CHAPTER SIX

VULNERABILITY AND THE MDGs

Introduction

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

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

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

Perception of Vulnerability

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

[6]Alwang and Siegel (2000)

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

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

Table 6.1: Perception of Vulnerability in Ahanta West District

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

Source: 2003 CWIQ, GSS

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

Nature of Shocks

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

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

Box 6.1: Classification of Shocks

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

Frequency of Shocks

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

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

Table 6.2: Types and Frequency of Shocks Experienced by Households

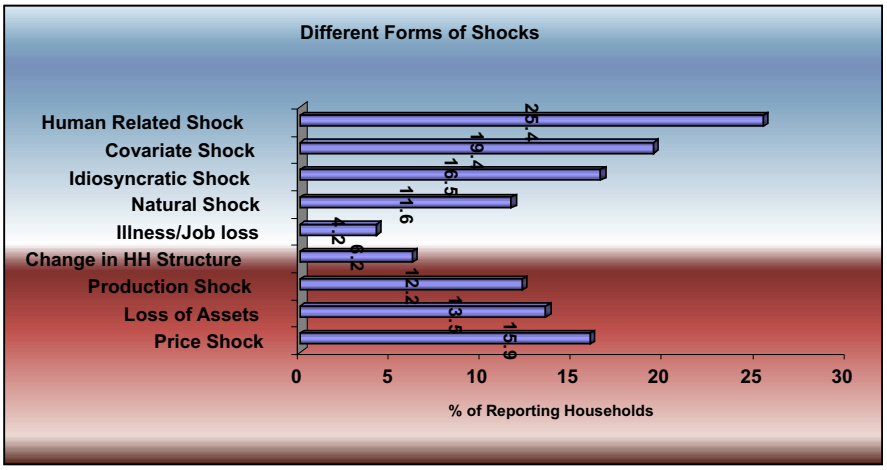
SHOCKS	*% of Households*	*SHOCKS*	*% of Households*
Price-Related Shocks	**15.9**	**Shock from Loss of Assets**	**13.5**
Increase in the price of inputs	5.8	Loss of property due to fire	1.3
Fall in the price of output	2.7	Loss of property caused by Flooding	1.0
Increase in the price of major food items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

Source: ISSER Household Survey 2007

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

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

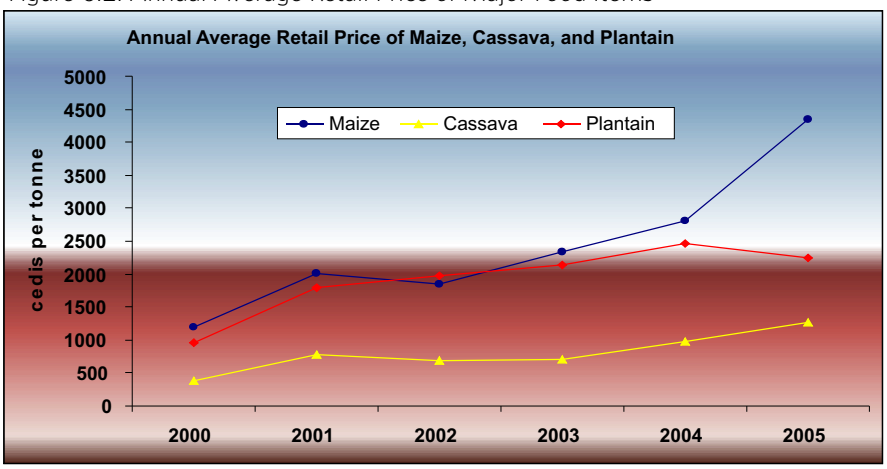
Figure 6.1: Different Forms of Shocks Reported by Households



Source: ISSER Household Survey 2007

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

Figure 6.2: Annual Average Retail Price of Major Food Items



Source: Ahanta West District Extension Services

Characteristics of Households that Experienced Shocks

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

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

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

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

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

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

Source: 2007 ISSER Household Survey

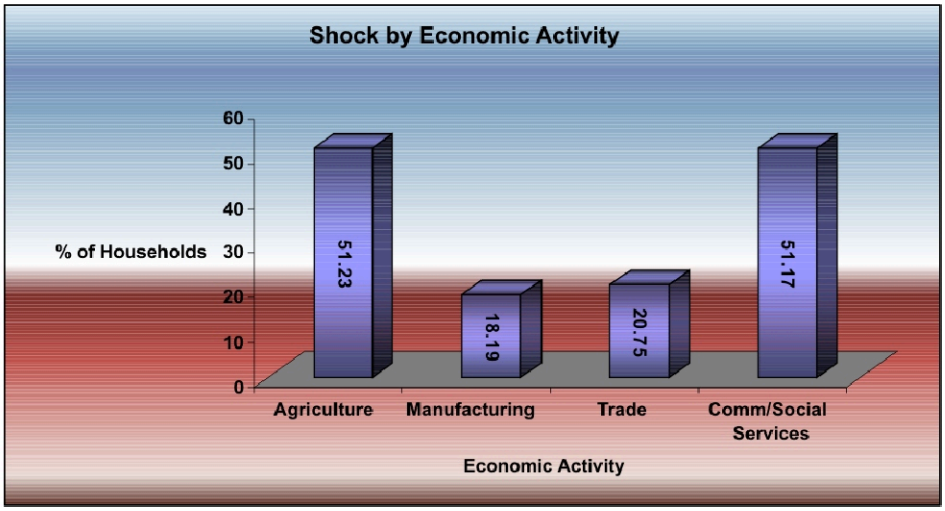
pest invasions, plant diseases and flooding also accounted for the high incidence of production shocks among rural households, according to the contributions of inhabitants during community discussions at Abura, New Amanful, Alabiza, Asemkow and Agona Nkwanta.

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

Coping Mechanisms

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

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



Source: ISSER Household Survey 2007

[7] See Tesliuc and Lindert (2004)

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

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

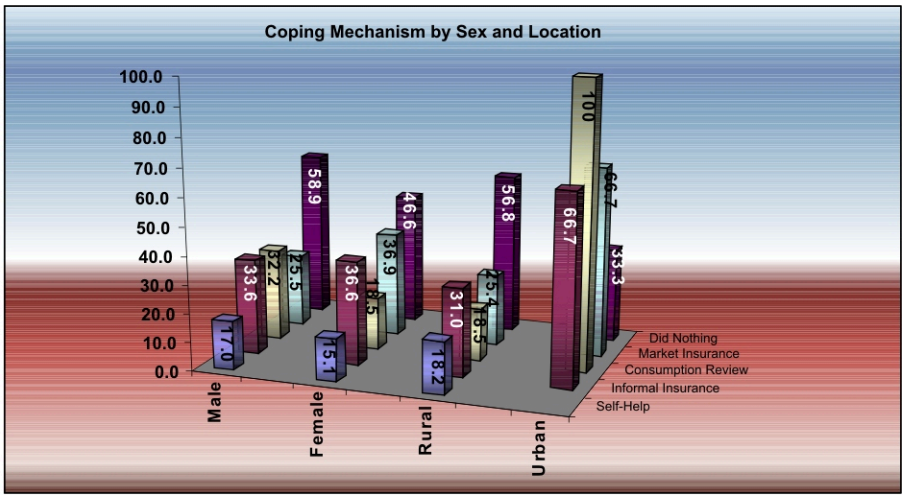
The type of coping strategy used by households was correlated with the sex of household head and the location of the household. As shown in Figure 6.4, a higher percentage of male-headed households did nothing to cope with the shock compared with female-headed households. The coping strategy most frequently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

Table 6.4: Coping Mechanisms Adopted by Households to Manage Shocks

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

Source: ISSER Household Survey 2007

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



Source: 2007 ISSER Household Survey

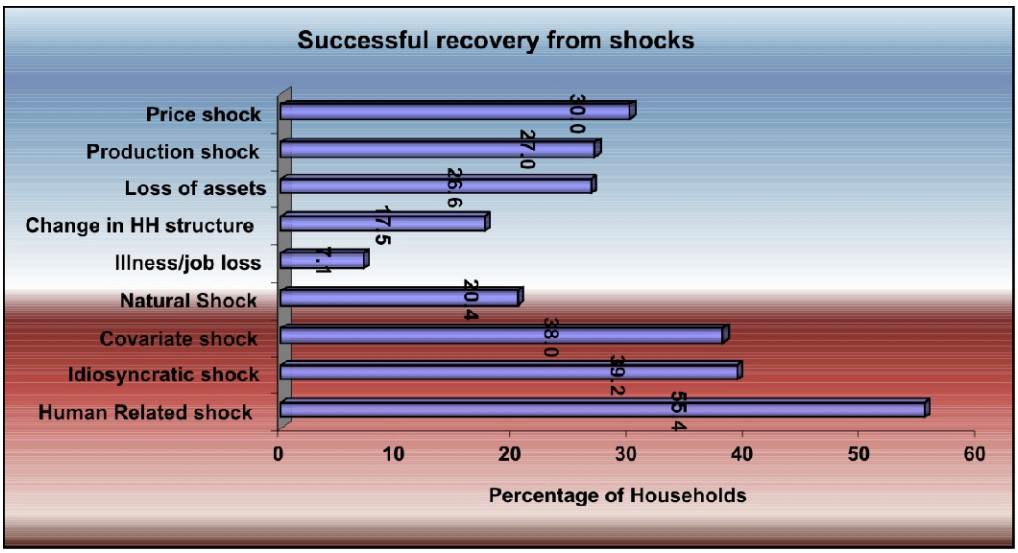
About 57 percent of rural households as against a third of their urban counterparts reported not doing anything to deal with the shock. Of the rural households that adopted some coping mechanisms during the crisis, informal insurance was the most frequently used strategy (31 percent) followed by market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

Recovery from Shock

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

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

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



Source: 2007 ISSER Household Survey

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

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

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

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

Source: 2007 ISSER Household Survey

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

Shocks, MDGs and Human Development

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

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

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

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

CHAPTER SEVEN

CONCLUSION

Progress towards the MDGs and Improved Human Development

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

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

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

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

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

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

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

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

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

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

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

The Way Forward

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

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

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

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

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

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

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

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

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

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

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

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