005/06	1991/92	1998/99	2005/06	1991/92	1998/99	2005/06
Wage Public	25.5	17.1	16.8	21.2	14.8	14.5	7.9	5.8	4.2	13.1	9.4	9.0
Wage Private Formal	16.7	12.9	24.6	6.6	6.5	10.4	2.4	2.7	3.5	4.9	4.9	8.4
Wage Private Informal	6.7	7.6	12.9	4.4	2.3	7.7	1.7	2.0	3.6	2.9	2.8	6.1
Self-Employment Agriculture	0.2	2.6	0.5	14.9	20.2	15.7	63.5	61.1	63.2	44.6	44.0	40.3
Self-Employment Non-Agric.	51.0	59.7	45.3	52.9	56.2	51.8	24.6	28.4	25.5	34.6	38.9	36.1
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Harold Coulombe and Quentin Wodon based on GLSS Surveys, 2007

Table 2.4.6 Average Annual Earnings (in '000 cedis, Accra January 2006 prices) and Weekly Hours Worked, 1991/2006

	Earnings			Hours Worked		
	1991/92	1998/99	2005/06	1991/92	1998/99	2005/06
Ghana	5353	5815	8842	37.3	40.6	42.3
Sex						
Male	5775	7006	10450	39.7	43.1	43.9
Female	4913	4635	7097	34.7	38.1	40.6
Locality						
Accra						
Male	11018	14318	14646	44.5	55.1	54.1
Female	8290	9880	8937	42.3	57.6	52.0
All	9476	12055	11953	43.3	56.4	53.1
Other Urban						
Male	8430	8678	14455	47.2	48.5	47.3
Female	6714	6298	9749	41.2	42.4	42.1
All	7507	7379	12072	44.0	45.1	44.7
Rural						
Male	4206	5039	7450	36.4	39.1	39.6
Female	3414	2823	5137	30.2	32.0	36.8
All	3843	3964	6368	33.6	35.7	38.3
Quintile						
Lowest	2568	2586	4862	33.5	34.8	44.1
Second	3882	3638	5947	34.8	34.5	38.2
Third	4984	4658	7092	36.3	38.4	39.7
Fourth	5289	5752	8934	37.4	41.8	42.8
Highest	8028	9258	13320	41.3	47.1	45.3
Poverty Status						
Very Poor	3241	2795	4717	33.9	34.4	44.7
Poor	4192	4120	5624	36.1	35.1	38.1
Non-Poor	6707	6961	9714	39.2	43.3	42.4
Status in Employment						
Wage Public	8790	11388	16968	40.2	44.4	42.4
Wage Private Formal	7768	9067	12241	48.2	52.9	52.7
Wage Private Informal	5513	4816	7642	44.4	49.5	48.7
Self-Employment Agriculture	2696	2730	5077	31.8	33.9	36.2
Self-Employment Non-Agric. Industry	7122	7174	10271	41.1	43.9	45.4
Industry						
Agriculture	2861	2850	5266	32.3	34.4	36.3
Mining/Quarrying	12088	16310	18641	47.5	59.6	51.7
Manufacturing	6557	6180	9652	38.0	40.1	42.7
Utilities	7806	10138	20406	46.1	46.1	48.4
Construction	6833	7335	11789	45.0	37.6	41.4
Trading	6839	7405	10154	42.3	46.2	48.0
Transport/Communication	9567	14914	13614	55.8	60.1	63.2
Financial Services	14147	17409	21524	44.4	49.6	48.6
Community & Other Services	8759	7922	13128	39.7	45.0	43.2

Source: Harold Coulombe and Quentin Wodon based on GLSS Surveys, 2007

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Table 2.4.7 Income Sources Shares and Gini Income Elasticity, 1991-2006

	1991/92		1998/99		2005/06	
	Income Share(%)	Gini Income Elasticity	Income Share(%)	Gini Income Elasticity	Income Share(%)	Gini Income Elasticity
Income from employment	21,9	1,12	22,8	1,08	26,0	1,03
Income from cash crop	6,3	0,87	7,1	0,77	6,6	0,63
Income from roots/fruit/vegetables	8,8	1,23	6,3	1,30	8,6	1,02
Other agric income	19,6	0,54	23,5	0,90	18,4	0,86
Income from renting out land	0,1	0,50	0,1	0,69	0,0	0,45
Income from sharecropping	0,4	1,19	0,4	0,95	0,2	0,72
Income from renting out livestock	0,0	0,40	0,0	-0,45	0,0	0,18
Income from renting out agric. equipment	0,1	1,48	0,1	0,72	0,1	1,18
Non-farm rent income	0,0	1,17	0,1	1,38	12,1	1,52
Imputed rent - household owner	1,0	-0,01	1,3	0,22	1,2	0,20
Value of non-farm products consumed	4,0	0,90	2,9	0,77	1,9	0,64
Profit from non-farm enterprises	31,4	1,15	28,3	0,96	21,0	0,85
Net remittances	3,2	1,08	4,8	1,66	2,3	2,04
Scholarship	0,1	1,27	0,1	0,69	0,0	0,65
Income from water sold	0,1	1,41	0,2	1,20	0,2	0,75
Miscellaneous income	3,1	1,47	1,9	0,98	1,5	1,14
Gini index for total income per equivalent adult		0,526		0,573		0,657

Source: Harold Coulombe and Quentin Wodon based on GLSS Surveys, 2007

Section 2.5-Access to Economic inputs

Table 2.5.1 Commercial Banks, Loans and Advances (%) 2000-2004

End of period	Agric. Forestry & Fishing	Mining & Quarrying	Manu- facturing	Construction	Electricity Gas & Water	Commerce & Finance			Transport & Communication	Services	Miscellaneous
						Import Trade	Export Trade	Other			
2000	1	4.6	21.6	4	3.1	3.6	2	11.3	1.4	7.6	3.2
2001	10.4	4.4	21.0	7.4	4.3	3.9	2.6	31.8	3.8	10.3	-
2002	2.1	3.7	17.5	6.3	4.8	3.8	3.3	36	4.6	11.1	6.7
2003	0.7	4.4	8	5.9	0.1	0.2	0.2	54.1	2.7	23.2	0.6
2004	1.9	2.5	18.9	3.3	3.6	5.4	2	30.3	7.3	12.2	12.5

Source: Ghana Statistical Service, Quarterly Digest of Statistics

Table 2.5.2 Types of Financial Services Available in the Community (percent)

Region	Type of Financial Services					
	Banking	Susu	Credit Union	Informal Private Money Lender	Other	None
National	29	29	9	3	0	30
Western	33	43	11	3	0	9
Central	38	39	11	1	0	12
Greater Accra	31	33	11	2	0	24
Volta	25	19	9	5	0	42
Eastern	23	34	7	5	0	31
Ashanti	32	36	8	5	0	19
Brong Ahafo	39	32	12	2	0	15
Northern	16	11	6	4	0	63
Upper East	13	16	4	3	0	65
Upper West	29	22	5	2	0	42

Source: PM&E Survey Data, 2006

Section 3: Poverty Measurements

Locality	Poverty line= 2,884,700 cedis		Poverty line=3,708,900 cedis	
	Contribution to total poverty	Poverty Incidence	Contribution to total poverty	Poverty Incidence
Accra	10.6	4.4	5.4	3.5
Accra Coastal	5.5	1.1	2.0	0.6
Urban Forest	6.9	3.5	2.9	2.3
Urban Savannah	27.6	5.2	8.3	5.5
Rural Coastal	24.0	9.2	11.5	6.9
Rural Forest	27.7	27.2	14.6	22.5
Rural Savannah	60.1	49.3	45.4	58.7
Urban	10.8	14.3	5.7	11.9
Rural	39.2	85.7	25.6	88.1
All Ghana	28.5	100.0	18.2	100.0

Source: GLSS-5, Ghana Statistical Service, 2007

Region	Population Share	Average Welfare ('000s)	Poverty Indices			Contribution to National Poverty		
			P0	P1	P2	C0	C1	C2
1991/1992								
Region								
Urban	33.2	1580	0.277	0.074	0.029	17.8	13.2	10.9
Rural	66.8	909	0.636	0.240	0.117	82.2	86.8	89.1
Locality								
Accra	8.2	1840	0.231	0.051	0.017	3.7	2.2	1.6
Accra Coastal	8.7	1430	0.283	0.070	0.024	4.7	3.3	2.3
Urban Forest	11.0	1620	0.258	0.064	0.022	5.5	3.8	2.8
Urban Savannah	5.3	1320	0.378	0.136	0.069	3.9	3.9	4.2
Rural Coastal	14.2	1090	0.525	0.161	0.067	14.4	12.3	10.8
Rural Forest	29.6	938	0.616	0.227	0.106	35.3	36.4	35.8
Rural Savannah	23.1	763	0.730	0.305	0.161	32.6	38.1	42.5
National	100.0	1276	0.517	0.185	0.088	100.0	100.0	100.0
1998/1999								
Region								
Urban	33.7	1950	0.194	0.053	0.021	16.6	12.9	10.5
Rural	66.3	1140	0.496	0.182	0.089	83.4	87.1	89.5
Locality								
Accra	11.2	2460	0.044	0.009	0.003	1.3	0.7	0.4
Accra Coastal	5.9	1510	0.310	0.092	0.037	4.6	3.9	3.3
Urban Forest	11.8	2010	0.182	0.051	0.020	5.4	4.3	3.6
Urban Savannah	4.8	1190	0.430	0.114	0.042	5.2	4.0	3.1
Rural Coastal	14.4	1230	0.456	0.142	0.061	16.7	14.8	13.3
Rural Forest	31.3	1300	0.380	0.108	0.044	30.1	24.3	20.7
Rural Savannah	20.6	827	0.700	0.323	0.178	36.6	48.0	55.5
National	100.0	1513	0.395	0.139	0.066	100.0	100.0	100.0
2004/2006								
Region								
Urban	37.6	2560	0.108	0.031	0.013	14.3	12.1	10.6
Rural	62.4	1430	0.392	0.135	0.066	85.7	87.9	89.4
Locality								
Accra	11.8	2720	0.106	0.029	0.011	4.4	3.5	2.8
Accra Coastal	5.8	3030	0.055	0.009	0.002	1.1	0.6	0.3
Urban Forest	14.6	2520	0.069	0.017	0.007	3.5	2.6	2.2
Urban Savannah	5.4	1820	0.276	0.095	0.045	5.2	5.4	5.3
Rural Coastal	11.0	1630	0.240	0.053	0.018	9.2	6.0	4.2
Rural Forest	28.0	1520	0.277	0.068	0.024	27.2	19.8	14.4
Rural Savannah	23.4	1220	0.601	0.254	0.139	49.3	62.1	70.7
National	100.0	2050	0.285	0.096	0.046	100.0	100.0	100.0

Source: GLSS-5, Ghana Statistical Service, 2007

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	Consumption-Based Share of Population in Poverty (%), 1991-2006								
	2004/2005			1998/1999			1991/1992		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Sex of head									
Female	19.2	10.5	26.8	35.4	19.8	45.7	43.1	24.5	56.2
Male	31.4	10.9	42.4	41.0	19.2	50.7	54.9	29.4	65.9
Age of head									
Less than 30	16.6	6.4	23.2	19.8	7.9	26.5	31.4	12.0	40.4
30 to 39	25.4	7.9	36.0	35.7	13.2	45.9	47.7	19.9	62.2
40 to 49	30.3	12.5	42.5	43.1	22.6	54.6	57.9	32.9	72.8
50 to 59	32.6	13.4	43.9	43.4	21.9	54.0	53.6	32.0	66.3
60 and over	31.9	11.3	41.5	44.8	26.4	53.1	58.5	37.3	64.9
Household size									
1 individual	3.6	3.0	4.3	5.6	4.3	6.8	9.4	3.2	13.7
2 to 3 individuals	10.2	5.5	14.0	18.1	9.0	23.8	25.7	8.2	35.6
4 to 5 individuals	22.4	9.1	31.5	34.3	14.1	45.0	46.5	22.7	58.0
6 to 7 individuals	30.4	9.4	42.3	47.9	24.7	58.9	57.8	30.5	72.0
8 individuals or more	53.5	27.1	62.5	55.9	35.4	63.3	69.3	45.9	79.5
Education level of head									
No education	43.8	22.6	49.7	54.3	33.2	60.8	61.4	40.2	68.0
Primary	25.2	11.4	32.0	38.4	22.7	44.8	55.2	30.1	65.1
Secondary 1	17.2	7.8	25.2	29.4	14.2	38.5	41.3	21.0	56.5
Secondary 2	8.5	4.8	18.3	15.1	5.5	31.0	20.4	11.5	43.9
Superior	4.2	2.6	9.0	16.3	9.4	25.1	24.4	14.0	36.9
Marital Status									
Never married	11.0	6.6	18.7	15.5	6.1	25.2	23.0	5.4	36.5
Married	30.9	10.9	41.5	40.5	20.1	50.1	53.9	29.3	65.6
Divorced/Widowed	21.1	11.8	28.6	38.5	19.2	49.0	44.1	24.4	55.7
Industry of head									
Agriculture	39.3	22.1	41.9	51.7	40.4	53.4	64.9	43.4	68.0
Mining/Quarrying	5.2	0.0	9.1	6.9	0.0	11.8	28.4	21.4	34.6
Manufacturing	16.8	8.6	29.9	30.4	17.1	42.7	39.3	23.1	58.2
Utilities	0.0	0.0	0.0	18.1	5.0	56.0	22.0	28.2	0.0
Construction	13.0	7.1	25.1	26.3	16.5	36.1	42.0	42.9	41.0
Trading	11.7	7.6	20.3	25.3	13.0	38.6	32.8	24.2	45.8
Transport/Communication	13.8	9.3	25.6	9.1	6.9	15.3	24.9	22.7	35.1
Financial Services	8.2	6.1	22.4	13.1	0.0	48.1	8.5	7.1	13.3
Community & Other Services	10.7	5.8	22.0	24.5	18.8	31.0	36.4	22.9	55.4
Employment status of head									
Public	8.3	5.3	16.0	21.4	12.9	31.5	35.0	22.3	51.6
Wage Private Formal	10.6	5.8	20.8	13.5	10.2	18.9	30.2	26.4	38.6
Wage Private Informal	15.8	14.0	18.5	23.8	14.7	29.9	35.7	33.1	39.7
Self-employment Agriculture	40.3	23.5	42.7	52.4	43.0	53.7	66.1	48.1	68.5
Self-employment non-agr.	14.2	7.1	26.4	27.7	15.6	40.7	35.6	22.1	53.9
Non Working	32.5	13.6	52.5	42.5	16.8	61.2	41.7	22.8	58.5
Migration									
Yes	28.0	10.6	39.5	37.2	17.5	49.1	54.3	30.2	66.7
No	30.5	11.8	38.1	44.1	25.4	50.0	47.1	22.9	58.2
Land ownership									
Yes	21.6	9.9	35.1	37.2	16.4	51.7	-	-	-
No	36.0	13.2	41.8	44.8	37.5	46.2	-	-	-
Total	28.5	10.8	39.2	39.5	19.4	49.5	51.7	27.7	63.6

Source: Harold Coulombe and Quentin Wodon based on GLSS Surveys, 2007

	2004/2005			1998/1999			1991/1992		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Sex of head									
Female	16.1	28.78	13.96	24.7	33.6	23.0	22.46	29.86	20.87
Male	83.9	71.22	86.04	75.3	66.4	77.0	77.54	70.14	79.13
Age of head									
Less than 30	5.9	6.27	5.78	4.5	4.0	4.6	6.62	4.46	7.09
30 to 39	20.7	17.01	21.31	23.4	16.8	24.8	23.17	18.69	24.14
40 to 49	29.4	34.93	28.45	31.0	35.5	30.1	28.62	34.16	27.42
50 to 59	24.1	25.86	23.78	20.7	20.8	20.6	19.97	24.81	18.93
60 and over	20.0	15.93	20.67	20.4	22.9	19.9	21.61	17.88	22.42
Household size									
1 individual	0.7	2.24	0.45	0.5	1.2	0.4	0.68	0.54	0.71
2 to 3 individuals	5.8	9.97	5.07	6.9	8.0	6.6	6.91	4.46	7.44
4 to 5 individuals	23.7	27.59	23.00	26.8	23.4	27.5	24.28	21.70	24.83
6 to 7 individuals	27.0	21.45	27.90	34.9	35.6	34.8	30.43	30.99	30.31
8 individuals or more	42.9	38.75	43.58	30.9	31.8	30.7	37.70	42.32	36.71
Education level of head									
No education	69.2	54.26	71.70	59.6	52.2	61.0	62.27	54.88	63.86
Primary	9.3	9.85	9.21	10.3	10.8	10.2	10.07	8.76	10.35
Secondary 1	18.7	27.65	17.15	24.9	27.9	24.3	24.49	29.94	23.31
Secondary 2	1.4	4.09	0.97	2.0	2.8	1.9	1.61	3.71	1.16
Superior	1.3	4.18	0.83	3.0	5.9	2.4	1.58	2.80	1.31
Marital Status									
Never married	1.4	3.73	1.00	1.1	1.5	1.0	0.94	0.54	1.02
Married	86.2	74.55	88.16	80.7	78.5	81.1	86.09	84.72	86.38
Divorced/Widowed	12.3	21.76	10.70	18.1	19.6	17.8	13.02	14.96	12.59
Industry of head									
Agriculture	81.9	45.71	87.37	71.9	45.4	77.1	73.99	37.12	81.65
Mining/Quarrying	0.2	0.00	0.26	0.3	0.0	0.3	0.44	0.90	0.34
Manufacturing	5.0	11.90	3.93	7.6	12.7	6.6	5.98	11.01	4.93
Utilities	0.0	0.00	0.00	0.1	0.2	0.1	0.11	0.66	0.00
Construction	1.2	3.50	0.83	1.6	3.2	1.3	1.42	4.69	0.74
Trading	5.6	18.86	3.55	9.2	15.2	8.0	7.02	18.17	4.70
Transport/Communication	1.9	6.86	1.11	1.0	3.3	0.5	1.65	7.16	0.50
Financial Services	0.5	2.34	0.20	0.4	0.0	0.5	0.11	0.42	0.05
Community & Other Services	3.8	10.82	2.76	8.1	20.2	5.7	9.33	19.86	7.14
Employment status of head									
Public	2.6	8.34	1.59	5.8	11.5	4.7	9.53	19.30	7.42
Wage Private Formal	2.5	6.44	1.83	1.7	4.8	1.1	2.47	8.33	1.20
Wage Private Informal	2.4	9.35	1.29	1.3	2.0	1.2	1.32	4.19	0.70
Self-employment Agriculture	70.7	36.30	76.37	59.1	36.1	63.6	66.33	31.77	73.86
Self-employment non-agr.	9.6	21.01	7.69	16.0	28.9	13.5	12.87	25.75	10.08
Non Working	12.2	18.60	11.09	15.9	16.2	15.9	7.40	10.75	6.68
Migration									
Yes	76.8	81.84	75.94	63.8	69.3	62.7	67.74	72.29	66.75
No	23.2	18.16	24.06	36.2	30.7	37.3	32.26	27.71	33.25
Land ownership									
Yes	39.3	67.61	34.55	66.3	72.5	65.1	0.00	0.00	0.00
No	60.7	32.39	65.45	33.7	27.5	34.9	0.00	0.00	0.00
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Harold Coulombe and Quentin Wodon based on GLSS Surveys, 2007

Section 4:. Political Participation and Voice

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Region	2000 Parliamentary Elections					2004 Parliamentary Elections				
	No. of Constituencies	Contestants		Winners		No. of Constituencies	Contestants		Winners	
		Males	Females	Males	Females		Males	Females	Males	Females
Western	19	77	8	15	4	22	72	13	19	3
Central	17	76	8	13	4	19	64	12	17	2
Greater Accra	22	110	20	20	2	27	109	16	22	5
Volta	19	99	8	18	1	22	82	12	20	2
Eastern	26	133	9	26	0	28	105	11	27	1
Ashanti	33	159	17	31	2	39	142	16	34	5
Brong Ahafo	21	108	5	19	2	24	88	6	23	1
Northern	23	134	6	22	1	26	99	7	22	4
Upper East	12	57	10	11	1	13	52	7	12	1
Upper West	8	33	4	7	1	10	36	4	9	1
Total	200	986	95	182	18	230	849	104	205	25
% Rep		91.2%	8.8%	91.0%	9.0%		89.0%	11%	89.0%	11%

Source: Electoral Commission

Committee	Total Number	Men(%)	Women(%)
Lands & Forestry	18	17 (94)	1 (6)
Agriculture	20	15 (75)	5 (25)
Food & Cocoa	20	17 (85)	3 (15)
Local Government & Rural Development	18	17 (94)	1 (6)
Constitutional, Legal & Parliamentary Affairs	18	18 (100)	0 (0)
Health	20	17 (85)	3 (15)
Communication	20	15 (83)	3 (17)
Roads & Transport	18	17 (94)	1 (6)
Defence & Interior	18	17 (94)	1 (6)
Foreign Affairs	20	17 (85)	3 (15)
Youth, Sports & Culture	18	17 (94)	1 (6)
Education	19	18 (95)	1 (5)
Mines & Energy	18	16 (89)	2 (11)
Environment, Science & Technology	18	17 (94)	1 (6)
Employment, Social Welfare & State Enterprises	20	18 (90)	2 (10)
Trade, Industry & Tourism	20	19 (95)	1 (5)

Source: Allah-Mensah, 2005

Committee	Total Number	Men(%)	Women(%)
Government Assurances	25	23 (92)	2 (8)
Business	20	17 (85)	3 (15)
Appointments	26	24 (92)	2 (8)
Finance	25	23 (92)	1 (4)
Public Accounts	25	24 (96)	2 (10)
Selection	20	18 (90)	0 (0)
Subsidiary Legislation	23	23 (100)	0 (0)
House	26	22 (85)	4 (15)
Members holding offices of profit	25	22 (88)	3 (12)
Privileges	31	30 (97)	1 (3)
Gender & children	24	18 (75)	6 (25)
Judiciary	21	18 (86)	3 (14)
Special Budget	21	19 (90)	3 (10)
Standing Orders	23	23 (100)	0 (0)

Source: Allah-Mensah, 2005

Table 4.7 Gender Distribution of some Positions in the Ministry

Public Board	Total Number	Men(%)	Women(%)
Deputy Directors	17	13 (76)	4 (24)
Assistant Directors	36	30 (83)	6 (17)
Principal Information Officer	8	5 (63)	3 (37)
Senior Information Officer	12	11 (92)	1 (8)
Information Officer	13	11 (85)	2 (15)
Secretaries	21	1 (5)	20 (95)
Total	107	71 (66)	36 (34)

Source: Allah-Mensah, 2005.

Table 4.6 Gender Distribution of Membership to Public Boards

Public Board	Total Number	Men(%)	Women(%)
National Media Commission	18	14 (78)	4 (22)
National Commission on Civic Education (NCCE)	6	3 (50)	3 (50)
Electoral Commission	7	4 (57)	3 (43)
Commission on Human Rights and Administrative Justice (CHRAJ)	3	2 (66)	1 (33)
Forestry Commission (FC)	9	8 (89)	1 (11)
Lands Commission (LC)	19	19 (100)	0 (0)
	64	51 (80)	13 (20)

Source: Research Directorate, Ministry of Information, 12 May 2004, adapted from Allah-Mensah, 2005.

Section 5: MDGs Indicators

Table 5.1 Ghana's Progress towards the MDGs

MDG Goals	MDG Indicator & Target	1990	2000	2003	2004	2005	2010	2010 Prediction based on trend	Target (2015)
Eradicate Extreme Poverty	■ Halve the proportion of people whose income is less than \$1 per day	51.70% ¹	39.5% ²	35.8% ³	■	■			26%
	■ Halve the proportion of people who suffer from hunger	37% ⁴	12% ⁵	11% ⁶	11% ⁷	11% ⁸	9%	19%	19%
Achieve Universal Primary Education	■ Gross national primary school enrolment	72.7% ⁹	79.5% ¹⁰	85.7% ¹¹	86.3% ¹²	85.7% ¹³	88.0%	98%	100%
	■ Net primary school enrolment rate	53.7% ¹⁴	60.7% ¹⁵	69.9% ¹⁶	57.9%	59.1% ¹⁷	66.0%	70%	100%
Promote Gender Equality	■ Eliminate gender disparity in primary education	85% ¹⁸	93% ¹⁹	98%	94% ²¹	96% ²²	98%	100%	100%
	■ Eliminate gender disparity in secondary education	65% ²³	81% ²⁴	85%	83% ²⁵	85% ²⁷	87%	90%	100%
Reduce Child Mortality	■ Reduce under-5 mortality by two thirds (rate per 1,000)	122 ²⁸	112 ²⁹	112 ³⁰	112 ³¹	111 ³²	96	86	40
	■ Measles immunization (% children 12-23 months)	61% ³³	70% ³⁴	83% ³⁵	83% ³⁶	84% ³⁷	94.10%	100%	100%
Improve Maternal Health	■ Reduce MM by three-quarters (MMR per 100,000 live births)	740 ³⁸	540 ³⁹	■	■	241 ⁴⁰			185
	■ Skilled attendance at delivery (% of total)	36.7 ⁴¹	49% ⁴²	51.8% ⁴³	55% ⁴⁴	47% ⁴⁵	51	52	100%
Combat Infectious Diseases	■ Halt and reverse the spread of HIV/AIDS (prevalence % of population ages 15-49)	2.4% ⁴⁶	2.3% ⁴⁷	3.6% ⁴⁸	3.1% ⁴⁹	2.7% ⁵⁰	2.0%	1.8%	To be discussed
	■ Halt and reverse the incidence of malaria (notified cases per 100,000 population)	■	■	■	■	■			■
Ensure Environmental Sustainability	■ Reverse loss of resources (% of land area covered by forest)	32.7% ⁵¹	26.8% ⁵²	34% ⁵³	32% ⁵⁴	24.20% ⁵⁵	23.5%	23.1%	■
	■ Halve proportion of people without sustainable access to safe drinking water (% of population with access to improved water source – all)	49% ⁵⁶	74% ⁵⁷	74.1% ⁵⁸	■	75% ⁵⁹	53%	45.8%	75%
	■ Halve the proportion of people without sustainable access to improved sanitation (% of population with access to improved sanitation)	48.5% ⁶⁰	57% ⁶¹	59% ⁶²	18% ⁶³	■			58%
Partnership for New Technologies	Fixed lines and cellular subscribers (per 100 people)	0.3 ⁶⁴	1.7 ⁶⁵	5.0 ⁶⁶	9.1 ⁶⁷	■	■	■	■
	Internet users (per 100 people)	0 ⁶⁸	0.2 ⁶⁹	1.1 ⁷⁰	1.7 ⁷¹	■	■	■	■

Source: See Note below

■ = missing baseline
■ = missing targets
■ = missing data

Note:

To the extent that data is available and verifiable, this table represents an ambitious attempt to put together on one page the trend for Ghana meeting the MDGs. In almost all cases, there was not consistent data for any single indicator covering the entire period for the analysis. Even where data exists for an indicator, there are major discrepancies between the figures from one data source and the other and in the absence of reliable national data sources, using these figures presented tremendous statistical dilemmas where comparison is impossible. Another major challenge to the compilation exercise is the complete absence of the methodology used by the various data sources with respect to how the data has been collected, which statistical tools were used and what assumptions were made in determining the various figures. This makes it difficult to statistically combine trends from different sources to make consistent and verifiable predictions. These not withstanding, the attempt has been made to create a fairly reasonable table that to a large extent provides the tool for an effective monitoring of the MDGs in Ghana. This conclusion is based on several analytical and project reports that were reviewed during the assignment. Every effort has been made to ensure that the table is fairly consistent with trends and with very minimal discrepancies.

¹Ghana Poverty Reduction Strategy I 2002 - 2004

²Ghana Living Standards Survey 1998/999.

³CWIQ

⁴FAO 2006 Food Security Report

⁵FAO 2006 Food Security Report

⁶FAO 2006 Food Security Report

⁷FAO 2006 Food Security Report

⁸FAO 2006 Food Security Report

⁹Ministry of Education Science and Sports (MOESS) 2006 ESP

¹⁰Ministry of Education Science and Sports (MOESS) 2006 ESP

¹¹Ministry of Education Science and Sports (MOESS) 2006 ESP

¹²Ministry of Education Science and Sports (MOESS) 2006 ESP

¹³Ministry of Education Science and Sports (MOESS) 2006 ESP

¹⁴Online UN Stats MDG indicators 2006

¹⁵Online UN Stats MDG indicators 2006

¹⁶Core Welfare Indicators Questionnaire Survey, 2003. Ghana Statistical Service

¹⁷Ghana Poverty Reduction strategy II indicators p.8

¹⁸Baseline is 1991. Online UN Stats MDG indicators 2006

¹⁹Ministry of Education Science and Sports (MOESS) 2006 ESP

²⁰Ministry of Education Science and Sports (MOESS) 2006 ESP

²¹Ministry of Education Science and Sports (MOESS) 2006 ESP

²²Ministry of Education Science and Sports (MOESS) 2006 ESP

²³Baseline is 1991. Online UN Stats MDG indicators 2006

²⁴Ministry of Education Science and Sports (MOESS) 2006 ESP

²⁵Ministry of Education Science and Sports (MOESS) 2006 ESP

- ²⁶Ministry of Education Science and Sports (MOESS) 2006 ESP
²⁷Ministry of Education Science and Sports (MOESS) 2006 ESP
²⁸UNICEF 2005
²⁹Ghana Poverty Reduction Strategy I 2002 - 2004; p.34
³⁰Core Welfare Indicators Questionnaire Survey, 2003. Ghana Statistical Service
³¹Ghana Poverty Reduction Strategy I 2002 - 2004; p.34
³²Ghana Poverty Reduction strategy II indicators p.8
³³Online UN Stats MDG indicators 2006
³⁴Online UNICEF database 2006
³⁵Online UNICEF database 2006
³⁶Online UNICEF database 2006
³⁷Online UNICEF database 2006
³⁸Online UN Stats MDG indicators 2006
³⁹Online UNICEF database 2006
⁴⁰Ghana Poverty Reduction Strategy II indicators p.8
⁴¹Demographic and Health Survey, Ghana 2003
⁴²Demographic and Health Survey, Ghana 2003
⁴³Core Welfare Indicators Questionnaire Survey, 2003. Ghana Statistical Service
⁴⁵Online UN MDG database 2006
⁴⁴Ghana Poverty Reduction Strategy I p.91
⁴⁶Baseline is 1994. Source - Ghana Poverty Reduction Strategy I, 2002 - 2004; p.86
⁴⁷Ghana Poverty Reduction Strategy I, 2002 - 2004; p.86
⁴⁸Ghana Poverty Reduction Strategy I, 2002 - 2004
⁴⁹Ghana Poverty Reduction Strategy I, 2002 - 2004
⁵⁰Ghana Poverty Reduction strategy II indicators p.8
⁵¹Online UN Stats MDG indicators 2006
⁵²EPA/UNEP State of the environment report July 2002
⁵³EPA/UNEP State of the environment report July 2002 p.6
⁵⁴EPA/USGS Agro-ecological zones and land cover trends in Ghana January 2006 p.4
⁵⁵EPA/USGS Agro-ecological zones and land cover trends in Ghana January 2006 p.4
⁵⁶UN Human Development report, April 2006
⁵⁷1998 data. Source: Online UN Stats MDG indicators 2006
⁵⁸Core Welfare Indicators Questionnaire Survey 2003, Ghana Statistical Service
⁵⁹UN Human Development Report. April 2006
⁶⁰WHO/UNICEF Joint Monitoring Program for Water Supply and Sanitation, 2004
⁶¹WHO/UNICEF Joint Monitoring Program for Water Supply and Sanitation, 2004
⁶²WHO/UNICEF Joint Monitoring Program for Water Supply and Sanitation, 2004
⁶³Online UN Stats MDG indicators 2006
⁶⁴Online UN Stats MDG indicators 2006
⁶⁵Online UN Stats MDG indicators 2006
⁶⁶Online UN Stats MDG indicators 2006
⁶⁷Online UN Stats MDG indicators 2006
⁶⁸Online UN Stats MDG indicators 2006
⁶⁹Online UN Stats MDG indicators 2006
⁷⁰UNICEF online Country data
⁷¹Online UN Stats MDG indicators 2006

Section 6: Children

Table 6.1		Highlights of the Ghana Child Labour Survey, 2000
Total number of children aged 5-17		6,361,111
No of children aged 5-17 engaged in usual economic activity		2,474,545
No. of children aged 5-17 engaged in child labour with regard to long hours of work and exposure to hazardous work		1,407,770
No. of child labourers aged below 13 years		1,031,220
No of children attending school while working		1,590,765
No of children found to be working in the night		220,891
No. of children who worked both in the daytime and at night		50,312

Source: Computed from Ghana Child Labour Survey Report, Ghana Statistical Service, 2003

Table 6.2				Children Engaged in the Worst Forms of Child Labour by Sex, 2006
Type of WFCL	Male (%)	Female Total (%)	Total (%)	
Commercial sex workers	0.2	7.3	2.8	
Mining (Galamsey)	34.4	4.0	23.2	
Quarrying	23.0	20.1	21.9	
Domestic servitude	1.2	13.6	5.8	
Commercial farming	12.5	10.6	11.8	
Trokosi (ritual servitude)	0.6	0.6	0.6	
Head portering	11.6	40.7	22.3	
Fishing/Hunting/Forestry	16.3	2.9	11.4	
Total	100.0	100.0	100.0	
Sample	(N=465)	(n=273)	(n=738)	

Source: Amankrah J.Y. Labour Market Study to Determine Apprenticeship Trades with Market Potential ILO/TBPREport September 2007

Table 6.3					Children Engaged in the Worst Forms of Child Labour by Sex, 2006
Reasons for not currently attending School	Ghana	Rural	Urban		
Not of school age	0.7	0.9	0.5		
Completed school	22.5	20.5	25.4		
Distance	1.6	2.6	0.3		
Expense	25	23.1	27.7		
Work	8.2	9.1	7		
Useless	26.7	31.5	20		
Illness	2.8	3.6	1.7		
Pregnancy	2.8	2.8	2.8		
Failed exams	3.5	3.8	3.2		
Got married	0.6	0.8			
Apprenticeship	14.5	11.6	18.6		
Other	4	4.5	3.2		

Source: Ghana Statistical Service, CWIQ 2003

Section 7: Women

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Table 7.2 Female Headed Household (15 years and older) by Place of Residence

Place of Residence	1960		1970		1984		2000	
	Women	Men	Women	Men	Women	Men	Women	Men
Locality								
Total	25.7	74.3	28.6	71.4	31.9	68.1	31.3	68.7
Urban	27.7	72.3	30.9	69.1	35.8	64.2	34.6	65.4
Rural	25	75	27.6	72.4	29.7	70.3	28.4	71.6
Region								
Western	28	72	24.1	75.9	27.4	72.6	27.6	72.4
Central		39.3	60.7	41.3	58.7	38.8	61.2	
Greater Accra	25.3	74.7	25.4	74.6	46	55	31.9	68.1
Volta	28.4	71.6	32.3	67.7	36.7	63.3	37.1	62.9
Eastern	28.1	71.9	31.8	68.2	33.4	66.6	33.9	66.1
Ashanti	31.9	68.1	34.7	65.3	37	63	34.6	65.4
Brong Ahafo	27.2	72.8	28.5	71.5	30.9	69.7	29.9	70.1
Northern	64	94.6	9.4	90.6	11.2	88.8	14.1	85.9
Upper East		12.8	87.7	12.8	76.2	22.2	77.8	
Upper West			13.8	86.2	18.3	81.7		

Source: Ghana Statistical Service, 1960, 1970, 1984 and 2000 Censuses

Table 7.4 Mean Ideal Family Size of All Women by Locality and Level of Education, 1998 and 2003

Socio-Economic Characteristics	Mean Ideal Family Size	
	1998	2003
Place of Residence		
Urban		
Rural		
Level of Education		
No education		
Primary		
Middle/JSS		
Secondary		
Total		

Source: Ghana Statistical Service: 1998 and 2003 GDHS; Ghana Statistical Service: 1999 and 2004; GDHS: 1998 and 2003

Section 8: Persons With Disability

Locality	Main Type Of Disability								
	Seeing	Hearing/Speech	Moving	No Feeling	Strange Behaviour	Fits	Learning	Other	Total
Total	53.4	11.2	27.1	0.9	3.1	2.4	0.8	1.1	5.4
Urban	57.1	8.5	26.5	1	3.4	1.2		1.6	4.6
Rural	54.8	10.2	26.9	0.9	3.2	2	0.8	1.3	5.1
Region									
Western	56.8	8.7	27.3	0.4	2	2.2	1.3	1.3	4.7
Central	56.2	10	25.7	1.3	2	2.6	0.4	1.8	6.4
Greater Accra	64.5	6.3	23.8	0.5	2.8	0.4	0.6	1.1	4.3
Volta	56.5	11.2	25.4	0.8	3.4	1.1	0.7	0.8	7.7
Eastern	61	7.9	24.6	0.8	2.7	1.3	1	0.8	6.7
Ashanti	50.5	10	29.4	0.8	4.6	2.1	0.7	1.8	4.7
Brong Ahafo	45	13.3	31	1.4	3.2	3.3	0.8	1.9	3.4
Northern	40.9	16.3	31.1	1.5	3.5	4.9	0.5	1.3	3.7
Upper East	52.6	13.8	25.9	1.5	3.2	1.6	0.9	0.6	4
Upper West									

Source: GSS, Core Welfare Indicators Survey Questionnaire Survey, 2003

Section 9: The Youth

Profiles or labour market characteristics	Male (percent)	Female (percent)	Total (percent)
Proportion of young persons who could be described as illiterate due to early drop out of school or not having been to school at all	20.8	23.2	21.6
Proportion of young persons who have acquired some skills from the technical and vocational institutions including apprenticeship training but need retraining to make them succeed in Ghana's changing labour market	6.6	3.5	4.7
Proportion of young persons who have completed various stages of formal education at the non-tertiary level, majority of whom are Junior Secondary School products	65.3	66.3	65.8
Proportion of young persons who have completed Senior Secondary School but are unable to continue their education or get formal employment because they are deficient in three critical subjects, namely English, mathematics and science.	2.3	5.2	4.7
Proportion of young persons who have graduated from the Universities and Polytechnics majority of whom are first time job seekers without the right work experience and are not therefore able to get work after completing their national service.	1.6	0.6	1.2
Proportion of young persons who live, sleep and work on the streets and others.	2.8	2.2	2.5
Total	100.0	100.0	100.0
	524,028	378,437	903,437

Source: Nsawah-Nuamah, N.N.N. and Amankrah J.Y. (2003). Report on a Survey on Unemployed and Underemployed Persons in Ghana, 2001.

Profiles or labour market characteristics	Male (percent)	Female (percent)	Total (percent)
Proportion of unemployed youth desiring to work but unable to get work because they don't have the right work experience but at the same time not getting the opportunities to improve their chances of gainful employment	41.7	22.5	33.7
Proportion of unemployed youth desiring to set up their own enterprises but unable to do so because they lack capital, space, and also due to competition of indigenous value added products with imports	30.5	50.3	38.5
Proportion of unemployed youth desiring to better their grades to continue their education and to seek for formal sector jobs	9.9	6.2	8.3
Proportion of unemployed youth desiring skills training and retraining, apprenticeship, or job attachment programmes to enhance chances of getting paid or self-employment	16.3	19.1	17.4
Proportion of unemployed youth desiring to travel overseas	0.7	0.4	0.7
Proportion of unemployed youth desiring to travel overseas	0.4	1.2	0.9
Proportion of unemployed youth desiring reintegration into family or married life to get settled	0.5	0.3	0.4
Proportion of unemployed youth with other hopes and aspirations	100.0	100.0	100.0
Total	524,028	378,830	903,437

Source: Nsawah-Nuamah, N.N.N. and Amankrah J.Y. (2003). Report on a Survey on Unemployed and Underemployed Persons in Ghana, 2001.

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Table 9.3 Share of the Youth (15-24 age group) in the Labour Market in Ghana, 1960-2000

Age Group	1960	1970	1984	2000
Both Sexes				
15-19	11.4		10.7	9.1
20-24	15.2	9.5	16.0	13.5
Male				
15-19	10.0	9.1	10.0	9.2
20-24	14.5	13.6	14.8	12.7
Female				
15-19	13.5	10.1	11.3	9.0
20-24	16.2	15.7	17.1	14.3

Source: Computed from the 1960-2000 Censuses of Ghana.

Section 10: Crime

Table 10.1 Size of the Ghana Police Service since 1947

Year	Strength in '000s	Expected strength	Population in millions	Ratio
1947	2 700		Circa 4.1	1:1483
1952	3 480		Circa 4.06	1:1490
1957	6 000		6	1:1000
1971	19 410		8.5	15
1992	484		16	1:1033
1999	16 212	25 000	18.5	1:1400
2001	14 412	37 000	Circa 18.5	1:1421
2005	17 944		20	1:1100

Source: Ghana Police Service

Table 10.2 Police Human Rights Abuses Reported to CHRAJ, by year, 1997-2005

Year	Number
1997	291
1998	220
1999	199
2000	197
2001	187
2002	75
2003	30
2004	37
2005	32
Total	1 278

Source: Commission on Human Rights and Administrative Justice Annual Report, 2006

Table 10.3 Ghana: Criminal Offences for the Period 2000-2005

Criminal offence	2000	2001	2002	2003	2004	2005
Murder	414	448	401	436	452	383
Attempted murder	42	44	55	58	69	56
Manslaughter	18	20	8	20	104	4
Threatening	18,655	19,580	22,537	21,496	22,915	18,868
Causing harm	2,543	2,674	2,838	3,020	2,002	2,480
Assault	82,564	91,246	90,179	90,551	90,560	74,445
Robbery	396	796	950	690	720	1,284
Stealing	46,970	63,850	60,310	57,377	57,160	51,336
Fraud	12,113	12,229	13,701	14,657	14,049	10,833
Unlawful entry	240	401	396	375	786	914
Causing damage	12,085	10,013	10,065	10,237	10,601	7,220
Dishonestly receiving	102	11	13	49	18	34
Abortion	256	165	177	189	253	213
Rape	1,261	1,018	1,210	952	631	470
Defilement	76	1,061	1,630	2,001	1,884	1,606
Possession Dangerous Drugs	32	79	61	146	48	8
Possessing Indian Hemp	514	545	505	395	387	396
Abduction	523	815	725	750	823	664
Extortion	4	2		16	17	
Forgery	288	175	227	152	273	142
Falsification of Accounts	1	1	1	7	1	4
Smuggling	81	185	93	57	10	2
Possession of Cocaine	10	49	28	11	45	82
Possession of Heroin		1		7	26	47
Counterfeiting	32	37	46	99	85	166
Issuing False Cheque	61	32	43	328	234	102
Child Stealing	15	14	34	48	69	444
Illegal Gold Mining	25	10	70	11	1	-
Other offences	25,323	20,672	22,112	22,533	20,136	18,230
Total	204,644	226,173	228,415	226,668	224,359	190,283

Source : Criminal Data Service Bureau/ CID Headquarters, Accra

Table 10.4 Crimes reported to Domestic Violence Victims Support Unit of the Ghana Police Service, 2004 and 2005

Type of Crime	2004	2005
Rape	181	206
Defilement	734	713
Assault (mostly wife battery)	2 059	2 430
Threatening	435	560
Causing harm	42	41
Causing damage	70	118
Indecent assault	74	106
Incest	15	11
Offensive conduct	323	671
Unnatural carnal knowledge	15	12
Failure to provide necessaries of life	67	3 171
Abduction	190	187
Child stealing	15	58
Stealing	156	301
Exposing child to harm	63	135
Criminal abortion	35	37
Attempted rape	15	24
Non-child maintenance	7 421	4 266
Bigamy	4	9
Attempted abortion	18	
Unlawful ejection	11	
Unlawful entry	2	
Threat of harm	94	
Unlawful removal	2	
Intermeddling with property of deceased	8	
Sodomy	1	
Compulsory marriage	9	
Act tending to disturb the peace	2	
Assault by imprisonment	2	
Attempted defilement	5	
Abandoned child	14	
Total	11 934	13 224

Source: Domestic Violence Victims Support Unit, Ghana Police Service 2005

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Table 10.5 Ghana: Average Length of Time for Investigating a Crime

Crime	Time taken for investigation
Fraud(cyber)	up to 6 months
Armed robbery	2 months-1 year
Domestic abuse	1 week
Stealing	1 week
Assault/battery	1-3 days
Rape/defilement	1 month
Other crimes	up to 2 months
Narcotics	up to 2 years

Source: Ghana, Justice Sector and Rule of Law, A Discussion Paper . A review by AfriMAP and Open Society Initiative for West Africa, 2007

Table 10.6 Duration of Land Disputes in Courts n Ghana

Duration	Percentage
Less than 3 months	7.5%
3-6 months	7.5%
6 months - 1 year	14.5%
1-2 years	25.5%
2-5 years	26%
Over 5 years	19%

Source: Crook R.C, State Courts and the Regulation of Land Dispute in Ghana.

Table 10.7 Distribution of High Courts, Circuit Courts and District Courts in Ghana by Region, 2005

Region	High Courts	Automated High Courts	Circuit Courts	District Courts	
Greater Accra	29	8	13	14	2 905 726
Eastern	5	3	9	18	2 106 696
Brong Ahafo	4	2	9	17	1 815 408
Ashanti	8	6	11	20	3 612 950
Central	5	3	5	13	1 593 823
Western	7	3	4	14	1 924 577
Volta	5	2	9	15	1 635 421
Northern	2	2	4	9	1 820 806
Upper East	2	1	2	6	920 089
Upper West	1	1	2	4	576 583
Total	69	31	68	130	18 912 079

Source: Judicial Service Annual Reports, 2005.

Table 10.8 Distribution of Juvenile Courts by Region ,2006

Region	Number of Courts
Ashanti	7
Brong Ahafo	16
Central	12
Eastern	17
Greater Accra	6
Northern	6
Upper East	4
Upper West	3
Volta	13
Western	7
Total	91

Source: Government of Ghana/UNICEF/CUSO, Juvenile Justice Report, 2006

Table 10.9 Ghana: Persons Received in Prison Centres by Type of Offence, 2001 - 2002

Offences	2001		2002	
	Men	Women	Men	Women
Stealing	340	8,604	293	7,124
Assault	16	766	23	612
Murder	1	29	5	84
Robbery	Nil	24	Nil	101
Narcotics	72	517	67	673
Manslaughter	Nil	39	1	15
Fraud	53	510	30	613
Threat of death	8	107	2	163
Unlawful entry	240	1,521	127	1,325
Causing harm	27	751	23	787
Causing damage	Nil	64	3	187
Conspiracy	160	1,003	43	971
Rape	Nil	101	Nil	125
Defilement	Nil	Nil	Nil	421
Others	210	1,234	200	1,428
Total	1127	15169	819	13890

Source: Ghana Prisons Service

Section 11: Demographic Indicators And Trends

Table 11.1 Population Trends and Growth Rates, 1960-2000

Region	Population Size				Growth Rate		
	1960	1970	1984	2000	1960-1970	1970-1984	1984-
All Regions	6,726,815	8,559,313	12,296,081	18,912,079	2.4	2.6	2.7
Western	626,155	770,087	1,157,807	1,924,577	2.1	2.9	3.2
Central	751,392	890,135	1,142,335	1,593,823	1.7	1.8	2.1
Greater Accra	541,933	903,447	1,431,099	2,905,726	5.1	3.3	4.4
Volta	777,285	947,268	1,211,907	1,635,421	2.0	1.8	1.9
Eastern	1,044,080	1,209,828	1,680,890	2,106,696	1.5	2.4	1.4
Ashanti	1,109,133	1,481,698	2,090,100	3,612,950	2.9	2.5	3.4
Brong Ahafo	587,920	766,509	1,206,608	1,815,408	2.7	3.2	2.6
Northern	531,573	727,618	1,164,583	1,820,806	3.1	3.4	2.8
Upper East	468,638	542,858	772,744	920,089	1.5	2.5	1.1
Upper West	288,706	319,865	438,008	576,583	1.0	2.3	1.7

Source: 2000 Population and Housing Census

Table 11.2 Trends in Internal Migration by Type and Region

Region	Intra-regional migrants				Inter-regional migrants			
	1960	1970	1984	2000	1960	1970	1984	2000
All Regions	18.9	20.6	19.8	9.9	17.6	21.4	19.3	17.5
Western	26.3*	21.3	17.0	9.2	9.4*	28.8	28.7	26.1
Central	-	20.7	19.2	13.4	-	12.8	11.8	11.8
Greater Accra	7.0	5.2	8.0	6.0	35.8	46.6	36.3	36.9
Volta	21.9	25.4	25.6	13.9	6.0	7.9	5.6	6.7
Eastern	29.8	30.4	25.4	15.1	15.8	17.7	17.0	14.9
Ashanti	21.4	23.0	19.8	11.3	20.3	20.2	16.4	15.7
Brong Ahafo	14.0	18.9	17.6	7.1	20.6	25.4	24.7	20.2
Northern	24.6+	24.9	28.7	8.3	2.7+	9.5	8.6	6.0
Upper East	-	-	19.6	2.4	-	-	5.3	5.4
Upper West	-	23.1	24.0	10.0	-	4.5 ^	6.3	5.8

Note: * includes Central + includes Upper East and Upper West ^ includes Upper West

Source: 1960, 1970, 1984 and 2000 Censuses

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Table 11.3		Summary of Demographic Indicators				
Indicator	2000	2005	2010	2015	2020	2025
A. High Variant						
Fertility						
Input TFR	4.7	4.4	4.4	4.4	4.4	4.4
GRR	2.32	2.17	2.17	2.17	2.17	2.17
NRR	1.91	1.83	1.86	1.90	1.93	1.96
Mean Age of Childbearing	29.7	29.7	29.7	29.7	29.7	29.7
Child-woman ratio	0.64	0.60	0.59	0.59	0.61	0.61
Mortality						
Male LE	56.6	58.3	60.0	61.7	63.6	66.5
Female LE	60.3	62.0	63.6	65.2	66.7	68.2
Total LE	58.5	60.2	61.8	63.5	65.2	67.4
IMR	71.2	64.7	58.4	52.2	46.3	38.6
U5MR	112.9	101.4	90.3	79.4	69.2	55.8
Vital Rates						
CBR per 1000	34.1	32.2	32.5	32.8	32.6	32.1
CDR per 1000	11.5	10.6	9.9	9.2	8.5	7.6
RNI per cent	2.25	2.16	2.26	2.36	2.41	2.45
GR per cent	2.25	2.16	2.26	2.36	2.41	2.45
Doubling time	31.1	32.4	31.0	29.8	29.1	28.6
Annual births and deaths						
Births	644,261	680,210	768,650	871,103	979,925	1,092,158
Deaths	218,165	223,894	233,883	244,502	255,752	257,897
Population						
Total population	18,912,079	21,134,518	23,646,912	26,590,856	30,043,281	33,990,005
Male population	9,357,382	10,463,692	11,716,957	13,189,258	14,940,880	16,939,280
Female population	9,554,697	10,670,826	11,929,955	13,401,598	15,102,401	17,050,725
Per cent aged 0-4 years	15.25	14.35	14.25	14.49	14.64	14.59
Per cent aged 5-14 years	24.33	24.69	24.17	23.37	23.46	23.80
Per cent aged 15-49 years	47.13	47.56	48.05	48.49	48.10	47.62
Per cent aged 15-64 years	55.88	56.33	56.89	57.4	57.09	56.70
Per cent aged 65 years and older	4.54	4.62	4.69	4.74	4.81	4.90
Per cent females 15-49 years	47.05	47.51	48.02	48.49	48.13	47.67
Sex ratio	97.93	98.06	98.21	98.42	98.93	99.35
Dependency ratio	0.71	0.69	0.68	0.66	0.67	0.68
Median age	20	21	21	21	21	21
Urban population	8,274,270	10,072,841	12,188,667	14,734,079	17,789,209	21,383,095
Rural population	10,637,809	11,061,677	11,458,246	11,856,777	12,254,071	12,606,910
Per cent urban	43.75	47.66	51.54	55.41	59.21	62.91
Per cent rural	56.2552.34	48.46	44.59	40.79	37.09	
B. Medium Variant						
Fertility						
Input TFR	4.7	4.4	4.0	3.8	3.5	3.3
GRR	2.32	2.17	1.97	1.87	1.72	1.63
NRR	1.91	1.83	1.69	1.64	1.53	1.47
Mean Age of Childbearing	29.7	29.7	29.7	29.7	29.7	29.7
Child-woman ratio	0.64	0.60	0.56	0.52	0.48	0.47
Mortality						
Male LE	56.6	58.3	60.0	61.7	63.6	66.5
Female LE	60.3	62.0	63.6	65.2	66.7	68.2
Total LE	58.5	60.2	61.8	63.5	65.2	67.4
IMR	71.2	64.7	58.4	52.2	46.3	38.6
U5MR	112.9	101.4	90.3	79.4	69.2	55.8
Vital Rates						
CBR per 1000	34.1	32.2	29.8	29.0	27.3	26.0
CDR per 1000	11.5	10.6	9.7	9.1	8.4	7.7
RNI per cent	2.26	2.16	2.00	1.99	1.89	1.83
GR per cent	2.26	2.16	2.00	1.99	1.89	1.83
Doubling time	31.0	32.4	34.9	35.1	37.0	38.3
Annual births and deaths						
Births	644,261	680,209	698,772	752,317	779,483	813,269
Deaths	217,211	223,893	228,560	235,122	240,770	240,781
Population						
Total population	18,912,079	21,134,501	23,458,811	25,950,150	28,511,828	31,311,437
Male population	9,357,382	10,463,684	11,622,127	12,866,258	14,166,650	15,583,954
Female population	9,554,697	10,670,817	11,836,684	13,083,892	14,345,178	15,727,483
Per cent aged 0-4 years	15.25	14.35	13.56	13.08	12.27	12.12
Per cent aged 5-14 years	24.33	24.70	24.36	23.24	22.51	21.58
Per cent aged 15-49 years	47.1347.56	48.44	49.69	50.68	51.12	
Per cent aged 15-64 years	55.88	56.33	57.35	58.82	60.15	60.98

Population continues

Medium Variant continues

Table 11.3 continues

Table 11.3 continued		Distribution of Juvenile Courts by Region ,2006					
Indicator	2000	2005	2010	2015	2020	2025	
Medium Variant continued							
Population continued							
Per cent aged 65 years and older	4.54	4.62	4.73	4.86	5.07	5.32	
Per cent females 15-49 years	47.05	47.51	48.4	49.67	50.67	51.12	
Sex ratio	97.93	98.06	98.19	98.34	98.76	99.08	
Dependency ratio	0.71	0.69	0.66	0.62	0.58	0.55	
Median age	20	21	21	22	23	24	
Urban population	8,274,270	10,066,559	12,086,202	14,376,345	16,885,575	19,708,263	
Rural population	10,637,809	11,067,942	11,372,609	11,573,805	11,626,253	11,603,174	
Per cent urban	43.75	47.63	51.52	55.4	59.22	62.94	
Per cent rural	56.25	52.37	48.48	44.6	40.78	37.06	
C. Low Variant							
Fertility							
Input TFR	4.7	4.4	3.7	3.1	2.7	2.2	
GRR	2.32	2.17	1.82	1.53	1.33	1.08	
NRR	1.91	1.83	1.56	1.34	1.18	0.98	
Mean Age of Childbearing	29.7	29.7	29.7	29.7	29.7	29.7	
Child-woman ratio	0.64	0.60	0.53	0.45	0.39	0.34	
Mortality							
Male LE	56.6	58.3	60.0	61.7	63.6	66.5	
Female LE	60.3	62.0	63.6	65.2	66.7	68.2	
Total LE	58.5	60.2	61.8	63.5	65.2	67.4	
IMR	71.2	64.7	58.4	52.2	46.3	38.6	
U5MR	112.9	101.4	90.3	79.4	69.2	55.8	
Vital Rates							
CBR per 1000	34.1	32.2	27.7	24.2	22.1	18.6	
CDR per 1000	11.5	10.6	9.6	8.9	8.4	7.7	
RNI per cent	2.25	2.16	1.81	1.54	1.37	1.09	
GR per cent	2.25	2.16	1.81	1.54	1.37	1.09	
Doubling time	31.1	32.4	38.7	45.5	51.0	64.1	
Annual births and deaths							
Births	644,261	680,210	646,364	613,731	601,318	539,258	
Deaths	218,165	223,894	224,571	224,760	228,242	224,411	
Population							
Total population	18,912,079	21,134,218	23,317,790	25,335,351	27,263,809	28,966,593	
Male population	9,357,382	10,463,391	11,551,034	12,556,238	13,535,399	14,396,397	
Female population	9,554,697	10,670,827	11,766,756	12,779,113	13,728,410	14,570,196	
Per cent aged 0-4 years	15.25	14.35	13.04	11.51	10.47	9.26	
Per cent aged 5-14 years	24.33	24.69	24.51	23.26	21.32	19.53	
Per cent aged 15-49 years	47.13	47.56	48.73	50.89	53.00	54.79	
Per cent aged 15-64 years	55.88	56.33	57.70	60.25	62.91	65.45	
Per cent aged 65 years and older	4.54	4.62	4.75	4.98	5.30	5.76	
Per cent females 15-49 years	47.05	47.51	48.69	50.86	50.95	54.72	
Sex ratio	97.93	98.06	98.17	98.26	98.59	98.81	
Dependency ratio	0.71	0.69	0.65	0.58	0.51	0.44	
Median age	20	21	21	22	24	26	
Urban population	8,274,270	10,072,841	12,021,591	14,047,963	16,163,747	18,257,182	
Rural population	10,637,809	11,061,377	11,296,200	11,287,388	11,100,062	10,709,412	
Per cent urban	43.75	47.66	51.56	55.45	59.29	63.03	
Per cent rural	56.25	52.34	48.44	44.55	40.71	36.97	

Notes

TFR = Total Fertility Rate
GRR = Gross reproduction Rate
NRR = Net Reproduction Rate
LE = Life Expectancy
IMR = Infant Mortality Rate
RNI = Rate of Natural Increase

GR = Growth Rate
CBR = Crude Birth Rate
ASFR = Age Specific Fertility Rate
MAC = Mean Age at Child Bearing
U5MR = Under 5 Mortality rate

Source: GSS.2006

Section 12: List of ILO Conventions ratified by Ghana

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Convention	Ratification Registered
C.1 Hours of work (Industry) Convention, 1991	19.06.73
C.8 Unemployment Indemnity (Shipwreck) Convention, 1920	18.03.65
C.11 Right of Association (Agriculture) Convention, 1921	14.03.68
C.14 Weekly Rest (Industry) Convention, 1921	19.06.73
C.14 Minimum Age (Trimmers and Stokers) Convention, 1921	20.05.57
C.16 Medical Examination of Young Persons (Sea) Convention 1921	20.05.57
C.19 Equality of Treatment (Accident Compensation) Convention, 1925	20.05.57
C.22 Seamen's Articles of Agreement Convention, 1926	18.03.65
C.23 Repatriation of Seamen Convention, 1926	18.03.65
C.26 Minimum Wage-Fixing Machinery Convention, 1928	02.07.59
C.29 Forced Labour Convention, 1930	20.05.57
C.30 Hours of Work (Commerce and Offices) Convention 1930	19.06.73
C.45 Underground Work (women) Convention 1935	20.05.57
C.50 Recruiting of Indigenous Workers Convention 1936	20.05.57
C.58 Minimum Age (Sea) Convention (Revised) 3719	20.05.57
C.59 Minimum Age (Industry) Convention (Revised), 1937	20.05.57
C.64 Contracts of Employment (Indigenous Workers) Convention 1939	20.05.57
C.65 Penal Sanctions (Indigenous Workers) Convention 1939	20.05.57
C.69 Certification of Ships' Cooks Convention, 1946	18.03.65
C.74 Certification of Able Seamen Convention 1946	18.03.65
C.81 Labour Inspection Convention 1947	02.07.59
C.87 Freedom of Asso. and Protection of the Right to Organise Convention 1948	02.06.65
C.88 Employment Service Convention, 1948	04.04.61
C.89 Night Work (Women) Convention (Revised), 1948	02.07.59
C.90 Night Work of Young Person (Industry) Convention (Revised), 1948	04.04.61
C.92 Accommodation of Crews Convention (Revised), 1949	18.03.65
C.94 Labour Clauses (Public Contracts) Convention, 1949	04.04.61
C.96 Fee-Charging Employment Agencies Convention (Revised), 1949	21.08.73
C.98 Right to Organise and Collective Bargaining Convention, 1949	02.07.59
C.100 Equal Remuneration Convention, 1951	14.03.68
C.103 Maternity Protection Convention (Revised), 1952	27.05.86
C.105 Abolition of Forced Labour Convention, 1957	15.12.58
C.106 Weekly Rest (Commerce and Offices) Convention, 1957	15.12.58
C.107 Indigenous and Tribal Populations Convention, 1957	15.12.58
C.108 Seafarer's Identity Documents Convention 1958	19.02.60
C.111 Discrimination (Employment and Occupation) Convention 1958	04.04.61
C.115 Radiation Protection Convention 1960	07.11.61
C.116 Final Articles Revision Convention, 1961	27.08.63
C.117 Social Policy (Basic Aims and Standards) Convention 1958	18.06.64
C.119 Guarding of Machinery Convention, 1961	18.03.65
C.120 Hygiene (Commerce and Offices) Convention 1964	21.11.66
C.148 Working Environment (Air Pollution, Noise and Vibration) Convention 1977	27.05.86
C.149 Nursing Personnel Convention 1977	27.05.86
C.150 Labour Administration Convention 1978	27.05.86
C.151 Labour Relations (Public Service) Convention 1978	27.05.86

¹ Has accepted the provisions of Part II

Part C: Technical Notes

The main tables used in this report are organised thematically which are described at the top of each table. Most of the tables used in the report are for 2007, unless otherwise indicated. Sources for all data used in the report are given at the end of each table.

Symbols

The following symbols are used

- A dash between two years, such as in 2005-2006 indicates that the data was collected during one of the years in that period
- / A slash between two years, such as in 2005/2006, indicates an average for the years shown.
- .. Data not available
- < Less than
- Not applicable

Measuring Standard of living in Ghana.

The standard of living for each individual in Ghana is measured as the total consumption expenditure, per equivalent adult, of the household to which he or she belongs, expressed in constant prices of Accra, January 2006.

Setting the poverty line in 2006 The setting of Ghana poverty line in 2006 was based on calorie requirements that is to use nutrition based poverty lines. The two nutritionally-based lines that are derived from this procedure are

- ⌘ lower poverty line of 2,884,700 cedis per adult per year: this focuses on what is needed to meet the nutritionally requirements of household members.
- ⌘ An upper poverty line of 3,708,900 cedis per adult per year: this incorporates both essential food and non-food consumption.

Two aspects of poverty are of interest to this report:

- ⌘ the incidence of poverty, or the proportion of a given population identified as poor;
- ⌘ the depth of poverty, or the extent to which those defined as poor fall below the poverty line.

Part D: Definition Of Statistical Terms

Basic Education Certificate The qualification obtained at the end of completing basic education (Basic education is made up six years of primary school and 3 years Junior Secondary School)

Birthweight, infants with low The percentage of infants with a birthweight of less than 2,500 grams.

Cellular subscribers (also referred to as cellular mobile subscribers) Subscribers to an automatic public mobile telephone service that provides access to the public switched telephone network using cellular technology. Systems can be analogue or digital.

Children reaching JSS3 The percentage of children starting primary school who eventually reach the final year (the duration of primary school is six years and that of Junior Secondary School is three years). The estimates are based on the reconstructed cohort method, which uses data on enrolment and repeaters for two consecutive years.

Consumer price index, average annual change in Reflects changes in the cost to the average consumer of acquiring a basket of goods and services that may be fixed or may change at specified intervals.

Contraceptive prevalence The percentage of married women (including women in union) ages 15–49 who are using, or whose partners are using, any form of contraception, whether modern or traditional.

Contributing family worker Defined according to the 1993 International Classification by Status in Employment (ICSE) as a person who works without pay in an economic enterprise operated by a related person living in the same household.

Economic activity rate The share of the population age 15 and older who supply, or are available to supply, labour for the production of goods and services.

Education expenditure, current public Spending on goods and services that are consumed within the current year and that would need to be renewed the following year, including such expenditures as staff salaries and benefits, contracted or purchased services, books and teaching materials, welfare services, furniture and equipment, minor repairs, fuel, insurance, rents, telecommunications and travel.

Education index One of the three indices on which the human development index is built. It is based on the adult literacy rate and the combined gross enrolment ratio for primary,

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secondary and tertiary schools. See literacy rate, adult, and enrolment ratio, gross combined, for primary, secondary and tertiary schools.

Education levels Categorized as pre-primary, primary, secondary or tertiary in accordance with the International Standard Classification of Education (ISCED). Pre-primary education (ISCED level 0) is provided at such schools as kindergartens and nursery and infant schools and is intended for children not old enough to enter school at the primary level. Primary Education (ISCED level 1) provides the basic elements of education at such establishments as primary and elementary schools. Secondary education (ISCED levels 2 and 3) is based on at least four years of previous instruction at the first level and provides general or specialized instruction, or both, at such institutions as middle schools, secondary schools, high schools, teacher training schools at this level and vocational or technical schools. Tertiary education (ISCED levels 5–7) refers to education at such institutions as universities, teachers colleges and higher level professional schools—requiring as a minimum condition of admission the successful completion of education at the second level or evidence of the attainment of an equivalent level of knowledge.

Electricity consumption per capita Refers to gross production in per capita terms and includes consumption by station auxiliaries and any losses in transformers that are considered integral parts of the station. Also included is total electric energy produced by pumping installations without deduction of electric energy absorbed by pumping.

Employment by economic activity Employment in industry, agriculture or services as defined according to the International Standard Industrial Classification (ISIC) system (revisions 2 and 3). Industry refers to mining and quarrying, manufacturing, construction and public utilities (gas, water and electricity). Agriculture refers to activities in agriculture, hunting, forestry and fishing. Services refer to wholesale and retail trade; restaurants and hotels; transport, storage and communications; finance, insurance, real estate and business services; and community, social and personal services.

Enrolment ratio, gross The number of students enrolled in a level of education, regardless of age, as a percentage of the population of official school age for that level. The gross enrolment ratio can be greater than 100% as a result of grade repetition and entry at ages younger or older than the typical age at that grade level. See education levels.

Fertility rate, total The number of children that would be born to each woman if she were to live to the end of her child-bearing years and bear children at each age in accordance with prevailing age-specific fertility rates.

Foreign direct investment, net inflows of Net inflows of investment to acquire a lasting management interest (10% or more of voting stock) in an enterprise operating in an economy other than that of the investor. It is the sum of equity capital, reinvestment of earnings, other long-term capital and short-term capital.

Fuel consumption, traditional Estimated consumption of fuel wood, charcoal, bagasse (sugar cane waste), and animal and vegetable wastes.

GDP (gross domestic product) The sum of value added by all resident producers in the economy plus any product taxes (less subsidies) not included in the valuation of output. It is calculated without making deductions for depreciation of fabricated capital assets or for depletion and degradation of natural resources. Value added is the net output of an industry after adding up all outputs and subtracting intermediate inputs.

GDP (US\$) Gross domestic product converted to US dollars using the average official exchange rate reported by the International Monetary Fund. An alternative conversion factor is applied if the official exchange rate is judged to diverge by an exceptionally large margin from the rate effectively applied to transactions in foreign currencies and traded products. See GDP (gross domestic product).

GDP per capita (US\$) Gross domestic product in US dollar terms divided by midyear population. See GDP (US\$) and population, total.

GDP per capita annual growth rate Least squares annual growth rate, calculated from constant price GDP per capita in local currency units.

Gender Empowerment Measure (GEM) A composite index measuring gender inequality in three basic dimensions of empowerment - economic participation and decision-making, political participation and decision-making, and power over economic resources. Focusing on women's opportunities rather than their capabilities, the GEM captures gender inequality in three key areas:

- ✧ Political participation and decision-making power, as measured by women's and men's percentage shares of
 - ✧ parliamentary seats.
- ✧ Economic participation and decision-making power, as measured by two indicators - women's and men's
 - ✧ percentage shares of positions as legislators, senior officials and managers, and women's and men's percentage
 - ✧ shares of professional and technical positions.

- ≈ Power over economic resources, as measured by women's and men's estimated earned income (PPP USD).

Gender-related development Index –(GDI) A composite index measuring average achievement in the three basic dimensions captured in the human development index - a long and healthy life, knowledge, and a decent standard of living - adjusted to account for inequalities between men and women. While the HDI measures average achievement, the GDI adjusts the average achievement to reflect the inequalities between men and women in the following dimensions:

- ≈ A long and healthy life, as measured by life expectancy at birth.
- ≈ Knowledge, as measured by the adult literacy rate and the combined primary, secondary and tertiary gross enrolment ratio.
- ≈ A decent standard of living, as measured by estimated earned income (PPP USD).

Gini index Measures the extent to which the distribution of income (or consumption) among individuals or households within a country deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The Gini index measures the area between the Lorenz curve and a hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. A value of 0 represents perfect equality, a value of 100 perfect inequality.

GNI (gross national income) The sum of value added by all resident producers in the economy plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Value added is the net output of an industry after adding up all outputs and subtracting intermediate inputs. Data are in current US dollars converted using the World Bank Atlas method.

Health expenditure, public Current and capital spending from government (central and local) budgets, external borrowings and grants (including donations from international agencies and nongovernmental organizations) and social (or compulsory) health insurance funds. Together with private health expenditure, it makes up total health expenditure.

HIPC completion point The date at which a country included in the Debt Initiative for Heavily Indebted Poor Countries (HIPC) successfully completes the key structural reforms agreed on at the HIPC decision point, including developing

and implementing a poverty reduction strategy. The country then receives the bulk of its debt relief under the HIPC Initiative without further policy conditions.

HIPC decision point The date at which a heavily indebted poor country (HIPC) with an established track record of good performance under adjustment programmes supported by the International Monetary Fund and the World Bank commits, under the Debt Initiative for Heavily Indebted Poor Countries, to undertake additional reforms and to develop and implement a poverty reduction strategy.

HIV prevalence The percentage of people ages 15-49 who are infected by HIV. In Ghana the rate is determined through a HIV Sentinel Survey conducted by the Ghana Health Service and the National AIDS/STI Control programme.

Human development index (HDI) A composite index measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge and a decent standard of living.

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

- ≈ A long and healthy life, as measured by life expectancy at birth.
- ≈ Knowledge, as measured by the adult literacy rate (with two-thirds weight) and the combined primary, secondary and tertiary gross enrolment ratio (with one-third weight).
- ≈ A decent standard of living, as measured by GDP per capita (PPP USD).

Human poverty index (HPI-1) for developing countries A composite index measuring deprivations in the three basic dimensions captured in the human development index—a long and healthy life, knowledge and a decent standard of living.

Illiteracy rate, adult Calculated as 100 minus the adult literacy rate. See literacy rate, adult.

Immunization one-year-olds fully immunized against measles or tuberculosis One-year-olds injected with an antigen or a serum containing specific antibodies against measles or tuberculosis.

Imports of goods and services The value of all goods and other market services received from the rest of the world. Included is the value of merchandise, freight, insurance, transport, travel, royalties, licence fees and other services, such as communication, construction, financial, information, business, personal and government services. Excluded are labour and property income and transfer payments.

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Income poverty line, population below The percentage of the population living below the specified poverty line:

- ⩽ \$1 a day—at 1985 international prices (equivalent to \$1.08 at 1993 international prices), adjusted for purchasing power parity.
- ⩽ \$2 a day—at 1985 international prices (equivalent to \$2.15 at 1993 international prices), adjusted for purchasing power parity.

Income or consumption, shares of The shares of income or consumption accruing to subgroups of population indicated by deciles or quintiles, based on national household surveys covering various years. Consumption surveys produce results showing lower levels of inequality between poor and rich than do income surveys, as poor people generally consume a greater share of their income. Because data come from surveys covering different years and using different methodologies, comparisons between countries must be made with caution.

Internet users People with access to the worldwide network.

Labour force All people employed (including people above a specified age who, during the reference period, were in paid employment, at work, self-employed or with a job but not at work) and unemployed (including people above a specified age who, during the reference period, were without work, currently available for work and seeking work).

Legislators, senior officials and managers, Share of positions defined according to the International Standard Classification of Occupations (ISCO-88) to include legislators, senior government officials, traditional chiefs and heads of villages, senior officials of special-interest organizations, corporate managers, directors and chief executives, production and operations department managers and other department and general managers.

Life expectancy at birth The number of years a newborn infant would live if prevailing patterns of age-specific mortality rates at the time of birth were to stay the same throughout the child's life.

Life expectancy index One of the three indices on which the human development index is built.

Literacy rate, adult The percentage of people ages 15 and older who can, with understanding, both read and write a short, simple statement related to their everyday life.

Literacy rate, youth The percentage of people ages 15–24 who can, with understanding, both read and write a short, simple statement related to their everyday life.

Malaria prevention, children under age five The percentage of children under age five sleeping under insecticide-treated bednets.

Malaria treatment, children under age five with fever The percentage of children under age five who were ill with fever in the two weeks before the survey and received antimalarial drugs.

Mortality rate, infant The probability of dying between birth and exactly one year of age, expressed per 1,000 live births.

Mortality rate, under-five The probability of dying between birth and exactly five years of age, expressed per 1,000 live births.

Mortality ratio, maternal The annual number of female deaths from pregnancy-related causes per 100,000 live births.

Mortality ratio, maternal adjusted Maternal mortality ratio adjusted to account for well documented problems of underreporting and misclassification of maternal deaths, as well as estimates for countries with no data.

Medium-variant projection Population projections by the United Nations Population Division assuming medium-fertility path, normal mortality and normal international migration. Each assumption implies projected trends in fertility, mortality and net migration levels, depending on the specific demographic characteristics and relevant policies of each country or group of countries. In addition, for the countries highly affected by the HIV/AIDS epidemic, the impact of HIV/AIDS is included in the projection. The United Nations Population Division also publishes low- and high-variant projections.

For more information, see <http://esa.un.org/unpp/assumptions.html>.

Physicians Includes graduates of a faculty or school of medicine who are working in any medical field (including teaching, research and practice).

Population growth, annual Refers to the average annual exponential growth rate for the period indicated. See population, total.

Population, total Refers to the de facto population, which includes all people actually present in a given area at a given time. The midyear population of areas classified as urban according to the criteria used by each country, as reported to the United Nations.

PPP (purchasing power parity) A rate of exchange that accounts for price differences across countries, allowing international comparisons of real output and incomes. At the

PPP US\$ rate (as used in this Report), PPP US\$1 has the same purchasing power in the domestic economy as \$1 has in the United States.

Probability at birth of not surviving to a specified age Calculated as 1 minus the probability of surviving to a specified age for a given cohort. See probability at birth of surviving to a specified age.

Probability at birth of surviving to a specified age The probability of a newborn infant surviving to a specified age if subject to prevailing patterns of age-specific mortality rates.

Professional and technical workers Positions defined according to the International Standard Classification of Occupations (ISCO-88) to include physical, mathematical and engineering science professionals (and associate professionals), life science and health professionals (and associate professionals), teaching professionals (and associate professionals) and other professionals and associate professionals.

Sanitation facilities, improved, population with sustainable access to The percentage of the population with access to adequate excreta disposal facilities, such as a connection to a sewer or septic tank system, a pour-flush latrine, a simple pit latrine or a ventilated improved pit latrine. An excreta disposal system is considered adequate if it is private or shared (but not public) and if it can effectively prevent human, animal and insect contact with excreta.

Seats in parliament held by women Refers to seats held by women in parliament.

Telephone mainlines Telephone lines connecting a customer's equipment to the public switched telephone network.

Tenure, households with access to secure Households that own or are purchasing their homes, are renting privately or are in social housing or sub-tenancy.

Terms of trade The ratio of the export price index to the import price index measured relative to a base year. A value of more than 100 means that the price of exports has risen relative to the price of imports.

Tuberculosis cases, prevalence The total number of tuberculosis cases reported to the World Health Organization. A tuberculosis case is defined as a patient in whom tuberculosis has been bacteriologically confirmed or diagnosed by a clinician.

Under-five mortality rate See mortality rate, under-five.

Under height for age, children under age five Includes moderate and severe stunting, defined as more than two standard deviations below the median height for age of the reference population.

Under weight for age, children under age five Includes moderate underweight, defined as more than two standard deviations below the median weight for age of the reference population, and severe underweight, defined as more than three standard deviations below the median weight.

Undernourished people People whose food intake is chronically insufficient to meet their minimum energy requirements.

Unemployment Refers to all people above a specified age who are not in paid employment or self-employed, but are available for work and have taken specific steps to seek paid employment or self-employment.

Unemployment, long-term Unemployment lasting 12 months or longer. See unemployment.

Unemployment rate The unemployed divided by the labour force (those employed plus the unemployed). See unemployment and labour force.

Unemployment rate, youth Refers to unemployment between the ages of 15 and 24. See unemployment.

Underemployment An underemployed person is one who is available to work longer hours and is seeking to do so. The ILO defines time related underemployed as comprising those who are currently working, but are willing and available to work additional hours and have worked less than the normal duration of work determined for the activity. Inadequate employment which is also used for underemployment refers to those who are working in an enterprise and who, during a reference period, want to change their current work situation, or (particularly for the self-employed) who want to change their work activities and/or environment because their skills are under-utilized. See

<http://www.ilo.org/public/english/bureau/stat/download/res/underemp.pdf>

Water source, improved, population without sustainable access to Calculated as 100 minus the percentage of the population with sustainable access to an improved water source. Unimproved sources include vendors, bottled water, tanker trucks and unprotected wells and springs. See water source, improved, population with sustainable access to.

Water source, improved, population with sustainable access to The share of the population with reasonable access to any of the following types of water supply for drinking: household

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connections, public standpipes, boreholes, protected dug wells, protected springs and rainwater collection. Reasonable access is defined as the availability of at least 20 litres a person per day from a source within 1 kilometre of the user's dwelling.

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Women in government at ministerial level Includes Ministers as well as Special Advisors to the President. It also includes female Ministers-of-State.



Ghana Human Development Report 2007

“Social exclusion refers to limited/inequitable opportunities and capabilities to participate in decision making, gain access to meaningful livelihood opportunities and social services due to discriminatory institutional practices in the political, economic, social spheres based on gender, ethnicity, geographical location, age, income status, health status, educational attainment, and disability”.

Social exclusion and inclusion are multi-dimensional, involving economic, political, and spatial exclusion. These dimensions interrelate and reinforce each other. Persons and groups may be excluded in more than one sphere of activity at different levels.

The concept of social exclusion has become increasingly accepted as a useful way of viewing the polarization of social groups in contemporary society. Evidence that societies have fought and won battles against exclusion under the inspiration of the UN Charter is widespread. Yet, there are several instances where abuses continue to occur in the full glare of the international community, local leaders and civil society organisations. Social exclusion remains prevalent in whole states or groups within states. Issues of exclusion are further discussed and analysed in more detail in this report, containing six chapters and a statistical annex.

Chapter One introduces the concept of social exclusion, its dimensions, manifestations and challenges.

Chapter Two focuses on the core elements of human development: human security, livelihood, economy, education and health. It presents the key indicators used in analysing human development and social exclusion.

Chapter Three examines the problem of social exclusion and offers an analysis within the context of the relevant social structures, systems and practices in Ghana and how they impact on exclusion. Some of the major factors identified as contributing to exclusion in the chapter include gender and equity, socialization and ageing, religious practices, spatial and social considerations and disability.

Chapter Four discusses economic exclusion comprehensively. It provides a review of the various economic systems and policies which impede access to economic resources livelihoods and opportunities. It opens up the discussion in relation to the issue of globalization. This is followed by an analysis of economic exclusion.

Chapter Five spells out the links between social exclusion and political, legal and institutional exclusion. It further discusses the political, legal and institutional structures which collectively drive and influence exclusion. It notes that the three are basically related. They all lead to discrimination which results in limited voice and limited access to resources.

Chapter Six summarises the report and states the policy recommendations for empowering the excluded and for attaining an inclusive society. In particular, the Chapter provides the following: a summary of empirical evidence, the key dimensions of social exclusion, the major approaches to addressing social exclusion and the process for achieving sustainable inclusion. It also advances advocacy action for socio-economic inclusion in Ghana.