# TABLE OF CONTENTS

# LIST OF TABLES

## LIST OF FIGURES

# LIST OF BOXES

# LIST OF PICTURES

## EXECUTIVE SUMMARY

This report on Ahanta West District is one of the three District Human Development Reports prepared by the Institute of Statistical, Social and Economic Research (ISSER) of the University of Ghana for the United Nations Development Programme (UNDP) in Ghana. This is the second set of District Human Development Reports in Ghana and has as its theme vulnerability and the attainment of the Millennium Development Goals (MDGs). The MDGs contain internationally accepted targets to be achieved by 2015.

Progress towards the realization of the MDGs can be impeded by vulnerability at the micro, meso and macro levels. At the micro level, for example, harvest failure caused by flooding, poor rains or pest invasion can influence the decision making of households or individuals. Vulnerability at the macro level in the form of declining international commodity prices that result in revenue loss to the government can have negative implications for the execution of programmes and projects designed to enhance human development. Obviously, the coping mechanisms employed by individuals or households when faced with negative shocks can reinforce their level of poverty and deprivation, depending on their circumstances.

Vulnerability of individuals, households or communities can also be compounded by the inability to attain the MDGs. For instance, a high incidence of food insecurity as a sign of the failure to eradicate hunger can adversely affect the health of schoolchildren, reduce school attendance, increase household spending and dislocate incomes, especially of those engaged in self-employment. Conversely, progress towards attainment of the MDGs will tend to reduce the level of vulnerability of individuals and households.

*Profile of the District*

Ahanta West is basically a rural district in the Western Region with a current estimated population of about 115, 385 people. The district is located at the southernmost point of the country and is very close to the regional capital. It is endowed with natural resources including forest and minerals, and possibly oil (commercial viability is yet to be ascertained). The people are predominantly Ahanta though there are a considerable number of inhabitants of Fanti and Nzema origin. Christianity is the dominant religion, accounting for over three-quarters of the population.

The district has basic infrastructure such as roads (some of which are untarred), electricity, pipe-borne water and boreholes, schools, health centres, telecommunications and police stations. However, the number of financial institutions to advance credit to promote economic activity in the district is inadequate. Ahanta West is observed to be among the safe and peaceful districts in the country with a very low crime rate. This makes the district less vulnerable to insecurity.

*Economic Activity*

The main economic activities are farming and fishing, accounting for about 40 percent of the workforce, followed by manufacturing and wholesale and retail trade. Farming practices are generally based on the traditional system of shifting cultivation and/or rotational bush fallow. With no irrigation facilities in the area, agriculture is basically rain-fed and productivity depends on the fertility of the soil. The major food crops grown in the district are cassava, plantain, cocoyam, yam, maize, rice, coconut and vegetables while oil palm remains the main cash crop. Food crop production is generally undertaken on subsistence basis while oil palm is partly grown on a large scale. Lack of finance has been identified as the major problem confronting agriculture and other economic activities such as manufacturing and commerce. Low prices of farm produce and marketing problems as well as shortages of inputs were also mentioned as constraints facing farming and fishing in the district.

The district has had a consistent increase in the unemployment rate from 8.4 percent in 2000 to 17.6 percent in 2007 although the rate among the youth declined from 53.9 percent to 50.9 percent between 2003 and 2007. The rate is higher among women than men and higher in urban than in rural areas. The main reason for the high and increasing unemployment rate in Ahanta West is the lack of job opportunities as over three-quarters of adult unemployed (aged 15 years and above) and 96 percent of young people aged 15-24 years find it difficult to obtain jobs.

The underemployment rate is reasonably low and the incidence of child labour has declined considerably from the 2000 level of 14.7 percent of children aged 7-14 years to 2.7 percent in 2007. A greater proportion of girls are engaged in economic activity than boys and most of the children are engaged on farms.

*Poverty*

The poverty situation in Ahanta West appears better than the national average using the UNDP Human Poverty Index (HPI) and is higher among rural populations than urban. In addition, the percentage of households without access to health services and the percentage of underweight children are lower in the district than the national average. Surprisingly, a higher percentage of people in the urban areas are without access to safe water, with most urban dwellers resorting to purchasing water from water tanker operators. The gender disparity in the poverty indicators is due in part to higher adult illiteracy rates among women. In addition, using the percentage of underweight children as a proxy for child poverty, girls are found to be at a disadvantage compared to boys.

A subjective assessment of the poverty situation points to a decline in poverty in the district with a fall in the proportion of poor or very poor from 30 percent in 2003 to 23 percent in 2007. At the same time the proportion of non-poor or somewhat non-poor increased from 4 percent to 24 percent over the same period. The food situation in the district appears to have neither worsened nor improved. The reported

decline in the proportion of households that had never experienced a food shortage suggests a slip in the effort of the district to eradicate extreme hunger, whereas a drop in the proportion of households that sometimes, always or often face a food shortage suggests an improvement in the food security situation in the district.

*Education and Literacy*

The rate of expansion of the provision of education by both the private and public sectors has been generally slow in the district. There are 561 trained and 556 untrained teachers for 33,174 pupils and students in 198 basic, secondary, and technical and vocational schools. A greater proportion of the trained teachers are in public primary and junior secondary schools. The pupil-teacher ratio, which is a critical factor in assessing school quality, is higher in pre-schools and public primary schools. Access to good sanitation and safe drinking water in schools has improved since 2002 but the observed decline in the number of core textbooks per pupil could adversely affect the quality of teaching and learning and hence the performance of schoolchildren in certificate examinations.

The district has had a significant improvement in school enrolment. The net primary enrolment rate of 78 percent realized in 2007 is already higher than the district's 60 percent target for 2009. This suggests that with consistent effort, the district could achieve the goal of universal primary education by 2015. Though there was improvement in enrolment rates among both sexes, greater improvement was recorded among boys than girls, leading to a wider gender gap. School attendance is quite regular and was marginally higher among boys than girls. Ill-health was the major reason for about 24 percent of pupils and students aged 3-24 years missing some days of classes. The relatively low proportion of people registered with the National Health Insurance Scheme, coupled with the problem of affordability, may impede access to health services by many poor people.

Adult literacy rates have increased remarkably between 2000 and 2007, particularly among men, thereby widening the gender gap in favour of men. This tends to undermine the progress of ensuring gender equality and promotion of women's empowerment as contained in the MDGs. Educational attainment of the population aged 3 years and above has also improved, with a declining proportion of the population at lower levels and an increasing proportion at higher levels. This suggests that the population is now striving for higher education more than before which could translate into improved literacy rates and productive skills among the population. The rise in literacy and enrolment rates in the district generally indicates improvement in the knowledge component of human development.

*Health and Sanitation*

Access to health facilities in the district seems to have deteriorated, judging by the decline (from 60 percent to 30 percent) in the proportion of households that claim to be

less than 30 minutes away from the nearest health facility between 2003 and 2007. This definition of access, however, does not take into account the range of quality of health services provided and affordability for the patient as well as the time it takes to obtain transport to reach the health facility. Hospital attendance has improved, given the increase in the number of admissions and outpatients at hospital and clinics.

Malaria is reported to be the leading cause of morbidity and death in the district. There has been a gradual decline in child and infant deaths, indicating some improvement in life expectancy. Broad coverage and patronage of child immunisation programmes and the consequently good child health have partly accounted for the improved child and infant mortality. It is also a positive sign of progress towards attainment of MDG 4 in the district and of enhanced human development. However, the less satisfactory performance in terms of the maternal mortality ratio constitutes an impediment to the realisation of the fifth MDG. The observed increase in the number of supervised deliveries by health personnel and high pre- and post-natal hospital attendance has not had any positive effect on maternal mortality.

Availability of and access to good drinking water is high due to the fact that 72 percent of households have access to pipe-borne water, boreholes and protected wells. This is confirmed by the absence of waterborne diseases in the district. The remaining 28 percent draw water from rivers/lakes/ponds, unprotected wells or purchase from vendors/tankers. A higher proportion of urban households have access to safe drinking water than households in rural areas. Sanitary practices of many households are a source of worry due to their adverse environmental and health implications. Over 96 percent of sampled households in 2007 resort to throwing liquid waste onto the street, compound or into the gutter without regard for environmental consequences. In addition, a considerable proportion of households do not have access to toilet facilities, compelling them to use the bush or the beach. These are among the unorthodox waste management practices that provide breeding grounds for disease vectors such as mosquitoes, thereby undermining the effort towards malaria prevention and progress on the sixth MDG.

*Vulnerability*

The level of security of households in times of crisis such as ill-health and loss of economic opportunity in 2003 was better than the national situation, based on evidence that about 29 percent of households in the district felt very secure or somewhat secure enough to survive crisis, as against 23 percent nationwide. More urban households were found to consider themselves secure than their rural counterparts. Compared with five years ago, about 30 percent of households in the district claim to be less confident of surviving in times of need compared with 38 percent in the country.

The ISSER Household Survey elicited information on various types of shocks experienced by households over a period of 12 months and the results show that price-related shocks due to increases in food, utility and fuel prices were the most frequently reported human-related or man-made shocks. The second most frequently

reported man-made shocks were security-related shocks such as theft of cash, livestock, crops and other properties as well as loss of property due to fire, flooding and riots. Natural shocks such as poor rain and pest invasion resulting in harvest failure as well as flooding and plant disease that caused harvest failure were also reported by a considerable proportion of households. A higher proportion of rural households faced shocks of all kinds than did urban households. Households headed by farmers, fishermen or community service workers were the worst affected.

To alleviate the impact of shocks, households adopted various coping strategies. Interestingly, about 54 percent of households that experienced one shock or the other were helpless and reported doing nothing to cope with the shocks. The most frequently used coping strategy adopted by the remaining 46 percent was informal insurance through borrowing or securing assistance from friends and relatives or delaying payment obligations. The second most frequently used coping strategy was market insurance, which involves credit purchases or drawing down on savings. Many households also reduced food and non-food consumption as a means of dealing with the crisis. Self-help or self-insurance strategies such as sale of livestock, land and other property as well as engaging in additional income-earning activity were employed by some households to overcome the shocks.

Most of the shock-affected households reported having recovered from the shock. The rate of recovery was higher among female-headed households than male-headed ones and higher among households that experienced human related shocks than all other shocks. The recovery rate was also higher among urban households than rural.

*Challenges and the Way Forward*

There are a number of critical challenges confronting the district which require serious policy intervention. They include rising unemployment rates, high incidence of malaria, poor waste management and sanitation practices, and widening gender gap in school enrolment and literacy rates. Lack of adequate finance, shortage of inputs, and lack of demand and low prices of farm produce continue to beset the agricultural sector, making it less attractive to the youth.

The district's Medium-Term Development Plan outlines a number of policy initiatives on agriculture, education, health and sanitation, and governance. Nonetheless, there are critical areas of concern that need priority attention. Policy measures aimed at providing affordable credit to farmers and fishermen through micro-finance schemes, improving agricultural extension services, increasing processing and marketing of agricultural produce would promote agricultural growth and improve incomes of farmers and fishermen. This would make agriculture attractive to the youth, provide alternative sources of employment and reduce unemployment.

One critical area of policy intervention is the expansion of school infrastructure, provision of teachers and basic tools such as text books and furniture to match the rise in school enrolment. This requires serious collaboration between the District Assembly, central government and NGOs in the provision of these facilities to ensure that quality teaching and learning do not suffer. The widening gender gap in enrolment and literacy rates requires pragmatic measures in collaboration with parents to curb the seemingly high dropout rate among girls and ensure progress toward the MDG of achieving gender equality and women's empowerment.

The reported decline in physical access to health services is largely an indication of the need for expansion of health facilities in the district. In addition, intensification of the educational campaign on health insurance by officials of the scheme to enrol new members would improve the access of inhabitants to affordable health care. In spite of the limited information on HIV/AIDS, the educational campaign on the prevention of the disease must be pursued continuously to avert the spread of the disease.

The deterioration of forest cover through human activities such as farming, charcoal burning, collection and use of firewood for cooking could be reversed through a massive tree planting exercise. This may be complemented by well-designed educational campaigns and policy interventions to shift from the use of charcoal and firewood to gas and kerosene as alternative sources of energy for cooking.

The inadequacy of informal sector coping mechanisms such as informal insurance, self-help insurance, and consumption reduction calls for appropriate formal sector mechanisms to rescue affected households from dropping deeper into poverty and deprivation.

# CHAPTER ONE

# INTRODUCTION

## Human Development

The traditional conceptualisation of well-being in Ghana does not focus only on the income of a person, but also on what a person is capable of doing as well as on the physical appearance of the person. Indeed, an increase in body weight is looked upon with favour and seen as an indication of improvement in one's situation in life. The concept of human development, therefore, may be considered as being well-suited to the average Ghanaian's concept of welfare and standard of living. This is because the UNDP's concept of human development aims to extend the measure of living standards or well-being beyond income to incorporate other important dimensions of living or being. Although income is an important determinant of a person's access to food, clothing and the other basics of life, the correlation between well-being and the income level of a person is not perfect. This is because poor people in assessing their circumstances in life do not focus only on the purchasing power of their incomes. According to Sen (2000), "income may be the most prominent means for a good life without deprivation, but it is not the only influence on the lives we can lead. If our paramount interest is in the lives that people can lead the freedom they have to lead minimally decent lives then it cannot but be a mistake to concentrate exclusively only on one or the other of the means to such freedom".[1] Building on Sen's analysis of poverty and capability, UNDP defines human development as a process of enlarging people's choices. The most critical of these choices are: the option to lead a long and healthy life, to be knowledgeable and to enjoy a decent standard of living.

UNDP has since 1990 provided a quantitative measure of human development. The measure focuses on the three dimensions identified as critical to enlarging people's choices. Longevity is measured by life expectancy at birth. Knowledge is a composite of adult literacy and gross primary, secondary and tertiary enrolment rates. Standard of living is measured by income per capita in purchasing power parity dollars. The Human Development Index (HDI) is a composite of these three variables (Box 1.1). Ghana's HDI is estimated to have risen from 0.515 in 1990 to 0.537 in 1995. It rose to 0.560 and 0.568 in 2000 and 2002 respectively and declined to 0.532 in 2004.

These national aggregate figures mask critical information on regional and district level disparities. They do not provide information on progress made, or the lack of it, by different groups in the country. The gender-related development index, also

[1] Sen, A. (2000), pp. 3.

produced by UNDP, aims to reveal the gender dimensions of the three components of human development.[2]

1997. Regional and district level indicators of human development are needed to provide Information critical for making decisions on

*Box 1.1. Calculating the Human Development Index*

***Calculating the Human Development Index***

*The Human Development Index (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 health life, as measured by life expecta ncy at birth.*
- *Knowledge as measured by the adult literacy rate (two -thirds weight) and the combined primary, secondary and tertiary gross enrolment ratio (one - third weight)*
- *A decent standard of living, as measured by GDP per capita (PPP US$).*

*Before the HDI is calculated, an index needs to be created for each of the dimensions. To calculate these dimension indices, minimum and maximum values (goalposts) are chosen for each underlying indicator.*

*Performance in each dimension is expressed as a value bet ween 0 and 1 applying the following general formula:*

$$\text{Dimension} = \frac{\text{actual value} - \text{minimum value}}{\text{maximum value} - \text{minimum value}}$$

*The HDI is calculated as a simple average of the dimension indices*

***Goal Posts for calculating the HDI***

| *Indicator* | *Maximum Value* | *Minimum Value* |
|---|---|---|
| *Life Expectancy at Birth* | *85* | *25* |
| *Adult Literacy Rate (%)* | *100* | *0* |
| *Combined Gross Enrolment Ratio (%)* | *100* | *0* |
| *Gross Domestic Product per capita (PPP US$)* | *40,000* | *100* |

*Source: UNDP Human Development Report, 2004, New Yo rk*

Ghana has produced a National Human Development Report almost every year since

how resources are to be allocated. District human development reports can be a useful tool to assist district administrations in

[2] This is a composite index that adjusts the average achievement of each country in life expectancy, educational Attainment and income to take into account the disparity in achievement between women and men.

tracking progress in their development efforts. It was only in 2004 that the first set of district human development reports were prepared for three districts, namely, the then Atwima District, Builsa District and Tema Municipality.

The second set of district human development reports has also been prepared for three districts: Ahanta West, West Gonja and Offinso in the Western, Northern and Ashanti regions respectively. The theme for this year's reports is vulnerability and the Millennium Development Goals (MDGs). Vulnerability was one of the five themes of the first Poverty Reduction Strategy Paper. The overall goal of Ghana's development agenda is to attain middle-income status by 2015. In addition, the social protection policy being developed aims at "empowering the vulnerable and excluded, especially women to contribute to and share in the benefits of growth of the economy, thus ensuring sustained poverty reduction" (Republic of Ghana, 2005). In contrast to the first poverty reduction strategy that included vulnerability as one of its five thematic areas, the second poverty reduction strategy puts vulnerability into the mainstream of each of the thematic areas.

## Millennium Development Goals (MDGs)

The adoption of the Millennium Declaration by Heads of State in September 2000 formally introduced the MDGs onto the development agenda. The MDGs were the result of the thinking that began in the mid-1990s on strategies to improve aid effectiveness. The MDGs consist of 8 goals, 18 targets and 48 indicators (Table 1.1) and have become an integral part of Ghana's development strategy. The 2006-2009 Growth and Poverty Reduction Strategy (GPRS II) "...seeks to operationalise various international agreements which are relevant to the poverty reduction objectives and of which Ghana is signatory. Principal among these is the Millennium Development Goals (MDGs)..." (Republic of Ghana, 2005). A synergy has been created between the Heavily Indebted Poor Countries (HIPC) initiative and the MDGs by the transformation of the latter "into the mandatory framework of domestic economic policy in return for the grant of debt relief" (Republic of Ghana, 2005). As a result of this, in both the GPRS II and the district development plans, there is a matrix indicating the link between identified priorities and the MDGs.

There is some overlap between the human development, human poverty and gender development indices on one hand and the MDGs on the other. However, the MDGs do not include dimensions such as human security and participation. The MDGs place great emphasis on targets while the human development concept, although concerned with improving well-being, does not have any explicitly stated goals or targets.

[3] The three thematic areas of the second GPRS are private sector-led competitiveness, human resource Development and good governance.

Table 1.1: Millennium Development Goals and Targets

| | |
|---|---|
| ***Goal 1:*** *Eradicate extreme poverty and hunger* | ***Target 1*** *: Halve Between 1990 and 2015, the proportion of people whose income is less than one dollar a day*<br>***Target 2:*** *Halve Between 1990 and 2015, the proportion of people who suffer from hunger* |
| ***Goal 2:*** *Achieve universal primary education* | ***Target 3*** *: Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling* |
| ***Goal 3:*** *Promote gender equality and empower women* | ***Target 4*** *: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.* |
| ***Goal 4:*** *Reduce child mortality* | ***Target 5:*** *Reduce by two -thirds, between 1990 and 2015, the under-five mortality rate* |
| ***Goal 5:*** *Improve maternal health* | ***Target 6:*** *Reduce by three -quarters, between 1990 and 2015 the maternal mortality ratio* |
| ***Goal 6:*** *Combat HIV/AIDS, malaria and other diseases* | ***Target 7*** *: Have halted by 2015, and begun to reverse the spread of HIV/AIDS*<br>***Target 8*** *: Have halted by 2015 and begun to reverse the* |
| ***Goal 7:*** *Ensure environmental sustainability* | ***Target 9:*** *incidence of malaria and other major diseases Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources*<br>***Target 10:*** *Halve by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation*<br>***Target 11:*** *By 2020, to have achieved a significant impr ovement in the lives of at least 100 million slum dwellers* |
| ***Goal 8****: Develop a Global Partnership For Development* | ***Target 12:*** *Develop further an open, rule-based predictable, non-discriminatory trading and financial system*<br>***Target 13:*** *Address the special needs of the least developed countries*<br>***Target 14:*** *Address the special needs of landlocked developing countries and small developing States*<br>***Target 15:*** *Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term*<br>***Target 16:*** *In cooperation with developing countries, develop and implement strategies for decent work and productive work for youth*<br>***Target 17:*** *In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries*<br>***Target 18:*** *In cooperation with private sector, make available the benefits of new technologies, especially information and communications* |

**Vulnerability**

The vulnerability of communities, households and individuals to negative shocks has adverse implications for the attainment of the MDGs and improvement in human development. Vulnerability is the interplay of shocks that the community, household or individual faces in connection with community, household or individual assets and the ability to manage those assets in order to prevent the occurrence of negative events or to mitigate or cope with the impact of shocks.

The desire of poor households to have security of income and to protect consumption levels from declining below the critical minimum influences their production and investment decisions. Being risk averse and lacking the means to manage risk (e.g. access to credit), poor households will choose activities that have low but certain returns. Thus, vulnerability elicits from poor households actions that can keep them at low income levels and put the local and macro-economy on a lower growth trajectory than otherwise would be the case if the poor households had more income, political and social security. The death of a breadwinner can result in a child being withdrawn from school, thus increasing the probability that the child will not complete school. Droughts or floods that destroy harvests can force households to reduce consumption to levels that compromise the growth and development of children, thus making them vulnerable to illness, poor learning abilities that undermine their interest in attending school, and even premature death. Vulnerability analysis is crucial for understanding poverty and, by extension, human development and for the development of strategies to attain the MDGs and GPRS targets.

The vulnerability of individuals, households or communities can also be compounded by the failure to attain the MDGs. For example, a high incidence of food insecurity can adversely affect the health of school children, reduce school attendance, increase household spending and dislocate incomes, particularly of self-employed people. Indeed,

Box 1.2: Preparing for the Implementation of the Study

*The choice of Ahanta West District was determined by the UNDP. Prior to the commencement of the study, a visit was made to the district to meet with the officials of the District. The meeting essentially provided the officials with background information on the study and a discussion of the needs of the research team. Present at the meeting were representatives of several of the decentralized ministries, departments and agencies in the district.*

*Letters were sent out to the District Chief Executive and copied to the heads of several of the decentralised ministries, departments and agencies in the district informing them of the actual date when the data collection would begin. Attached to the letter were the data requirements that the team hoped the District Administration could assist it with.*

progress towards the attainment of the MDGs can also bring about a reduction in the level of vulnerability of individuals and households.

## The Report

The Ahanta West District Human Development Report is one of the three human development reports prepared by the Institute of Statistical, Social and Economic Research (ISSER) of the University of Ghana for the United Nations Development Programme (UNDP) in Ghana. The report analyses the human development situation and assesses the progress of the district towards the realisation of the MDGs. It also discusses the level of vulnerability of individuals and households in the district and the possible effects on the attainment of MDGs and improvement in human development. The report also examines how the findings could influence the implementation of the District Medium-Term Development Plan for the period 2006-2009.

## Methodology and Data

Both quantitative and qualitative methods were applied to gather data from three different sources for the preparation of this report. Information was obtained from official documents such as various censuses conducted in Ghana, and the district-based Core Welfare Indicators Questionnaire (CWIQ) survey that was conducted in 2003. ISSER also conducted a socio-economic survey in the district in March and April 2007 and consulted various stakeholders to ensure that their interests were addressed and technical omissions minimised.

### *Secondary Data Sources*

Some aspects of the district's profile were obtained from documents that had been prepared by the District Assembly for their programmes, particularly the Medium-Term District Development Plan (2006-2009) prepared for the implementation of the Growth and Poverty Reduction Strategy. In addition, various departments of the Assembly provided information on their activities over the last five years. This provided insights into the economic and social conditions in the district and the strategies adopted and implemented, including in relation to issues of human development.

An important source of additional secondary data was the census. Data from the 2000 Population and Housing Census were used extensively to obtain district-level information on population dynamics, housing characteristics, employment and education.

***Primary Data Collection***

Interviews were conducted in the district using qualitative and quantitative techniques, principally to gather information on various dimensions of the MDGs and human development indicators and also for the assessment of the vulnerability component of the report. Three main questionnaires were used for this purpose: the opinion leaders' questionnaire, community questionnaire and household questionnaire. The opinion leaders' questionnaire contains a check-list of available services and infrastructure and a detailed discussion on development issues. The questionnaire was completed through direct interviews with one or two opinion leaders by the Lead Researcher. The community questionnaire was completed during focal group discussions with traditional leaders of the communities, members of the District Assembly resident in a community and opinion leaders. The objective of the questionnaire was to obtain information about the socio-economic development of the communities visited, land tenure arrangements, trends in crime, and shocks that the communities have experienced, and actions taken by the community to deal with shocks.

The household questionnaire is separated into different modules that are answered by different members of the household. This was done to address issues concerning different targets of the measurable MDGs at the district level. The questionnaire also covered information on the different types of shocks that households have been subjected to, the risk-management strategies adopted by households and the effect of the shocks on households.

*Sampling Techniques*

In order to ensure comparability with the CWIQ 2003 data, a two-stage sampling procedure was employed with the objective of generating results that are representative of the district. The approach was multi-stage probability sampling, clustered, and stratified with probability proportional to the size of the population of the district.

The Lead Researcher randomly selected well defined enumeration areas (EAs) from the Ghana Statistical Service (GSS) database of the district. The enumerations areas were properly described by the cartography section of GSS and had well-defined boundaries, identified on maps, and were relatively of small sizes having clusters of households. These enumeration areas are demarcated along the lines of the proven process used by the GSS in its implementation of Ghana Living Standard Surveys (especially III, IV and V) and Core Welfare Indicators Questionnaire I and II. The selected EAs or communities were listed fully to know the total number of households that served as sampling frame from which an appropriate sample size was selected systematically for each stratum in the district. This was done to facilitate manageable interviewer workload within each sample area and also reduce the effects of intra-class correlation within a sample area on the variance of the survey estimates.

An enumeration team (consisting of the Lead Researcher, a supervisor who is the District Statistician and a number of interviewers chosen and hired from the district) listed all households in each of the chosen enumeration areas. This was important because some of the enumeration

areas had changed in size since the 2000 Population and Housing Census was conducted and the sampling approach at this stage did not consider their sizes before the selection. An equal number of households in each enumeration area (EA) were also selected. The listing information was needed to compute appropriate weights for proper estimation at the analysis stage.

*Stratification*

The technique of stratification was employed in the sample design to enhance precision and reliability of the estimates. The stratification of the frame for the survey was based on the size of the locality the enumeration area was chosen from: i.e. whether the locality is urban, semi-urban or rural. Sampling within each stratum was done independently of others and the approach of picking the number of enumeration areas in each stratum was proportional to the population size in each stratum. This was followed by systematic sample selection within each stratum. In all, a minimum of 200 households were chosen from 10 out of 162 EAs in the district. The EAs from which the households were selected are shown in Table 1.2. In the report, the rural and semi-urban households were grouped in the rural category to ensure harmonization with the CWIQ 2003 and 2000 census.

Focal group discussions were carried out in five of the communities and 10 opinion leaders' questionnaires administered in all the 10 communities covered by the survey.

Table 1.2: Enumeration Areas (EAs) and Localities Covered by the Household Survey

| Locality | Name of EA | Category | Sample size | Average HH size |
|---|---|---|---|---|
| Apowa | St. Mary's Sec. School | Urban | 82 | 4.10 |
| Agona Nkwanta | Hospital | Urban | 83 | 4.15 |
| Abura | 12 Apostle Church | Semi-urban | 100 | 5.00 |
| Beahu | Ewuradze Kasa bar | Semi-urban | 69 | 3.45 |
| Princess Town | Hospital | Semi-urban | 78 | 3.90 |
| Akwidaa Newtown | Pastor Boadi's House | Semi-urban | 71 | 3.55 |
| New Amanful | Meth Primary & JSS | Semi-urban | 96 | 4.80 |
| Alabiza | Alabiza | Rural | 92 | 4.60 |
| Asemkow | Asemkow | Rural | 96 | 4.80 |
| Apimenim No. 2 | Apimenim | Rural | 96 | 4.80 |
| **Total** | | | **863** | **4.32** |

*Source: 2007 ISSER Household Survey*

**Outline of the Report**

The Report has seven chapters. After the introductory chapter, the profile of the Ahanta district is outlined in chapter two and covers physical features, demographic characteristics, socio-economic infrastructure and housing characteristics, human security in the district and local governance. Economic activity and poverty including employment, unemployment and underemployment, child labour and objective and subjective assessments of poverty in the district are discussed in chapter three. Chapter four focuses on education and literacy by analysing school enrolment, number and quality of school Infrastructure, school attendance as well as educational attainment and adult literacy. In chapter five, the report assesses the health, water and sanitation situation in the district in relation to the MDGs and vulnerability. The chapter examines the trends in infant, child and maternal mortality rates and the incidence of HIV/AIDS, malaria and other major diseases as well as household access to safe drinking water and basic sanitation. The sixth chapter discusses vulnerability and the MDGs and examines the type and frequency of shocks or risks experienced by households and the coping mechanisms employed. It also touches on the link between shocks and the MDGs. The concluding remarks and the way forward are presented in chapter seven.