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**INTEGRATING CAPACITY BUILDING WITHIN THE CONTEXT
OF SOCIAL POLICIES FOR POVERTY REDUCTION
IN GHANA**

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EXECUTIVE SUMMARY

Study Objectives and Methods

The issue of the human and institutional capacities available and required to implement poverty reduction policies, programmes and activities has become a serious problem in Ghana at the moment. The root causes of this problem are believed to relate to the state of the economy and the lack of predetermined clearly articulated and diagnosed relationship or linkages between policies for poverty reduction and the human and institutional capacity requirements for their sustainable implementation.

The purpose of the study is to address the perceived lack of a clearly articulated and diagnosed linkage between quantified functional skills, institutional capacity and sustainable poverty reduction, through a review of the history of policy formulation, for poverty reduction.

The general approach to the study is the identification, abstraction, compilation and synthesis of relevant documents on poverty reduction policies, practices and activities between 1957 and 1996.

Document search and synthesis concentrated on two (2) areas - health and Education/Training which are considered to be pivotal in attempts at poverty reduction based on the time tested adage of a sound mind in a sound body.

Major Findings of the Study

The study largely confirms the belief that the history of social policy making is that of attempts by successive Governments of Ghana to reduce poverty. The study also confirms the perception that a major limitation to the effectiveness of social policies on poverty reduction has been the limited emphasis placed on the human and institutional capacities needed to effect poverty reduction. Greater emphasis was placed by successive governments on poverty reduction programmes and activities than on the who (i.e. the required manpower) for poverty reduction.

Recommendations of the Study

1. Comprehensive manpower surveys should be undertaken to enhance the periodic assessment of the manpower situation (the demand and supply of specific skills) on the basis of national and sub-national goals and objectives.
2. Currently, a number of institutions and agencies have been involved in poverty reduction. Efforts should be made towards a more efficient use of institutional/agency capacities and manpower, through greater collaboration and coordination of plans, projects and activities.
3. Human capacity building in light of the current policy of decentralization and grassroot participation, should focus more on the production of skills for strengthening sub-national institutions/agencies
4. Institution-community linkages need to be developed between the producers and users of man power

INTRODUCTION

A. STATEMENT OF THE RESEARCH PROBLEM

Poverty reduction has always been the concern of all governments in Ghana. The root causes of poverty are believed to relate, among others, to the state of the economy and the lack of skills required to implement, monitor and evaluate poverty reduction programmes, activities and practices.

All governments have made poverty reduction the cornerstone of their social policies. The achievement of this goal requires constant monitoring of the quantity and relevance of skills available and needed to translate poverty reduction policies into measurable activities and practices.

Human beings are the most important resources upon whom the exploration and exploitation of all other resources depend. The quality and quantity of available and required skills should therefore be a primary research focus for assessing the processes and outcome of poverty reduction policies.

It has been generally accepted that there will have to be a preparatory period of substantial investment in human capacity development on which growth could be securely founded. A fundamental issue, therefore, is not just whom poverty reduction is expected to serve, but also who is to effect the necessary change.

However, poverty reduction efforts have faced serious problems in the country since independence. This is believed to be due to the dramatic reversals in economic and social development experienced by Ghana. According to the National Development Planning Commission (NDPC) "these developments had a pronounced effect on the social service. During the decade 1974-1983, for example, expenditure on health fell from 8.2% of public expenditure in 1974 to 4.3% in 1983. There were severe shortages of drugs and materials, and by 1984 up to 50% of medical practitioners were reported to have left the country. Hospital attendance dropped by 40.9% in Accra and in Cape Coast, by 66%. Poverty -related diseases became widespread, and others such as yaws which were previously eliminated, resurfaced. Food supplies were severely limited per capita, and food availability was 30% lower in 1983 than in 1974".

These economic problems, it was assumed, were compounded by the lack of predetermined relationships or linkages between policies, strategies, activities and proposals for employment and poverty reduction and the human capacity base available and/or required for implementing poverty reduction.

Although the lack of linkage between policies and capacities has often been talked about, there have not been comprehensive studies on the extent of the problem.

B. PURPOSE OF STUDY

To address the perceived lack of predetermined, clearly articulated and diagnosed relationships or linkages between policies, strategies, activities and proposals for poverty reduction and the human and institutional capacity existing and required for their sustainable

implementation, the Social Policy Research Network (Ghana) undertook the present study to enable the Network assist policy makers and implementors in Ghana to establish a solid basis for the following:

- Meaningful policy making practices;
- Periodic assessment of the human and institutional capacity situation (the demand and supply of relevant skills);
- Regular collection of requisite data; and
- Meaningful planning of manpower development and utilization as they relate to poverty reduction efforts.

This study has become necessary as a result of:

- The dearth of information about the extent to which social policies, activities and practices for poverty reduction have adequately taken into account the human capacity (existing and required manpower) needed for implementation
- The dearth of information of any institutional level reciprocal linkage between the 'producers' and 'consumers' of the required skills so that an adequate balance can be maintained in the ever-changing demand and supply situation in relation, not only to numbers, but also the quality and relevance of skills
- The lack of information on the extent to which social policy making practices seek to integrate the various activities and practices of existing institutions so as to make maximum use of available manpower resources

C. OBJECTIVES

The main objective of the study is to collect and analyze evidence on the extent to which poverty reduction policy making practices have clearly articulated and diagnosed the human capacity base available and that which is required for implementing poverty reduction policies. This would help Government Agencies, NGOs and other stakeholders in poverty reduction to initiate appropriate measures:

- for the review of the policies, projects and activities currently being undertaken in the country
- which in the medium and long-term will promote meaningful linkages between poverty reduction policies and activities and the manpower needs for their sustainable implementation

The specific objectives are

- To describe the historical process of social policy making;
- To determine the extent to which social policies on poverty reduction address the human resource capacities/needs within the policies with regard to:
 - policy administrators
 - implementing agencies
 - beneficiaries

- To identify from stated policies, poverty reduction activities and practices;
- To identify existing institutions whose activities and practices impact on poverty reduction
- To identify the human resource capacities/needs of the key players in policy making and management
- To establish a framework for dialogue between the Network, researchers, policy makers and managers

D. STUDY APPROACH AND METHODOLOGY

The general approach to the study is the identification, abstraction, compilation and synthesis of relevant documents on poverty reduction policies, practices and activities.

• Scope of Work

The study evaluated existing information/documents from various institutions and programmes whose activities related to the provision of 'Health and Education/Training', namely:

- Government Sector Ministries, Departments and Agencies;
- Local Authorities (District Assemblies, Area Councils, Unit Committees);
- Private Sector Organizations/NGOs
- Programmes (e.g. Northern Region Rural Integrated Programme (NORRIP), Africa 2000 Network) whose policies, programmes and activities are geared towards poverty reduction issues

The period since independence up to the end of the first four (4) years of the fourth republic (1957-1996) are covered. The reason for this is to give an opportunity to study the process through time, and cover the different political bases or *raison-de-tres* of policy formulation.

The document search procedures were:

- Identification of relevant institutions and programmes
- Preparation of a master check-list of types of documents
- Identification of types of documents
- Recording of Author(s), publishers date, etc.
- Preparation of an information appraisal check-list

The documents were 'evaluated' bearing in mind the research project's main focus: i.e. the extent to which existing and required human and institutional capacities were explicitly diagnosed, assessed and included in policy documents, and/or implementation strategies/ action plans.

In addition, in-depth interviews were conducted with a selected group of policy makers and implementors, to fill gaps in the available policy documents, especially in relation to the processes and practices relating to the evaluation of human capacity building needs

- Two (2) hypotheses were tested, namely:
- The history of social policy making is that of attempts of successive governments of Ghana at poverty reduction
- The major limitation to the effectiveness of social policy making has been inadequate

CHAPTER ONE

MAJOR MANIFESTATIONS OF POVERTY IN GHANA

1.0 INTRODUCTION

Concerns about poverty reduction and the required human and institutional capacity to reduce poverty within the context of social policies have attracted attention at both national and international levels. Even though World Development agencies and successive Governments in Ghana have made attempts at poverty reduction, the integration of institutional and particularly, human capacity building within the context of social policies for poverty reduction in the country would seem to have received meagre focus and attention.

To discuss the issue fully, there is the need to focus attention first, on the nature and scope of poverty, policy focus for poverty reduction and poverty reduction programmes in Ghana.

1.1 Definition of Poverty and Poverty Reduction

Poverty in Ghana can be described as a composite of personal and community life situation. On the personal level, poverty may be defined as a situation where basic needs to sustain daily livelihoods (often referred to as food, shelter and clothing) are not sufficiently satisfied. On the community level, poverty is manifested by the absence or the low level of basic community services such as health, education, water supplies and sanitation. Thus, whereas personal poverty is related basically to employment and incomes, community poverty is related to the provision of basic services.

Poverty reduction can be defined as the process of decreasing the incidence or degree of personal and community poverty. Thus, to reduce poverty in general, there is the need to have a dual strategy of income raising and the provision of basic community services.

1.2 Policy Focus for Poverty Reduction

Ghana has had a long history of the poverty phenomenon. Over the intervening decades, the various political regimes which have ruled Ghana have articulated policies on poverty. Prior to any examination of the policies, it is necessary to pose and answer the following questions:

- What were the underlying philosophies/socio-economic development models of the various political regimes?
- What were the main thrusts of their development plans?
- Were there any specific references to poverty reduction in official documents and pronouncements?
- Was there any specific targeting of poverty groups or were specific projects developed to attack the poverty problem?

1.2.1 Link Between Definition of Poverty and Poverty Reduction strategies

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Recommendations of the Study

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2. Currently, a number of institutions and agencies have been involved in poverty reduction. Efforts should be made towards a more efficient use of institutional/agency capacities and manpower, through greater collaboration and coordination of plans, projects and activities.
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Human beings are the most important resources upon whom the exploration and exploitation of all other resources depend. The quality and quantity of available and required skills should therefore be a primary research focus for assessing the processes and outcome of poverty reduction policies.

It has been generally accepted that there will have to be a preparatory period of substantial investment in human capacity development on which growth could be securely founded. A fundamental issue, therefore, is not just whom poverty reduction is expected to serve, but also who is to effect the necessary change.

However, poverty reduction efforts have faced serious problems in the country since independence. This is believed to be due to the dramatic reversals in economic and social development experienced by Ghana. According to the National Development Planning Commission (NDPC) "these developments had a pronounced effect on the social service. During the decade 1974-1983, for example, expenditure on health fell from 8.2% of public expenditure in 1974 to 4.3% in 1983. There were severe shortages of drugs and materials, and by 1984 up to 50% of medical practitioners were reported to have left the country. Hospital attendance dropped by 40.9% in Accra and in Cape Coast, by 66%. Poverty-related diseases became widespread, and others such as yaws which were previously eliminated, resurfaced. Food supplies were severely limited per capita, and food availability was 30% lower in 1983 than in 1974".

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- Two (2) hypotheses were tested, namely:
- The history of social policy making is that of attempts of successive governments of Ghana at poverty reduction
- The major limitation to the effectiveness of social policy making has been inadequate

It has been indicated that poverty in Ghana can be described as a composite of personal and community life situation. Poverty reduction is thus the process of decreasing the incidence and depth of personal poverty and providing basic needs of the community. Thus, to reduce poverty in general, there is the need to have a dual strategy of influencing the factors that result in personal and community poverty.

The first element of the strategy is to pursue a pattern of economic growth that ensures the productive use of the poor's most abundant asset, i.e., labour. The second element of the strategy is to provide the poor with basic social services especially primary education, primary health care, water and electricity. The first component provides **opportunities** for the poor while, by investing in health and education, for example, the second component **increases the capacity** of the poor to take advantages of the opportunities which had been created for them.

Although this operational definition of poverty reduction is well accepted by governments, it still remains that the link relating the operational definition to the strategies developed by successive governments to fight poverty has not been well articulated. For example, previous strategies implemented before the Economic Recovery Programme seem to proceed from global development policies. The strategies tend to look to economic development as the solution to poverty. But as Sadik (1992) pointed out, "development has in many cases not only failed to displace poverty but has actually increased it". The assumption that "economic growth", per se, will reduce poverty contrasts with activities since the ERP, which specifically aimed at poverty reduction. It appears that before the ERP the objective of poverty reduction was not quite explicit in itself, but was blended into the country's main development objectives.

This might explain the quasi-absence of statistics on the incidence, depth and other characteristics of poverty before the first Ghana Living Standards Survey in 1987-1988.

1.2.2 Previous Policy Focus Before the Economic Recovery Programme

It is evident from the political colouring and strategic emphasis of the various regimes prior to the Provisional National Defense Council (PNDC) era that there are differences as well as similarities in the approach to poverty reduction. For example, the nationalist and socialist influences on the policies of the Nkrumah regime were clearly marked. This observation also applies largely to the National Redemption Council (NRC)/Supreme Military Council (SMC) regimes. The Busia regime, on the other hand, can be characterized as a mix of nationalism and a positive attitude to the operation of market forces and private enterprise.

The following quotations from the various plan documents attest to the fact that emphasis on growth and the sharing of growth as well as the provision of social services to support the growth effort are common threads which run through the objectives and strategies of the various regimes. In terms of differences, one may also discern the emphasis on national development versus rural development as a strategy. There is also the lack of specific projects targeting poverty reduction.

From the Seven Year Development Plan of the Nkrumah regime, the following quotes are illuminating:

“Government believes that a long-run or perspective plan for Ghana’s economic development must have four objectives:

“The economy must be developed so as to be able to assure to every Ghanaian who is willing to work, employment at a high level of productivity and a rising standard of living”.

“The colonial structure of production based on exports of primary commodities which largely accounts for the present low level of income must be completely altered”.

“In the long run, the structure of employment must shift away from the present preponderance of agricultural employment”.

“Outside agriculture, the primary emphasis, will be on the multiplication of employment in the field of manufacturing”.

“This plan proposes to make a simultaneous attack on all these deficiencies of the economy and in the process to achieve further substantial increases in productivity and the standard of living”.

“The commodity and employment deficiencies will be tackled together through the programme of industrialization and agricultural modernization”.

“Increased domestic employment and personal incomes will provide a basis for higher government revenues to support more and better social services and to eliminate the internal financial deficit”.

From the One Year Development Plan of the Busia regime, the following quotations are germane:

“The Government’s primary objective, as expressed in this plan and the 1970/71 budget continues to be the attainment of rapid self-sustaining growth, the benefits of which will be shared by all sections of the population, and by all regions”.

“Through the application of improved inputs and practices, substantial progress can be made toward increasing farm employment and income, thereby reducing urban-rural income inequalities”.

“Improvements in the living standard of the rural areas should not be measured in terms of economic facilities alone. The supply of potable drinking water, health and sanitary facilities, better housing, educational facilities and elementary community projects are equally important in promoting economic development. The Government recognizes that success in agriculture cannot be achieved without provision of these amenities. The 1970/71 capital budget therefore contains substantial allocations for water, health, education and community development projects in addition to the amounts budgeted for rural roads and electrification.”

“In order to encourage the proper utilization of our factor endowments in proportions that reflect their scarcity value, the government will instruct executing agencies to give prefer-

Most of the development plans however suffered severe birth pangs and some even never celebrated their birthdays. Some Governments did not have the opportunity to implement their plans because they were overthrown.

Consequently, the widespread poverty phenomenon lingered on into post-ERP era. For instance, prior to the first Ghana Living Standards Survey (GLSS) in 1987, the National Household Survey conducted in 1962 and 1974 indicated that 75% of the Ghanaian population had incomes below the then poverty line of \$100. The subsequent difficult period of Ghana's economic history were characterized by a high and increasing incidence of poverty. For instance, on the basis of 1978 data, UNICEF estimated that 30-35% of urban households and 60-65% of rural households were below the respective poverty lines of \$307 and \$130 (in 1978 prices).

Undoubtedly, these proportions increased after 1978 and were compounded by drought of 1982/83 which worsened the situation in which Ghanaian food availability, relative to the minimum calorie requirements, was one of the poorest in Africa (Alan Roe and Hartmut Schneider, *Adjustment and Inequality in Ghana*, OECD, 1992).

1.3 Measurement of Poverty

Concern about the extent of poverty and the necessity for its reduction have been expressed by successive Governments of Ghana. So far, any credible measure of the standard of living and thereby welfare or poverty can only be done using survey. When a survey is done, then the poverty index can be calculated. However, until recently, no comprehensive sample surveys were undertaken.

The principal source of information on the nature and scope of poverty in Ghana is the Ghana Living Standards Survey (GLSS) which was first carried out in 1987/88. So far, three (3) GLSS have been carried out using income and expenditure criteria to measure poverty. These surveys also expressed poverty in terms of locality, socio-economic groups and basic needs such as education, health, nutrition, housing, drinking water and sanitation.

Data from these surveys have been used to develop a Poverty Profile for Ghana. This profile is expected to serve as a guide for future analysis of poverty and a baseline against which to measure changes in the incidence and characteristics of poverty over time.

These surveys were followed by Extended Poverty study which was synthesized by the World Bank and published under the title: Ghana: Poverty, Past, Present and Future, the World Bank, 1995.

An updated Poverty Profile based on more recent surveys incorporated the results from all the three rounds of the GLSS and published under the caption: The Pattern of Poverty in Ghana: 1988-1992, (Ghana Statistical Service, November, 1995).

1.3.1 Magnitude and Spatial Distribution of Poverty

The Poverty Profile in this latest report established poverty lines to measure the magnitude of poverty in Ghana. The upper bound of the poverty line was set at two-thirds of average per capita consumption expenditure per annum or ₵132,230 per annum in May,

33%; Upper West: 40%; Western: 46%; and Eastern: 57%. In terms of the distance rural households travel to reach the nearest middle school/JSS, 64% of rural households are within one mile. Accessibility for the remaining households is 1-2 miles: 14%; 3-4 miles: 13%; 5-6 miles: 3%; 7-8 miles: 1%; and 9+ miles: 4% (Rural Communities in Ghana: Part of the third round of the GLSS 1991/92. GSS, October, 1993).

Recent surveys have identified the major reasons for non-school attendance as follows:

- (a) Poverty and School Fees: Some families are themselves having a hard time surviving. They find it difficult to pay for their children to go to school. (MOE/ UNICEF, 1993; Ghana Statistical Service, 1993)
- (b) Age and Condition of Buildings: There are a large number of dilapidated school buildings in use, and there are also structures with roofs which leak so badly that pupils, teachers and textbooks get wet, and schools are forced to close. A recent survey shows that 23% of all primary schools do have such leaking classrooms.
- (c) Schools Without Buildings: A recent survey has shown that in 14 out of the 110 districts, as many as 50% of the primary schools have no classroom facilities.
- (d) Long Walking Distances to School: Due to the scattered nature of settlements and low population densities children walk long distances to schools located elsewhere.

The Ministry of Education recognizes that unless the factors relating to demand for education as well as the quality of schools are addressed creating new places will not necessarily result in higher attendance.

1.3.4.2 Health

Health statistics indicate that the health of Ghanaians has some what improved since Independence in 1957. According to the *Medium-Term Health Strategy* (MOH (1995), infant mortality dropped from 133 deaths per 1000 live births in 1957 to 66 deaths in 1993. With regard to nutrition, 26 per cent of children under age three are stunted, while 11 per cent are wasted. More seriously, 45 per cent of one-year old children are not immunized (Demographic and Health Survey, 1993). In terms of morbidity indicators, the *National Population Policy, Revised* (NPC, 1994) has reported that no significant change has occurred over the years, and the population seems to be afflicted with malaria, upper respiratory infections and water-borne diseases due to the widespread prevalence of poor sanitary conditions, poor nutrition, inadequate housing, unhygienic personal habits and lack of access to water and health facilities.

It is estimated that 8.36 million people living in 47,000 rural settlements do not have any or ready access to the basic government-provided health facilities which are largely urban-based, as opposed to Mission facilities which are generally rural-based. The MOH's accessibility standard is to provide one health facility within a walking/travel distance not

exceeding 8kms. The primary health care coverage was estimated, in 1989, to be 92% for the urban sector and 45% for the rural sector. The Annual Report of the MCH/FP Unit, MOH, states that 48% of the total number of villages had MCH/FP services in 1992, compared to 41% in 1991. The physical facilities required in support of primary health care are inadequate and there is a lack of maintenance. There are facilities without staff and most of the District Assemblies are yet to mobilize enough financial resources and staff capacity to provide and operate primary health facilities.

In 1987 the doctor-population ratio was 1:5764 in Accra; 1:56,682 in Central Region; 1:24,930 in Western Region; and 1:63,095 in Northern Region. While the entire population of the Accra Metropolitan Area had access to health facilities, only 11% of the population in the North had access compared with 77% in the Central Region and 26% in the Western Region, (Children and Women in Ghana. A Situation Analysis. UNICEF, Accra, 1990).

According to the GLSS, only 3% of rural households lived in communities with a resident doctor. For 36% of rural households access to a doctor, in terms of travel distances, was 1-9 miles away; for 31%, 12% and 18%, access was 10-19, 20-29 and 30+ miles away respectively. In the case of a pharmacist, the accessibility pattern was similar.

1.3.5 Characteristics of Poverty in Ghana

Chart 1 summarizes the characteristics of poverty in Ghana as outlined by the Technical Committee on Poverty in 1996 (Policy Focus for Poverty Reduction, September 1996).

CHART 1

CHARACTERISTICS OF POVERTY IN GHANA

LOW PRODUCTION

- lack of access to land/assets
- low productive inputs
- low agricultural technology
- lack of access to credit/capital
- pricing and marketing constraints
- climatic factors
- low soil fertility
- lack of research extension services
- low productivity

LOW INCOME

- lack of marketable skills/untrained labour
- lack of employment opportunities
- lack of small enterprise credit
- lack of farm to market transport
- low wages
- lack of income generating opportunities

ENVIRONMENTAL DEGRADATION

- farming in environmentally sensitive areas
- soil erosion
- over-grazed/depleted ranges
- fuelwood shortage
- deforestation
- bushfires
- poor environmental sanitation

UNPLANNED UNCONTROLLED HUMAN SETTLEMENTS

- lack of threshold population services delivery
- isolated settlements
- lack of access to land
- environmental sanitation
- slums
- inadequate transportation
- unaffordable housing rents
- lack of access to affordable housing
- finance

LOW LEVEL OR LACK OF EDUCATION

- low primary enrolling rate
- poor quality of education
- inadequate resources
- inability to pay school fees
- inadequate classrooms
- limited facilities
- poor access (distance factor)
- absenteeism

POOR HEALTH

- food insecurity
- poor nutrition
- lack of access to potable water
- poor access to health facilities (distance factor)
- insanitary conditions

WATER

- poor quality water
- water-borne diseases
- inadequate supply
- long distances to fetch water
- inability to pay for potable water

**High Population Growth
Negative Cultural Practices/Social Attitudes
Inadequate Institutional Framework**

1.4 Poverty Reduction Focus in the Post ERP Era

It has been established in the earlier sections that various Governments of Ghana have been involved in poverty reduction programmes over the years before the launching of the ERP in 1983. To link the pre 1983 to the ERP era, it must be recalled that the initial principal concern of the ERP was to address the large macro-economics imbalances and distortions in the economy and to achieve a non-inflationary growth. In the course of time, however, it was observed that some groups were being adversely affected by the economic measures. This was partly the genesis of the introduction of the Programme of Actions to Mitigate the Social Cost of Adjustment (PAMSCAD) in 1988. However, one may hasten to add that PAMSCAD was also introduced in response to the general negative effects of more than a decade of attempts to restructure the economy.

Beyond PAMSCAD, which was merely short-term and essentially meant to be a rapid response to the problem of poverty, Government has launched a new development strategy, 1.1. (a) ‘from Economic Recovery to Accelerated Growth’ and (b) ‘Vision 2020’. This strategy redefines the thrust of development policy by mainstreaming poverty reduction and making it the focal point of development effort. While asserting that rapid and sustained growth is a necessary condition for poverty reduction, it is acknowledged that it is not a sufficient condition for dealing with the problem. Equal emphasis should be placed on designing policies and programmes which lead to a pattern of growth conducive to poverty reduction.

The strategy for poverty reduction is therefore a two-part strategy. The first element of the strategy is to pursue a pattern of growth that ensures productive use of the poor’s most abundant asset i.e. labour. The second element is to provide the poor with basic social services, especially primary education, primary health care and family planning. The first component provides opportunities for the poor, while by investing in health and education, the second component increases the capacity of the poor to take advantage of the opportunities that have been created for them. A clear statement of these issues has been prescribed in Ghana Vision 2020 - a major policy document directed towards the transformation of Ghana into a middle income country by the year 2020.

Section 5.1.4.1 of the Ghana - Vision 2020 presented poverty-specific policy statements. About 50% of these policy statements are poverty-focused; 21% are poverty-targeted and the remaining impinge on the policy environment.

1.4.1 Poverty Reduction Programmes

The poverty reduction programmes are classified into three (3) major categories, namely (i) targeted poverty reduction activities (ii) poverty focused activities (iii) activities which impinge on the policy environment. While targeted poverty activities work directly with the poor to improve their welfare, poverty-focused activities are programmes and activities which benefit the poor but do not involve working directly with the poor. Activities which affect the policy environment on the other hand aim at removing systematic constraints at both national and international levels to address the root causes of poverty.

under-employed labour from the civil and education services also became an employment creation scheme because of the training, counselling and placement services provided. Vocational and technical training have been provided in such areas as auto mechanics, carpentry, dressmaking, masonry, basketry, leather works, shoe making and radio and television repairs. The bulk of this training was done under apprenticeship schemes. By the end of December 1994, about 19,200 persons were placed under the apprenticeship schemes with about 250 being trained in formal Vocational and Technical Institutes.

Assistance to retrenched workers to relocate in agriculture has also been an important part of the redeployment programme. Some of the redeployees have benefited from credit, extension services, tractor services and other farm inputs. The Redeployment Management secretariat indicated that by December 1994, about 38,000 persons had been relocated in agriculture and about 50,000 persons had received counselling services.

An examination of the categories of workers declared redundant showed that labourers, cleaners/sweepers, messengers, cooks, farmhands, charwomen and other low level workers were the predominant categories of workers. As such, the redeployment/employment generation scheme has been criticised for poor targeting as far as poverty reduction is concerned because it is claimed rightly that the persons to whom they are directed are usually not the most in need.

The components of the Basic Needs Project which targeted vulnerable groups comprised safe and reliable water supply to about 0.6 million rural inhabitants; supplementary feeding to 15,000 severely malnourished children; de-worming of children in primary schools throughout the country; provision of essential drugs to 350 health centres/posts and urban polyclinics in low-income areas; and making shelters cheaper and more affordable for the poor and vulnerable.

The Community Initiative Projects were designed to involve the rural communities themselves in the identification and implementation of projects that would rehabilitate and construct social infrastructure, generate employment and address the needs of small-scale farmers and the rural poor.

Education Infrastructure Projects involved the purchase of food in bulk to reduce feeding costs in secondary schools; provision of paper, commodities and to ensure that all students had access to books at reasonable cost. Funds generated from the sale of books were to be used to support the development of primary education in deprived areas.

The analysis of the various programmes under PAMSCAD shows that all of them have been efficiently targeted in the sense that they embrace the Health and Education sectors and they have all been directed at the poor and vulnerable in urban and rural areas.

But the implementation of PAMSCAD also had some implications for capacity building. The major components of the programme attempt to reduce poverty through capacitating communities and individuals to become self-reliant. What was clearly missing from the PAMSCAD strategy is an explicit answer to the following questions:

- * What categories of man power are needed to implement each component of the programme?

- * How many were available at the start of the programme?
- * How many are needed to successfully and sustain the programme?

Thus it appears that PAMSCAD like the Pre-ERP era poverty reduction programmes addressed the issue of who poverty reduction is expected to serve, but not who and how many are to effect the necessary change.

1.4.3 Poverty Focused Activities

Poverty focused activities include capacity-building of organizations which work with the poor, institutional changes to address the needs of the poor and interventions such as research into small-scale agricultural techniques that could be employed by the poor farmers. With regard to the Medium-Term Health Strategy for example, poverty-focused activities include: reduction of population growth rates and levels of malnutrition; increasing access to water and sanitation and strengthening support systems for human resources, logistics and supplies, financial management and health information.

1.4.4 Activities that Impinge on the Policy Environment

Examples of activities that affect the policy environment include: promotion of equitable growth oriented policies, re-orientation of public expenditures towards social priorities, stimulation of national dialogue on poverty issues and sensitizing international policy to reduce global poverty. With respect to the Medium-Term Health Strategy for instance, activities which affect health policy environment include advocating and supporting inter-sectoral action and sector-specific action for health development. For instance, one of the objectives of the Medium-Term Health Strategy is to foster linkage with human settlements sector to address health-related problems in housing, squatter settlements and slums, and service delivery to people in remote and scattered settlements throughout Ghana.

CHAPTER TWO

SOCIAL POLICIES AND INTEGRATING HUMAN CAPACITY FOR POVERTY REDUCTION

2.0 INTRODUCTION

This chapter discusses the key elements of social policies and their relevance to poverty reduction in Ghana and justifies the choice of the Education and Health policies as the critical focus for poverty reduction and thus the main focus for this study.

2.1 Social Policies and Poverty Reduction

The determinants, characteristics spread and incidence of poverty as analyzed in chapter one, define the broad areas in which policy actions are required for poverty reduction. From the social policy perspective, reduction of infant and child mortality and morbidity rates, the eradication of malnutrition, establishment of food security, and improved access to social services especially basic education and primary health care are important. In addition, access to potable water, decrease in water-borne diseases, affordability of the cost of providing potable water and provision of greater accessibility to water and adequate environmental sanitation are critical concerns

From the environmental policy perspective, prevention of soil erosion, deforestation, poor environmental sanitation and farming in environmentally sensitive areas, need careful policy interventions. Lack of access to land, unaffordable housing finance, isolated settlement patterns are also important determinants of environmental policy.

In terms of economic policy, reduction in unemployment and under-employment, improved access to credit, economic services and to markets, as well as reduction in inflation are important to poverty reduction. Translated into spatial policy, significant reductions in the marked regional and urban/rural disparities that currently exist tend to sharpen the policy focus for poverty reduction.

2.2 Human Capacity for Poverty Reduction

Currently, human capacity and other resource constraints tend to restrict the rate of progress towards the achievement of poverty reduction policy objectives. Partially, the problem may be traced from the sharp economic decline that preceded the ERP which took a severe toll on human capacity development. It undermined the sustainability of livelihoods and incomes, and resulted in the decay of health and education infrastructure, and reduction in the availability and quality of social services. It is envisaged that the Ghana Vision 2020 will increase the material resources available to be allocated to competing demands, including human capacity needs for poverty reduction. But the experience of the past decade suggests that even if the projected 8% annual rate of growth of GDP is attained, the human capacity development gains for poverty reduction will not be spectacular if the present pattern and quality of economic growth persist.

It is for such reasons that the extent to which poverty reduction policy making practices have clearly diagnosed and articulated the human capacity base available as well as that

which is required for implementing poverty reduction policies become critical.

2.3 Education and Health Policies and Poverty Reduction

The study focuses on the Education and Health policies because of their critical relevance to poverty reduction, especially in the area of human capacity building.

It is obvious that investment in people does not only enrich people's lives but also lays a foundation for long-term economic growth. Human development is concerned both with developing human capabilities and with using them productively. The former requires investment in people, the latter, that people contribute to GDP growth and employment. A programme design is meaningless unless there is an implementing body capable of carrying it out. Knowledge and the mastery of new technology are a country's best competitive advantage today. Thus, sustained investment in health and education of the people is what will reduce the level and intensity of poverty.

The study report "Ghana-2000 and Beyond" emphasizes that it is in the development of human resources - health and education - that Ghana has to make the biggest strides if it is to break into the leagues of fast growing countries. Additionally, according to the World Development Report 1996 (p. 123), "A well educated, healthy workforce is essential for economic growth".

CHAPTER THREE

EDUCATIONAL POLICIES, CAPACITY BUILDING AND POVERTY REDUCTION

3.0 INTRODUCTION

Education is viewed as an investment in human productive capacity and the bedrock of economic development. It provides the specific or basic skills that are required to produce goods and services needed by the economy. In fact it is the “engine of economic development”.

The euphoria of post-independence era of rapid economic development posed a lot of challenges for the governments of Ghana. The need to develop a qualitative or skilled human resource or capital has been given prominence in the development plans of all governments of the republic of Ghana.

The Accelerated Development Plan for Education of the C.P.P. government aimed at increasing access to education and training in order to step up primary school enrollment, provide adequate facilities and quality education. It further came out with legislation on a free compulsory education at the basic level. Parents who refused to comply were to be prosecuted.

Between 1967 and 1986, the various governments within the period reviewed the educational development policy to make it responsive to modern industrial needs. The National Liberation Council's Education Review Committee of 1967 recommended the reduction of the 13 years duration of schooling at the basic level to 8 years and the introduction of vocational courses such as Agriculture, Shorthand and Typing and office routine and handicraft etc. In 1973, the National Redemption Council set up a 14-member National Advisory Committee on curriculum for pre-university education to determine quality and direction of education in Ghana. Based on the recommendation, the NRC carried out some educational reforms and development in the structure and content of the whole educational system with pilot programmes for selected schools.

In 1987, the Provisional National Defense Council (PNDC) implemented the educational reform policy with emphasis on technical and vocational courses from the Basic to Tertiary level. The National Democratic Congress government is in the process of implementing Free Compulsory Universal Basic Education (FCUBE).

Expansion of education and training was linked with employment generation and thus to poverty reduction by all governments. This linkage is most explicitly expressed in the NDC Government's Educational Reform Programme which has placed great emphasis on vocational and technical education as the means of increasing self-employment.

However, unlike in the 1960s when the CPP Government's universal basic education programme went hand in hand with large-scale production of teachers through the establishment of teacher training institutions, the NDC Government's programme is without a large-scale teacher component.

Furthermore, where attempts have been made to identify capacities/skills required to produce the expected vocational and technical manpower, they were classified in such broad

groups that are not conducive to proper planning. For example, although the need for vocational and technical teachers had been stressed by the current educational reform programme, there were no quantitative breakdowns of the available and required teachers for specific skills. That is, there are no numerical estimates of the teachers available or needed to train students for each of the skills: electrical installation, refrigeration, carpentry and joinery, dressmaking, masonry and block laying etc.

3.1 Educational Policies and Poverty Reduction

Characteristics

The various development plans or educational policies of the various governments sought to address poor access (distance factor) to education, poor quality of education and limited facilities

Activities

Expansion of schools and training colleges (for manpower development) and supply of textbooks and equipment were some of the planned activities to achieve the policy objectives.

Practices

The depth of implementation or poverty reduction differed from one government to the other. The C.P.P. government projected to increase the output in the following areas:

- Increase the output of the secondary education system from 2% in 1963 to 25% within the plan period
- Increase in enrollment in secondary schools from 8,000 to 24,000 by 1970
- Increase in school teachers from 1000 to about 4,300 by 1970
- Increase in enrollment in teacher training colleges from 5,000 to 21,000 by 1970
- In-service training facilities and programmes in both the public and private sectors
- Intensive practical work in industry, agriculture, commerce, etc. in continuing schools
- Increase in the number of science students to 50% of the total enrollment in the secondary school and the production of additional 2,000 science teachers
- Fee-free basic education and special scholarship scheme for pupils and students from the North
- £G510,000 was allocated in the plan for primary and middle schools in the Northern Region
- Supply of free textbooks
- Programme to phase out untrained 'pupil' teachers

The National Redemption Council poverty reduction practice included the following:

- Establishment of National Advisory Committee on curriculum for pre-university education in 1973 to determine the quality and direction of education in Ghana
- Setting up of Authorship Development fund to encourage Ghanaian authors to write books for use in schools
- The textbook distribution system was streamlined for pupils to pay for and own the books at government subsidized prices

- Reduction of elementary school years from 10 to 8 years
- Establishment of continuation school with emphasis on basic skills and handicrafts

The Provisional National Defense Council and the National Democratic Congress government also as a component to its policy of decentralization, decentralized the management and supervision of schools to the district level and the process of establishing and recruiting and orienting district and circuit education staff is on-going . Of the 110 districts, 85 had district education officers but approximately 50% of the staff positions with the districts are still unfilled. Approximately 250 circuit supervisors and 190 monitoring assistants are now at post.

It had also put in place staff development and teacher training. Teacher trainees are given monthly allowances to make teacher recruitment attractive.

The government also provided classroom pavilions and headteacher houses in 1983 to the neediest or distressed schools and since 1990, 500 to 800 schools have been established..

3.2 Assessment of the Human and Institutional Capacity in Educational Policies

The C.P.P. government of the first Republic of Ghana pursued vigorous policy of human resource development to fill vacancies in the educational programme.

The accelerated development plan for education of 1951 recognized the key role of trained teachers in the expansion of education and therefore sought to produce as many teachers as possible. The plan aimed at eliminating pupil (untrained) teachers from the system and projected a total enrollment of 3,500 teacher trainees in the certificate A and B training colleges. By 1958, the remarkable progress had been made. The total enrollment rose to 4,055 and for the first time, the number of untrained teachers fell below 10,000 since 1952.

Secondary schools were expanded as a means of recruiting school certificate holders to fill vacancies in the proposed post-secondary teacher training colleges. It was programmed to upgrade the skills of basic school teachers.

To achieve the objective of this plan, the Ghana Educational Trust was established and endowed by the Cocoa Marketing Board with the sum of £G2.5 million for the purposes of establishing schools.

Manpower training in technical education was also pursued. The College of Technology was expected to provide training for professional and degree courses and also a college of science to cater for post-graduate training in scientific subjects. The plans also revealed a comprehensive programme at the tertiary level education with specifications of contents and courses to be offered at this level.

In fact, human resource need for the government's educational programmes were analyzed and projections made as shown in the table 3.1 below

Table 3.1: Projected Enrollment in Primary, Middle and Continuing Schools and Teacher Requirements , 1964-70

| YEAR | SCHOOL POPULATION AT END OF LAST YEAR | | | NUMBER OF PASSOUTS | | |
|------|---------------------------------------|----------------------|--------------------------|---------------------|--------|--------|
| | NEW PUPILS ENROLLED | NET TOTAL ENROLLMENT | TEACHERS ALREADY AT POST | A D D I T I O N A L | | |
| | TEACHERS REQUIREMENT | | | | | |
| 1964 | 1,303,000 | 49,000 | 244,000* | 1,498,000 | 37,250 | 4,875 |
| 1965 | 1,498,000 | 60,000 | 240,000* | 1,678,000 | 42,125 | 4,500 |
| 1996 | 1,678,000 | 64,000 | 236,000 | 1,850,000 | 46,625 | 4,300 |
| 1967 | 1,850,000 | 65,000 | 244,000 | 2,028,500 | 50,925 | 4,460 |
| 1968 | 2,028,500 | 125,000 | 253,000 | 2,156,500 | 55,385 | 3,200 |
| 1969 | 2,156,500 | 220,000 | 262,000 | 2,198,500 | 58,585 | 1,050 |
| 1970 | 2,198,500 | 250,000 | 271,000 | 2,219,500 | 59,635 | 525 |
| - | - | 833,500 | - | 13,629,000 | - | 22,910 |

The table reveals that the C.P.P. basic education programme went simultaneously with a large scale production of teachers through a coordinated establishment of teacher training colleges and secondary schools to feed the training colleges.

The N.R.C. educational policy also tackled the human resource needs of the reforms by establishing more training institutions. This resulted in the increase of qualified teachers to 81% in 1973/74 and steps were taken to post more teachers to rural areas. However, **ad hoc actions** such as the focus on Commercial subjects in 1970/71, when 32 secondary schools established business education departments seemed to have arisen due to the benevolence of the Canadian University Overseas (CUSO) through the donation of a Canadian Business Education Advisor to the Education Ministry (Ghana Information Services Department , 1973). It was obvious that trained teachers to handle these subjects were not already in place. Indeed, a look at the list of training institutions at the time, and their areas of emphasis for teacher training did not seem to include training in the teaching of commercial subjects, except for polytechnic institutions which did not train their products to teach. Yet these commercial courses had already been put in force.

No linkages were indicated or noticed between producers and users of human resources. It was found for instance that with reference to the 1972 Educational Plan, the yearly outputs of teachers was inadequate to meet the demands of the Reform and a proposal was made to make up for the loss by training local craftsmen and tradesmen in basic teaching. Short-term courses were to be run for graduates of technical/vocational and commercial institutions to teach general courses in middle schools and technicians from the field and commerce were to be withdrawn and trained as specialist teachers.

As part of its capacity building efforts, Teacher Resource Centres were established to help give teachers in every district additional avenues for improvement, exchange of ideas and the preparation of teaching and learning aids.

Staffing in secondary schools were addressed, 400 teachers were engaged to raise the number of secondary school teachers from 3,584 in 1972/73 to 3,983 in 1973/74. This was necessary to cope with the policy objectives of increasing the number of secondary schools. Expatriates were recruited in subject areas which lacked qualified Ghanaian teachers such as English, French, Mathematics and Physical Sciences.

The University of Cape Coast and the Advanced Teacher Training College were advised to restructure their intakes in the light of the need to increase output of Ghanaian teachers to make up for the shortages in these critical areas.

The acute shortage of specialist teachers to teach practical and vocational subjects in secondary schools and colleges were identified. Two training colleges initiated training courses in these areas in 1973/74 - the year of the reforms.

The existing specialist teacher training schools were also expanded to produce home science, agricultural science, technical and business subject teachers.

The capacity building within this period suffered a jolt by the mass exodus of teachers to Nigeria and other countries. Available educational statistical data reveal that the percentage of Trained Teachers reduced from 81% in 1974/75 to 56.7% in 1979/80 at the primary school level while that of the middle schools fell from 90.8% to 72.4% within the period. The table attached gives further details (table 3.2). It should be noted that Table 3.2 covers only a small fraction of the forty years covered by the study. This is due to the fact that all efforts to obtain data have proved futile.

Table 3.2 Number of Schools, Enrollment and Teachers in Primary and Middle Schools : 1974/75 - 1979/80

| ACAD - EMIC YEAR | NO. OF SCH. | ENROLLMENT | | TEACHERS | | | | | | %OF TRAINED TEACHERS |
|---------------------------|-------------------|------------|--------|----------|-------|-----------|------|-------|-------|----------------------------|
| | | B | G | TRAINED | | UNTRAINED | | TOTAL | | |
| | | | | M | F | M | F | M | F | |
| <u>primary</u> | | | | | | | | | | |
| 1974/75 | 6886 | 592044 | 458968 | 18745 | 9986 | 5055 | 1548 | 23800 | 11534 | 81.3 |
| 1975/76 | 6966 | 634621 | 502682 | 19177 | 10442 | 6530 | 2232 | 25707 | 12674 | 77.2 |
| 1976/77 | 7248 | 685644 | 527647 | 18925 | 10742 | 8024 | 3717 | 26949 | 13858 | 63.9 |
| 1977/78 | 7229 | 702702 | 543778 | 17629 | 11204 | 10364 | 5922 | 27993 | 17126 | 56.7 |
| 1978/79 | 7658 | 725464 | 570061 | 17235 | 11415 | 12271 | 7428 | 29507 | 18890 | |
| 1979/80 | 7750 | 746924 | 588530 | 15874 | | 12831 | 8025 | 28705 | 19441 | |
| | | | 9 | | | | | | | |
| <u>Middle</u> | | | | | | | | | | |
| 1974/75 | 3760 | 258798 | 180857 | 11514 | 3760 | 1400 | 153 | 12914 | 3913 | 90.8 |
| 1975/76 | 3888 | 267523 | 183930 | 12281 | 3998 | 2028 | 261 | 14309 | 4259 | 87.7 |
| 1976/77 | 4128 | 277256 | 187358 | 12778 | 4136 | 2825 | 406 | 15603 | 4542 | 84.0 |
| 1977/78 | 4193 | 280824 | 193520 | 12526 | 4261 | 4432 | 843 | 16958 | 5104 | 76.1 |
| 1978/79 | 4158 | 291382 | 197827 | 13152 | 4399 | 5499 | 1279 | 18651 | 5678 | 72.1 |
| 1979/80 | 4342 | 309493 | 212677 | 12905 | 4157 | 5322 | 1172 | 18227 | 5329 | 72.4 |

Table 3.2 provides statistical series data on enrollment and teachers in Primary and Middle Schools for six years - 1974/75 to 1979. It shows an increase of Primary Schools Enrollment from 1,051,012 in 1974/75 to 1,333,730 in 1979/80 - about 20.9%. The percentage of Trained Teachers in the primary schools had also shown a tremendous decrease from 81.3 in 1974/75 to 56.7 in 1979/80 with a corresponding increase in the number of untrained teachers.

Middle school enrollment had also increased from 439,655 in 1974/75 to 522,170 in 1979/80 which works out to about 18.8%. The percentage of trained teachers in the middle schools which stood at 90.8 in 1974/75 had also decreased to 72.4 in 1979/80.

Taking elementary education as a whole, that is both primary and middle schools, the enrollment had increased from 1,490,667 in 1974/75 to 1,857,633 in 1979/80 which is about 24.6%. There had been a considerable increase in the number of untrained teachers. The percentage of trained teachers which was about 84.4 in 1974/75 stood at 61.9 in 1979/80. The number had also increased from 8,156 in 1974/75 to 27,350 in 1979/80.

In the PNDC/NDC era, the National Action Plan for Basic Education in Ghana to the year 2000, the Human and Institutional Capacity building have been analyzed albeit limited in scope.

Although trained teachers in basic schools have been increased from 55.8% in 1987 to 81.6% in 1994/95, the graduates of the teacher training colleges and those receiving in-service training have had little actual classroom methodology and are ill-prepared to handle the new directions of the curriculum reform.

For those subjects that are central to the areas of educational reform such as life skills in primary schools, technical and vocational studies at the junior secondary level, the great majority of teachers lack the capacity to provide effective instruction. There is lack of data on subject teachers for effective management of human resource in the education sector.

Moreover, the number of teachers actually trained to teach vocational subjects at JSS level since 1990 is only 21% of the total needed. Of the 38 Teacher Training Colleges, only 10 offer courses in vocational and technical education. This manifested in the lack of appropriate subject teachers in many schools especially in the rural areas. The vacancies are filled with national service personnel who invariably lack teaching methodology. In order to address this pitfall, teacher training colleges are being regrouped and the core curriculum of the colleges revised to reflect the course needs at the basic level and to emphasize teaching in primary methods as a central part of its programme.

The Teacher Training Colleges have been grouped into two for this purpose. Group one colleges are to produce science, mathematics and technical teachers for upper primary and junior secondary schools while group two colleges are to produce literature, social studies and life skills teachers for low primary.

Both groups one and two would offer an in-service programme for serving teachers employing both distance teachers and residential models. A training committee made up of various bodies such as GES, GNAT, UCEW, UCC and TTC's was to be established to examine proposals and develop an implementation strategy for staff development.

Funding for capacity building is a major problem in the educational reforms. The major government expenditures for basic education are annual recurrent cost and capital costs. Annual recurrent expenditures amount to 95% of the total, with only 5% expenditure on classrooms, new schools and equipment. The Ministry of Education sector paper on Basic Education in Ghana to the year 2000 published in April, 1994 as a follow-up to the National Programme of Action revealed the critical nature of staff development, training and supervision in the recurrent budget. The situation, the document reveals, is no different at

the district. The district assemblies' common fund have been allocated infrastructural development and nothing for staff development and supervision of the education programme. It is therefore recommended that 15% of the total recurrent budget should be allocated in the area of staff development.

3.3 The Role of NGOs in Education

Government is the main sponsor of education at both central and local government levels. NGOs, however complement or top up government efforts.

NGO efforts, do not involve educational policy formulation. They concentrate on supporting government educational policies by addressing issues such as:

- * lack of/ uneven spread of educational facilities and materials
- * In-service up grading of teachers' skill
- * Institutional strengthening (provision of office equipment
- * Scholarship schemes
- * Poor management skills of PTAS
- * High drop out due to poverty
- * Supplementary feeding

Prominent NGOs that in diverse ways support education in Ghana include Church Organizations, The Canadian University Services (CUSO), Ghana Institute of Linguistics, Literacy and Bible Translation (GILLBT), Adventist Development and Relief Agency (ADRA), Ghana Society for the Blind, Action Aid, World Vision and Catholic Relief Services.

Although the reports on the Educational activities of NGOs mention human resource as a constraint to their optimal operation, in-dept estimates and analysis of available and/or required human capacities do not explicitly emerge.

CHAPTER FOUR

HEALTH POLICIES, CAPACITY BUILDING AND POVERTY REDUCTION

4.0 INTRODUCTION

All the post-independence governments of Ghana (1957-1996) had or adopted health policies of their own or that of previous governments albeit with different levels of commitment and implementation.

The relationship between good health and poverty reduction is direct and has been explicitly stated by the various governments. A healthy labour force will have a high productivity and income. There will be less loss of hours of work, while disposable income will not be used for curing diseases. As the Technical Committee on Poverty (1996) stressed, national well-being is a pre-requisite for achieving the highest level of social, mental and physical potential of the population.

The second five-year development plan, 1959 to 1964 (abandoned in 1962) and later the seven-year development plan under the Nkrumah regime identified improved health services as the basic infrastructure for high productivity and economic growth. The socialist orientation of the government of the first republic influenced its social policies. The second five-year development plan stated that the economic development was to be based on socialism. It sought to depart from the capitalist (colonialist) objective of providing health care to serve the elite and top civil servants to a more fair share of health facilities for both urban and rural dwellers,

The Busia Administration (1969-72) had a clearly defined governmental policy to improve rural areas of Ghana with the aim of improving the lifestyles of rural people. The military and civilian governments after Busia did not shift focus on rural development, especially issues regarding health services. In 1974, the military government of Ghana accepted the Primary Health Care system through which the vast majority of rural people can receive primary health care.

The primary health care aimed at empowering the local people to combine their efforts with trained personnel to provide their own health care. Since 1974, the Primary Health Care system has featured in the health policies of succeeding governments.

4.1 Health Policies and Poverty Reduction

Characteristics

The development plans of the various governments identified poverty as a rural phenomenon and adopted policies aimed at addressing poverty issues such as access to health facilities, unequal distribution of services, poor nutrition, water borne and communicable diseases, inadequate water supply, etc.

Activities

Planned activities by the various governments to eradicate the identified poverty issues included human resource and institutional development, decentralization and campaigns,

against serious endemic communicable diseases.

Practices

Between 1960-1966, the need for more health facilities was noted and action was taken to build several health centres and posts and training schools (Table 4.1). A Teaching Hospital was established to train doctors and six new Nursing Training Schools in 1961-62 which turned out 263 nurses and midwives.

Table 4.1: Health Centres and Health Posts in Operation in Ghana - 1960-66
Period

| NAME OF REGION | URBAN HEALTH CENTRES | RURAL HEALTH CENTRES | RURAL HEALTH POSTS |
|----------------|----------------------|----------------------|--------------------|
| Accra | 4 | - | - |
| Eastern | 4 | 8 | - |
| Volta | - | 4 | 9 |
| Central | - | 2 | - |
| Western | 1 | 4 | - |
| Ashanti | 2 | 6 | - |
| Brong Ahafo | - | 7 | - |
| Northern | - | 4 | - |
| Upper | - | - | - |

* Source: Ministry of Health Report, Government Printer 1970, Accra

A rural health post was created to play the role of providing basic health care service to rural people. Serious cases were to be referred to district and regional hospitals. Budgetary allocations were made to achieve the policy objectives. For instance £G130,000 was earmarked for the construction of hospitals £G200,000 for health education, £G5 million for water.

The provision of health facilities continued under the Busia regime. Unfortunately, many of the health posts lacked personnel and sick patients had to be treated by enrolled nurses. The poverty reduction practices of succeeding governments did not depart from the practice of providing health facilities and other health related issues such as water supplies and immunization and anti-malaria campaigns.

With the adoption of the primary health care programme, however, a National Health Planning Unit was established to implement the programme. In addition, village development committees were involved in the programme management and first level medical care. Under the Provisional National Defense Council (PNDC) policy of decentralization (PNDC Law 1987) the health management was decentralized. The District Health Management Teams have been established in all the 110 districts comprising a core group of District Medical Officer, District Public Health Nurse, District Communicable Diseases Officer, the Senior Medical Officer in charge of the district hospital and district Health Superintendent. Other members included District Budget Officer. At the centre is the planning unit which coordinates the activities of the DHMT's.

The relationship between good health and poverty reduction is direct and has been explicitly stated by the various governments. A healthy labour force will have a high productivity and income. There will be less loss of hours of work, while disposable in

come will not be used for curing diseases. As the Technical Committee on Poverty (1996) stressed, national well-being is a pre-requisite for achieving the highest level of social, mental and physical potential of the population.

4.2 Assessment of Human and Institutional Capacity in the Health Policies

Capacity building, though duly recognized as the pivot for the achievement of the policy objectives, has been the bane of successful implementation of the health policies of the various governments of Ghana. The problems range from poor human resource development and management, programme coordination, implementation and poor funding of human capacity building.

It seems that the governments “leapt before they looked”. Provision of facilities out-paced human resource supply. This is evidenced in the implementation of the health policy in the first republic. Many hospitals and health posts were provided without trained health personnel. The few around were reluctant to work in the rural areas.

In 1954, plans to build the Akosombo Dam led to the creation of Medical Field Units (MFUs) to research into rural people’s health needs as well as provide health education to people in areas to be affected by the dam. Attempts were made to mobilize personnel from a number of government departments to beef up the number required to carry out the health campaign. Unfortunately, in spite of their importance, the number of MFUs remained at 8 between 1957 and 1963 with reduction to 6 and 7 in 1961 and 1962. The demand for services has since then not been met by the health system.

Between 1960-1966, the need for more facilities was noted and action taken to build several health centres and posts with the objective of reaching out to rural areas. A Teaching Hospital was also established to train doctors locally, and 6 new Nursing Schools in 1961-62 turned out 263 nurses and midwives. However, the insufficient number of trained personnel and resources to service the new facilities led to little impact on the lifestyles of the rural people.

In 1967-69, even though the policy of Rural Development included efforts to improve the lifestyles of the rural people, the health posts could still not be filled, although facilities for potable water supply such as boreholes were increased from 3,476 in 1960 to 6,982 in 1978.

The problem of personnel notwithstanding the period between 1957 and 1963 witnessed corresponding increases in the number of health personnel of all categories as indicated in table 4.2 .

Table 4.2: Medical and Public Health Personnel in Government and Non-Government Service

| | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 |
|---------------------------|------|------|------|------|------|------|------|
| Doctors | 210 | 219 | 220 | 359 | 434 | 516 | 525 |
| Government Service | 120 | 123 | 126 | 227 | 292 | 363 | 379 |
| Private Practice | 90 | 96 | 94 | 132 | 142 | 153 | 146 |
| Dentists | 18 | 14 | 17 | 17 | 22 | 29 | 36 |
| Government Service | 12 | 10 | 14 | 14 | 14 | 17 | 28 |
| Private Practice | 6 | 4 | 3 | 3 | 8 | 12 | 8 |
| Midwives | 616 | 691 | 789 | 900 | 1008 | 104 | 1235 |
| Government Service | 345 | 276 | 412 | 481 | 530 | 611 | 954 |
| Private Practice | 271 | 317 | 377 | 419 | 478 | 493 | 281 |
| Trained Nurses | 800 | 986 | 1627 | 1848 | 2023 | 2191 | 4212 |
| Government Service | 768 | 958 | 1101 | 1130 | 1241 | 1344 | 2792 |
| Private Practice | - | - | 601 | 692 | 732 | 769 | 1317 |
| Health Visitors | 32 | 28 | 33 | 32 | 47 | 150 | 155 |
| Para-Medical Staff | 310 | 439 | 469 | 497 | 588 | 621 | 1034 |
| Leprosy Service | 26 | 28 | 33 | 32 | 47 | 150 | 155 |
| Medical Fields Unit | 105 | 200 | 197 | 217 | 311 | 206 | 233 |
| Malaria Service | - | 18 | 45 | 50 | 26 | 27 | 155 |
| Health Education Officers | 1 | 6 | 6 | 8 | 8 | 17 | 10 |
| Health Inspectors | 178 | 187 | 188 | 190 | 196 | 221 | 521 |
| Qualified Pharmacists | 312 | 311 | 326 | 298 | 329 | 352 | 355 |

Source: Ministry of Health, Accra, Ghana Annual Report, 1967

The mal-distribution of health personnel in the rural areas persisted during the military rule and even into the Second Republic era. Under the Busia administration, many health posts lacked medical personnel.

Between 1964 and 1975, the only medical school in Ghana turned out 50 doctors annually. It had turned out 800 medical officers by 1975. The second medical school opened in 1975 had by 1985 turned out 200 qualified medical personnel.

A 1988 review of the PHC programme could not cite the existing number of health professionals. The number of doctors was not known and according to the report "less is known about the number of trained village health workers currently functioning" (WHO Annual Report pg. 12).

The review acknowledged that the lack of progress of the PHC system was due to lack of resources, since no identified resources had been allocated for PHC in the health budget. "It was an added programme without added resources". This had a significant effect on supervision and outreach programmes to rural communities.

WHO health reports (1991) on Ghana also revealed that the MPU started operating without the full complement of staff. WHO reports of 1992-1994 also revealed the adhoc nature of human capacity building. There seems to be no systematic analysis of man-

power needs of the health sector, especially for the primary health care programme. Training programmes for health personnel are organized on some sort of crisis management or residual basis. For instance, the reports revealed that it was after the DHMT's had been established that their lack of managerial skills were exposed which called for remedial measures such as organizing workshops and seminars to equip the teams with skills in management.

In spite of the establishment of the manpower planning unit and the Health Research Unit by the Ministry of Health to build capacities for effective implementation of health programmes, statistical data (Table 4.3) published by the MOH in 1994 revealed that medical personnel of almost all categories of staff is woefully inadequate to meet manpower requirements of the health sector. The data (Table 4.3) does not bring out much information. It indicates the number of staff available. The HRD document does not explicitly indicate how many of each category of personnel are needed currently or in the future.

Table 4.3

| CATEGORY | NUMBER |
|---|--------|
| Medical Officers | 610 |
| Dental Surgeons | 49 |
| Pharmacists | 339 |
| Professional Nurses | 4314 |
| Midwives | 1750 |
| Enrolled/Community Health/Ward Assistants | 7712 |
| Hospital Administrators | 85 |
| Medical Laboratory Technologists/Technicians/Assistants | 336 |
| Nutrition Officers/Dietitians | 231 |
| Physiotherapist/Occupational Therapists | 73 |
| Radiographers | 205 |
| Environmental Technologists/Technicians | 2849 |

Source: HRD, MOH, 1994

The source simply indicated that “the challenges of human resources for health still remains inequitable deployment of existing health personnel and inappropriate staff mix (excess support and auxiliary staff compared to technical staff). The thrust of human resources programmes of the MOH are establishing realistic staffing norms for all health facilities programmes, and ensuring appropriate training through review and revision of training curricula and method”.

Indeed, the Human Resource Bulletin 1996 published by the HRD of the Ministry of Health enumerates the shortcomings of human resources management that have been recognized in Ministry of Health Medium Term Health Strategy for health service delivery. They included the following:

- Lack of clear policies for human resource development
- Competing professional and sectional interest impeding decision making for rational Human Resource Development (HRD) and training
- Lack of National Strategy to meet skill mix needs and develop training capacity and resources in medium to long-term to meet needs
- Absence of adequate information and statistics to provide rationale for HRD policies,

plans and decisions

- Lack of strategic human resource management capacity in terms of trained staff and equipment at all levels
- According to the bulletin, the above problems have resulted in the following:
- Poor planning of staff needs and distribution and hence staff are often located in areas where the need for them is limited. Rural and peri-urban slum residents have limited access to skilled staff who remain concentrated in urban areas
- An inefficient and centralized personnel management and administration system, that requires most personnel administration decisions to be taken at MOH headquarters
- Absence of systematic in-service training or continuing education resulting in adequate training with low coverage of staff and sometimes ambivalent performance

The problem of human capacity building is exacerbated by poor funding. The WHO Health Report on Ghana 1994 reveals that capacity building is almost a footnote in the health expenditure of the Ministry of Health. Budgetary allocations by the Ministry of Finance to the Ministry of Health have consistently been tilted towards recurrent expenditures, leaving very little resources for capacity building. For instance, within the 1992 budget allocation of 28.7 billion Cedis, the share of 'supplies' was 39% and 'personnel emoluments (salaries)' was 38%. The share of 'travel and transport' and of 'maintenance, repairs and renewals' was 6%. This left only 17% for development, including human and institutional capacity building. This anomaly seems to have been recognized by the Medium Term Health Strategy, 1995-2000.

The Medium Term Health Strategy (1995-2000) envisages certain changes in health service delivery systems that have human resource implications. The fact that it identifies specific gaps in capacity development within the sector is itself a bold step forward. The problem of maldistribution of available staff is noted as well as weaknesses in resource management and un-coordinated training.

Rural and peri-urban areas are to be given priority attention in the training and distribution of human resources.

People with multiple skills are to be put in teams, to deliver integrated services. The need for motivation has also been noted and incentive systems are to be developed together with capacity building avenues on the job.

4.3 The Role of NGOs in Health Delivery

NGOs and churches have made considerable impact in Health Delivery. About 50% of the hospital facilities in the country have been built and managed by church organizations. In addition, NGOs have supported other government and community efforts at improving the health of Ghanaians. For example in 1994, the Catholic Relief Services supported the Ministry of Health's Maternal and Child Health Services with 1410.8 metric tonnes of hungry season food supplements to about 24,730 beneficiary families in the rural areas of Upper West, Upper East and Northern regions.

To combat malaria, World Vision liaised with the Ministry of Health to undertake malaria control programmes. These two are only illustrative examples and do not exhaust the health activities of NGOs.

However, a USAID survey on NGOs published in 1996 indicated that the focus of the NGOs did not reveal any explicit integration of capacity building in the health related activities of the NGOs.

CHAPTER FIVE

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

5.0 INTRODUCTION

The focus of this study has been on capacity building within the Education and Health Sectors. These have been selected because according to the World Development Report 1996 (p. 123), "A well educated health workforce is essential for economic growth". Access to basic social services of adequate quality appears to have a considerable impact, while education as a singular antidote to poverty and a stimulant of economic growth has been established.

Education enhances people's productivity and their potential for achieving a higher standard of living. Additionally, the poverty profile for Ghana (Boateng et al 1990) indicated that the effect on household welfare was strong, with the level of education attained, strongly linked to poverty status. Households whose head had no education were among the poorest. Investment in health also raises productivity, decreases the number of days ill, and prolongs working years.

5.1 Summary of Findings and Conclusions

There is the critical need to focus attention on human capacity building especially in education and health in order to reduce poverty in Ghana.

In many cases only proposals were made without implementation plans to carry out the policies. **Human resource targets were not indicated or where indicated, did not have base-lines against which to measure progress. Where bases were given, the absence of later evaluation data to show whether or not targets were achieved have been absent.**

5.2 Human Capacity Resources for Poverty Reduction - The Way Forward

- Capacity needs assessment is a pre-requisite for defining the scope of the problem from both a National and Sectoral point of view.
- Low resources availability for capacity building is indicative of the urgent need for partnership between government, the private sector and NGOs. The need for an enabling environment cannot be over-stated, since it is that environment which will facilitate participation. Private sector involvement in the provision of educational and health facilities should be promoted with the right concessions which can generate the needed influx in availability and accessibility of services; particularly, since the government alone is unable to provide these, and since the private sector has demonstrated its competence and capacity to provide excellent services
- Institution-community linkages need to be developed, especially between the producers and users of human resources. Of essence is the linkage between educational institutions and employers, and between parents/guardians and schools.
- Capacity building at the community level is of utmost importance both in health care

delivery and in skills training and non-formal education in general. Within the health sector, community participation in health care provision is to be explored to its fullest and women's critical role in this should be acknowledged and facilitated.

- Educational institutions should of necessity link up with industry and other stakeholders, to map out the way forward, based on trends and projections in the market economy. Employers should be motivated to specify their human resource needs and to help to finance their production.
- Government sectors should assess their management and financial and auditing capabilities and arrange appropriate training to avoid mismanagement of resources.
- It is now evident that capacity building alone may not be enough. The incentives structure is important and needs to be improved to create the right job satisfaction from workers, particularly those who have to work in difficult circumstances.
- Monitoring and data gathering on performance of personnel in the social sectors are vital to their optimum operation and assessment
- Over-reliance on donor finance for programmes is counter-productive especially since these funds are non-sustainable and most of them attach technical assistance as a condition instead of developing local capacities
- Lack of commitment to policies is self-destructive as has been noted above by the poor allocation of commensurate resources to the production of expected outputs.

5.3 Summary of Recommendations

- Comprehensive manpower surveys should be undertaken to enhance the periodic assessment of the manpower situation (the demand and supply of specific skills) on the basis of national and sub-national goals and objectives.
- Currently, a number of institutions and agencies have been involved in poverty reduction. Efforts should be made towards a more efficient use of institutional/agency capacities and coordination of plans, projects and activities.
- Human capacity building in light of the current policy of decentralization and grassroots participation, should focus more on the production of skills for strengthening subnational institutions/agencies.
- Institution-community linkages need to be developed between the producers and users of manpower

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