

Andy Norton

EXTENDED POVERTY STUDY (PPA PHASE 3):
Access and Utilisation of Basic Social Services
by the Poor in Ghana

Report commissioned by UNICEF
under Phase 3 of the
Ghana Participatory Poverty Assessment series

by
David Korboe

in association with
Centre for the Development of People (CEDEP)

with additional material from Andy Norton

January 1995

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GLOSSARY OF ABBREVIATIONS

BMC	Baptist Medical Centre, Nalerigu
CEDEP	Centre for the Development of People, Kumasi
CHA	Community Health Assistant
DHMT	District Health Management Team
EPI	Expanded Programme on Immunisation
ESA	External Support Agency
FLP	Functional Literacy Programme
GES	Ghana Education Service
GLSS	Ghana Living Standards Survey
GWSC	Ghana Water and Sewerage Corporation
IBT	Increasing Block Tariff
JSS	Junior Secondary School
KVIP	Kumasi Ventilated Improved Pit (latrine)
MCH	Maternal and Child Health (service)
NGO	Non-Governmental Organisation
NORRIP	Northern Regional Rural Integrated Programme
PHC	Primary Health Care
PPA	Participatory Poverty Assessment
PPP	Purchasing Power Parity
PTA	Parent-Teacher Association
SSS	Senior Secondary School
T&T	Travel and Transport (allowance)
TBA	Traditional Birth Attendant
VIP	Ventilated Improved Pit (latrine)
WVI	World Vision International

OBJECTIVES

This study constitutes the third round of the Ghana Participatory Poverty Assessment. It builds on the experience and results of the qualitative and participatory research already carried out in Ghana in the first two rounds (see Ghana Participatory Poverty Assessment, Aryeetey et al). The principal change in terms of methodology from the earlier rounds is that participants in this research included not only the rural and urban poor, but also service providers and local-level planners in the fields of health, education and water/sanitation.

The study covers aspects of the access and utilisation of basic social services by the poor in Ghana. The research was designed to illustrate dimensions of these issues which are more suited to investigation through flexible, qualitative and participatory means of enquiry, and which provide a complementary perspective to the quantitative analytical work being carried out on the basis of the three rounds of the Ghana Living Standards Survey.

The *objectives* of the study are as follows:

- (a) to illustrate the ways in which the rural and urban poor perceive service delivery (both governmental and non-governmental) in the fields of health, education and water/sanitation, in terms of:
 - their level of access to services provided;
 - the relevance of the services provided in terms of the capacity to meet their perceived needs; and
 - their level of utilisation of services, and the significance of various constraints which impede access and utilisation.
- (b) to illustrate the perceptions of service providers within the governmental service provision structures, primarily at the District and sub-District levels concerning:
 - the specific needs of the poor in relation to service delivery;
 - factors which impede access to services by the poor; and
 - ways in which service delivery to the poor might be improved.

RESEARCH PROCESS

In composing the research teams, we sought a deliberate mix in respect of gender, ethnicity and professional background. Thus, the teams included community workers, human development activists, local government officials, planning practitioners, women's advocates, educationists and professional researchers. Sites were selected in advance of the briefing session by CEDEP personnel. Two sites were identified in each of Ghana's three ecological zones. Of the two field sites in each zone, one was rural and the other urban.

It is necessary to point out at this stage that, owing to the requirements of developing a level of rapport suitable for carrying out participatory research with the selected communities, the exploratory mission was compelled to explore various sites at which support could be sought from locally active NGO and other assistance groups. Thus, several of the sites that were eventually chosen have recently received some development assistance from NGOs. This means, in terms of access to basic social services, that our sampled communities -- while indisputably poor -- are likely to be somewhat less deprived than average. The selection of sites was designed to reflect a balance between rural and urban environments, as well as between different regional, agro-ecological and cultural factors. Also taken into account was a need to look at issues in some areas that had not been covered in the research in the previous two rounds of the Ghana Participatory Poverty Assessment, and the three Regions selected (Central Region, Northern Region and Brong-Ahafo Region) were in part selected because they were lightly represented in previous rounds. There was also a heavier complement of urban sites than would have been justified on purely statistical grounds (three out of six -- one in each region) because representation of urban sites was considered a little light in previous rounds.

Training for the researchers in PRA (participatory rural appraisal) methods was provided in Kumasi by CEDEP staff, with limited support from the lead researcher. The training session, spanning a week in October 1994, was intended as a refresher for those who had benefited from earlier training on the two rounds of the Participatory Poverty Assessment (PPA); and an in-depth learning session for the new hands. Towards the end of the training session, the draft field guide was reviewed by the group and revised as necessary (see Appendix One for the revised guide). The guide was deliberately designed to encourage flexibility in questioning, thereby allowing interesting leads to be taken up. Research methods included two main tracks - firstly the extensive use of semi-structured and conversational interviewing, both individually and in focus group contexts, and secondly the use of structured analytical "games", often involving the production of visual outputs by those interviewed, through which local participants present their own views and analyses of key issues relating to their livelihoods. These methods stress the role of the researcher as one of facilitator rather than external analyst. The fieldwork was carried out over the month of November 1994.

In respect of sampling, the teams sought to interview widely, targeting identifiable social categories within the lower economic strata (older women, older men, the youth, etc.). Some discussions were also held with the few non-poor who we could find, and with opinion leaders and children. Supplementary interviews were held with service providers, district administrators and other local planners. Interviewing was conducted both on a one-to-one basis and in focus groups composed of individuals with a common interest or other characteristic (e.g., gender, socio-economic status, age).

Insofar as it was possible, the teams aimed to keep community heads and opinion leaders away from the individual and household interviews. This was done to

minimise the degree to which responses might be influenced by the presence of other parties with strong views of their own. In general, community heads and opinion leaders were interviewed separately at the beginning of the site investigations.

Daily tasks were assigned by team leaders in consultation with team members. In general, half of each day was devoted to the participatory assessments, and the other half to writing up the day's findings. The teams were encouraged to hold brief evening meetings over the duration of the actual field research. These served as a forum for sharing, in a relaxed setting, the experiences and findings of the day. Typically, the research process would be reviewed, and the agenda for the next day's work agreed. This approach enabled the teams to carry out some relevant analyses in tandem with the data collection phase. It also provided opportunities to query interpretations where and when it mattered most (i.e., in the field where the data could be best reviewed). Areas requiring further investigation were thus identified, and strategies and roles revised as necessary.

In the last week of November 1994, the teams met again in Kumasi to synthesise their findings and to participate in a debriefing workshop which was joined by Drs. Andrew Norton and Adhiambo Odaga of the World Bank's Africa Technical Department. This debriefing forum constituted a valuable opportunity to probe perceptions more intensively -- clarifying grey areas and validating evidence as necessary -- and to confirm points of consistency. The analysis carried out by the research team as a whole at that meeting, drawing on their collective experiences, constituted a major input into the preparation of this report.

Eventually, six site reports were prepared (one for each field site) by the three teams. Together with the invaluable analysis that took place during the debriefing session, and a few necessary clarifications obtained from individual team leaders and researchers, these six reports represent the basic material on which this consolidated report has drawn.

EXECUTIVE SUMMARY

Main Findings and Key Recommendations

1.0 INTRODUCTION

This research is an important component of the Extended Poverty Study being pursued in Ghana, and is intended to further the wider goals of two recent studies conducted in the context of the Participatory Poverty Assessment (PPA), supported by the World Bank. It is also expected that the findings of this qualitative study should complement the quantitative perspective represented in ongoing analytical work deriving from the three rounds of the Ghana Living Standards Survey (GLSS), implemented with the Bank's assistance.

Through essentially qualitative and participatory modes of inquiry, the study investigates the social services circumstances of poor communities in six sites distributed between the three agro-ecological zones of Ghana. The specific social services addressed in the study are health, education, water and sanitation. The more detailed investigations focused on the following concerns:

- (i) the nature and circumstances of *access* (including the identification of factors constraining adequate access and utilisation of these services);
- (ii) the *quality* of provision;
- (iii) the level of *utilisation* of the services provided; and finally
- (iv) the perceived *relevance* of the services provided in terms of the capacity to meet the needs of the poor.

The data were obtained mainly from interviews with a cross section of poor households and individuals. Additional discussions were held with opinion leaders, service providers (formal and informal: public and non-public) as well as with District Assembly representatives and other local level planners. Principally, the information on which this report is based comprises the perceptions and analyses of those groups - from which the research teams, and ultimately the author, have developed the material presented here.

Key Findings and Recommendations

In respect of access to basic social services, we found both similarities and important differences between rural communities and poor urban neighbourhoods. Overall, the study concludes that low-income households are deprived of adequate access to quality services, whether they live in rural or in urban centres. This is perception of both community members and service providers in the sites visited. In general, though not always, the situation is more acute in the rural areas, where the lack of facilities is compounded by transportation difficulties (high costs, lack of motorable roads, scarcity of vehicles, etc.) and a usually greater intensity of poverty. This is particularly true for formal education and health services, which depend on government current expenditures for adequate staffing and essential logistics. Issues of water quality and water supply, with their heavy follow-on impacts on women's

labour burden and community health status, were found to be severe in both urban and rural sites. In relation to issues of public sanitation, whose deficiencies are magnified under conditions of high population density, poor urban settlements tend to fare worse, enduring further stress on account of the extensiveness of free-rider behaviour among the population. Given the straitened funding position and the high costs involved in providing adequate urban sanitation, District Assemblies are severely handicapped in their desire to address the sanitation needs of their populations.

Apart from poverty itself which contributes directly to a low ability of households to afford basic social services, the study identifies other important factors which further reinforce deprivation for the poor. These include rising real costs of utilisation, low levels of provision (both numerically and qualitatively), lack of adequate awareness regarding potential opportunities available, hostile personnel attitudes, logistical lapses, deep-seated inequities in policy frameworks and significant gaps between policy and practice.

Regarding the delivery of social services generally, rural communities are deprived primarily in terms of *availability* (of roads and transport, opportunities for economic advancement, health and education facilities, potable water, etc.), whereas the situation in urban areas is often of a different dimension. There, it tends to be more a question of *ability to pay* rather than *availability per se*. In the long run, conditions of non-access, whatever the causes and manifestations, will inhibit the achievement of social equity and integration -- both of which are necessary for the sustainable mitigation of poverty.

a. Health

Under current conditions of hunger, the willingness and ability of poor people to spend on amenities such as orthodox healthcare is low. In all three regions studied, high user costs are resulting in the *exclusion of the poor* from utilisation of hospital services. The public medical system -- laden with accessibility constraints, extralegal charges and often requiring high financial outlays for transport -- is widely perceived as expensive. Predictably, hospital consultations fall significantly in the "lean season", even though disease tends to be more endemic then, especially among children. Given their lower costs, informality and superior accessibility, therefore, alternative healthcare options -- such as herbalists, drugstores (pharmacies manned by semi-skilled, sometimes untrained, chemists) and "spiritual (healing) churches" (some of rather dubious proficiency) -- are fulfilling the need which public hospitals have difficulty meeting. It is particularly worrying that many of those relying on drugstores as a complete healthcare option are often seeking mere containment rather than real treatment. Routinely, drugstore customers from poor communities are prescribing their own requirements and purchasing these in short doses. Our research

¹That is not to deny the presence of multiple deprivations faced by rural dwellers. These include their low and unstable incomes, low awareness, illiteracy and their especial vulnerability in the dry season.

consistently demonstrated that the poor value the range and quality of services from orthodox healthcare facilities; and the use of local, more accessible options was not generally because they were seen as more effective -- with the exception of certain specific ailments for which traditional healers were sometimes preferred.²

In some of the government hospitals (one in particular) there appeared to be a situation of complete chaos in relation to charges for healthcare. Official staff were unable to give consistent figures for charges for the most basic services. Furthermore, unofficial rents were charged for a wide range of small services.³

There were generally positive perceptions of healthcare providers who lived in the community. Services provided from healthcare personnel outside of their official roles (as friends, neighbours, kin or community members) were in cases more appreciated than the official facilities they worked in. In the sites where community health workers had been trained, their services were perceived positively. The diagnostic services of drugstore, chemists were highly valued. Chemists were generally perceived as "doctors" and, implicitly, as giving higher status and more reliable advice and treatment than nurses -- perceptions which contribute to the dangers of self-medication mentioned above.

Until the real costs of consultation are reduced substantially (through improvements in fee exemption facilities and procedures, the elimination of graft and by meaningful improvements to outreach as well as regular out-patient services), poor people will continue to avoid the public medical system or postpone consulting it when ill.

Especially necessary in this respect are:

- ▶ awareness creation regarding legitimate costs and exemptions;
- ▶ introduction of clear and transparent systems for levying charges in large health facilities (preferably with a single point for payment within the hospital so it is clear that other charges are unofficial and illicit -- a system which has been successfully adopted at some mission hospitals);
- ▶ awareness creation regarding the detrimental impact of drug abuse (dangers of short courses of drugs, etc.);
- ▶ an expansion of (and improvement in) outreach services; including community-based schemes (CHWs etc.);
- ▶ the implementation of practicable exemption provisions for the poor, particularly at community level;
- ▶ a renewed investigation of the possibility of instituting systems of either deferred payment or community-based credit for medical treatment: people in poor communities, especially in the north, often hold wealth in forms other

²For example, in the Central Region sites, spiritual churches were often seen as the most effective route for the treatment of epilepsy. In Northern Ghana, traditional bone-setters are regarded as more skilled in the treatment of fractures than their counterparts in the modern sector.

³For example, people too sick to walk up the stairs were charge 200 cedis for use of the lift at Tamale Hospital.

than cash (e.g., cattle). which means that money for emergency treatment cannot be raised rapidly even if the household has the resources to pay.

Cost Exemptions

Exemption provisions were found to be much more effective when executed by ailment rather than by direct means testing (i.e., for the poor). Indeed, the latter is proving costly in administrative resources -- money as well as staff time. Only in the mission and charity hospitals is exemption by means found to be working reasonably well; but even then, with high hidden costs. Sometimes, the assistance of the Department of Social Welfare has to be solicited, and transport facilities provided to enable applicants' circumstances to be investigated. This system is slow and bureaucratic. Furthermore, even when people have been identified as poor they generally still do not get treated as there is no provision for resources to assist them.

We therefore recommend:

- the extension of cost exemption provisions applied by ailment to a wider range of diseases which disproportionately affect the poor (or for which the poor are more likely to use public services) as this type of exemption provision is far easier to implement than systems which require the service provider to make a means-based assessment of an individual;⁴ and/or
- an extension of cost-exemption provision by age-group (elderly, children) -- again as this is easier to implement than means-tested measures;
- a comprehensive review of this issue involving both the Ministry of Health and the Department of Social Welfare so that clear instructions can be developed for staff on cost exemption for poor and vulnerable groups;
- improved flow of information to communities about their entitlements in relation to cost-exemption;
- consideration should be given to instituting cost-exemption on a District-wide basis in the event of major problems of drought (especially relevant for Northern Ghana).

Outreach Services

The mobile health services introduced under the PHC portfolio have had modest success in reaching remote areas. However, the achievements in respect of coverage are somewhat offset by the fact that public outreach teams have tended to be rather unreliable with keeping dates and times. Not uncommonly, they arrive a day or more late, when villagers are not expecting them and have left for their farms. The principal factor constraining outreach visits to peripheral sites was reported to be financial, in particular budgetary cutbacks resulting in reduced transport allocations and fuel rations. The reduction in auxiliary nurse numbers has also imposed strains on the capacity of some health administrations to release professionally qualified nurses for outreach work. These losses may well be a contributing factor to the inability of outreach teams to be punctual in their village rounds.

⁴From our studies, we would expect the expanded list to include anaemia and malnutrition, malaria, guinea worm infestation, diarrhoea, intestinal worm infestation, yaws, tuberculosis and AIDS.

On occasion, we found outreach teams levying unofficial charges ostensibly to offset their transport expenses and to purchase necessary consumables for treatment and nutritional demonstrations. By government's defaulting in honouring its obligations to the PHC programme, therefore, poor communities are having to be surcharged illegal costs and are effectively subsidising the government's share of health delivery costs. These kinds of informal charges are, of course, not subject to any form of exemption for the poor -- and consequently essential services (such as vaccinations) are being priced in some instances beyond the reach of the poor.

Family Planning

Many women, particularly in rural areas, are deliberately ignoring family planning advice, convinced that large numbers of children are an effective cultural strategy for securing the affection of their partners. This perception ought to be taken into account in future family planning campaigns.

Retrenchment

The main groups affected by retrenchment in the health sector have been the less skilled personnel -- drivers, cleaners, orderlies and similar categories. The most obvious consequence of their retrenchment has been the adverse impact on hospital cleaning services. It must be said, though, that while the situation may have been worsened by the recent retrenchment of lower status personnel, public hospitals in Ghana have had a long history of problems with efficient cleaning.

Apart from its inimical effect on cleaning operations, another outcome of the policy of retrenching auxiliary nurses has been to entrench pre-existing staff shortages. Throughout the country, relatives of in-patients are having to stay on the wards to help look after their sick kin. Previously, auxiliaries would have been available to perform this function. At one site, where major losses have been incurred through the retrenchment of auxiliary nurses, necessary cuts are having to be made to the size of outreach teams.

In those hospitals which have access to non-state funds, the problems created by retrenchment (specifically, the drop in cleanliness and the decline in ward care) are being redressed by recruiting new hands off the state payroll. As a further compensatory measure, one hospital reported having to buy back holiday time from serving personnel.

In relation to these issues, it is recommended that the possibility of privatising non-specialised cleaning functions be investigated. As this is not skilled work we would strongly suggest that the possibility be considered of seeking out institutions with a high membership of the poor (e.g., women's groups from poor urban areas) to see if they are interested in tendering for the provision of cleaning services.

Quality

In general, the quality of public services provided is seen as inadequate, much of this resulting from the inability of successive governments to maintain public social expenditures in real terms. Thus, state health facilities are typically under-equipped,

and users are having to procure items such as routine medicines and dressings from the open market.

Relevance/ Alternative Providers

While there appears to be great respect for orthodox healthcare as a system, it is unlikely, in the foreseeable future, that the services of informal health delivery agencies will be dispensed with altogether. Not only are costs perceived as lower at informal health delivery points; there are also some ailments for which significant numbers of people prefer non-orthodox healthcare options. Targeted education for drugstore managers and informal health delivery operatives would be a more realistic approach to addressing the identifiable shortcomings associated with the services rendered by these practitioners. Means for strengthening linkages between the formal health system and alternative providers should be investigated at the local level. We endorse, in this sense, the findings of the Upper West Region's Health Service Administration in a recent study:

"Health providers in the modern health system should acknowledge and work with their 'opposite numbers' e.g. the pharmacist with the drug sellers, the midwives with the TBAs, the bone-setters with the orthopaedic department. Whether we like the existence of some of these influences or not they exist and are often more known and trusted than the imported and unfamiliar systems of modern medication. Through dialogue, respect and cooperation, the modern health system can make a contribution to the traditional system and thereby make their treatment safer and also learn from them."

b. Education

Low quality in the education sector (manifest in a lack of textbooks, teachers, furniture, tools and JSS workshops; crumbling buildings; low morale among a poorly paid teacher corps; lack of supervision; etc.) is resulting in low literacy levels on graduation. Only an infinitesimal proportion of children from poor communities are able to reach University or to gain access to socially esteemed jobs.⁶ The limited achievements of current streams of school graduates become the narrow horizon to which the next generation aspires. The increasing lack of employment opportunities and entrepreneurial credit facilities further undermines the *perceived relevance* of formal education. Some parents in rural areas expressed a concern that children who have been through school and cannot gain employment will end up as unwilling and unskilled farmers. In other words, school has an opportunity cost in terms of learning farming or informal sector skills.

⁵Community Participation Strategy for Upper West Region. Regional Health Service Administration. Wa, June 1994. p.44.

⁶At Nyigare, only two people have ever been able to advance to secondary school level.

Rising real costs -- resulting in part from government cuts -- combine with poverty to keep significant numbers of children out of school, often as drop-outs. Cost barriers remain significant in relation to access to primary schooling. The rising costs are more dramatic in relation to the north -- as the ending of the policy of free schooling in the early 1980s has meant that the rise in costs is steeper there. The bulk of the costs are not composed of formal school fees, however. Rising PTA dues in line with the policy of increasing community responsibility for maintenance of structures etc., school uniforms, furniture, stationery and the meals allowance were major components -- as in some cases was the opportunity cost of losing the child's labour.

Such conditions undermine the government's stated objective of *eradicating illiteracy* through the sectoral reforms instituted in the early 1980s. Given the intensity and extensiveness of poverty, a real expansion in core social service expenditures is essential to reducing inequality and to achieving government's wish to improve the welfare status of poor households. The principal purpose of the required intervention should be to facilitate the provision of essential capital inputs, logistics and manpower so as to enhance the development of human capital.

Senior secondary schools are altogether lacking in rural areas, significantly raising the cost of continuing education. In the case of primary schools, which are more widely available, utilisation rates tend to be relatively high, except in the northern savannah.

Real Enrolment

Drop-out rates tend to be higher in rural areas mainly as a result of fee problems. In spite of the Ministry of Education's instructions forbidding the expulsion of pupils on grounds of non-payment of fees, headteachers often feel compelled to act to the contrary since they are held directly responsible for accounting for fees. Turning indebted children away is particularly common in the last months of the academic year, before the main harvest.⁷

In some cases, pupils never return to the classroom once they have been sent away. In parts of the north, drop-out rates are reported to be a high 45 per cent. Child labour (an economic asset exploited particularly by poor farming households) and sheer hunger are other significant reasons for the lower attendance rates in rural and northern communities. In all three regions, we found children who were compelled to find piecework in order to settle their fees, or to purchase other basic needs. In rural areas, poverty-induced truancy can be significant. The northern communities studied are especially anxious about the future of education under the current cost-sharing regime. Informant after informant decried the real cost of education as high, and the financial returns low. This ought to be cause for serious concern since the government seeks, in its education agenda, to ensure high literacy levels nationwide.

The teams found substantial seasonal aspects to access to schooling -- especially in the northern communities. In areas where the poor suffer a genuine "hungry season",

⁷No evidence was found of any cost-exemption by education for the poor.

children may be held back at home if they cannot be fed before they leave for school. It is considered cruel to send children to school if they have not been fed -- it is perceived as better for them to rest at home. Rainy season problems with the roads cause difficulties for children getting to school. There is also a tendency to hold children back during peak productive seasons in farming/fishing (this is part of the broader problem of children being withdrawn for work).

Functional Literacy

As with the formal education programme, the functional literacy campaign is facing teething problems, largely in respect of motivation. In particular, the sustainability of the programme -- dependent as it currently is on the availability of *volunteer* instructors -- seems questionable. While its potential value is generally appreciated in the communities studied, the detailed sequencing and content of lessons does little to stimulate enthusiasm in the early stages. Moreover, there is little effort to encourage the enrolment of school drop-outs.

Quality

Consistent with the findings of the second round of the Ghana Living Standards Survey (GLSS2), the quality of education was found to be low across the sites studied.⁸ Sharing of furniture built for individual pupils is common. Many children are doing piecework or helping on their parents' farms and pastures after school, leaving them exhausted and with no time for their homework. Unsurprisingly, there are many JSS students who cannot even spell their own names or read properly.

The evidence regarding the downturn in educational standards is indeed compelling. If government is genuinely concerned about "eradicating illiteracy", as explicitly stated in its own education agenda, then corrective steps ought to be taken immediately to stem the depressing downhill slide. In order to make quality education a reality, it may not be unreasonable to expect a fair proportion of the savings resulting from slashing the duration of basic education (from 17 down to 12 years) to be reinvested in improvements to the current system.

In some sites, supervision of teachers was a major concern. Children may be left to play for prolonged periods or made to work on teachers' farms, resulting in the loss of instructional time. The single most important factor that seemed to determine the efficiency of the system of teacher supervision was the availability of transportation allowances for schools' inspectors.

Parents complained that under the new system, feedback on the performance of children was confusing (this appears to be related to the fact that the overall class position of the child is no longer required: such an overall rank would be easier for an

⁸While illiterate parents and children had no real sense of the progress of quality in education, literate parents and teachers in all sites perceived that standards have declined substantially in the system. (Quality is judged primarily in terms of the literacy of schoolchildren.)

illiterate parent to understand). Thus, the poor performance of their children at examinations frequently comes as a shock: and parents' help cannot meaningfully be enlisted in encouraging children to perform better.

Relevance

The criteria by which local communities defined the "relevance" of the education service were based primarily on two factors: the ability of children to get jobs and the ability of children to read and write in English. When children can read and write, illiterate parents no longer have to go elsewhere to get letters read and written, compromising the privacy of the family. Children can also then perform basic tasks like identifying the correct hospital card for a family member, etc. In only one community was literacy mentioned in relation to learning improved techniques in traditional occupations -- this was in relation to farming at Nyingare. In respect of these criteria, education (at the level to which it is pursued by the poor -- generally no higher than JSS) is perceived to be failing. People consistently said that their children could not read and write at the end of school.

Regarding the match between user aspirations and the revised curriculum for first-cycle schools, our findings indicate that the reforms are not fulfilling the purpose for which they were designed. In both rural and urban areas, the implementation of the technical training component, king-pin in the educational reform programme, is largely perceived as unsatisfactory. In case after case -- in schools, communities and in GES offices -- informants alluded to the lack of tools, working materials and trained teachers. This situation, a serious impediment to effective skills training in the JSSs, has arisen mainly because, in the current cost-sharing framework, communities are not only responsible for financing capital requirements and school furniture, but also for providing tools and other inputs needed for the programme. Consistently, therefore, the skills training objective is being undermined by the high incidence of poverty. There is a clear regional dimension to this, with our research suggesting that communities in the poorer areas of the country (specifically the two sites in our sample in northern Ghana) are less able to meet these extra responsibilities than those elsewhere.

Worsened by the lack of specialist technical instructors, the entire JSS concept has been severely stigmatised, especially in urban areas. In introducing the reforms which brought the JSS into being, Ghanaians were made to believe that the JSS would adequately prepare pupils for almost-immediate employment in artisanal and vocational trades. But parents, school leavers and GES staff are united in emphasising that this has not been the case in practice. Indeed, the technical training component was consistently described as the weakest link in the JSS agenda.

Gender

The findings in respect of gender differentials are disheartening. While there were variations in perception within most subgroups interviewed regarding the returns on boys' and girls' education, we found a distinct preference for educating boys over girls where resources are limited. Reasons given by the poor include the superior opportunity available to boys to help out with their fees (by hiring out their labour),

the cultural liability imposed on males for household provisioning, and the nagging fear of teenage pregnancy (cited in all six communities and by teachers and GES officials). Also common among parents is the view that "a son belongs to his parents whereas a daughter belongs to her [potential] husband". These generalisations notwithstanding, the older generation were emphatic that adult females are more reliable in caring for aged parents.

Girls are also more likely to be late for school, owing to the myriad of household chores for which they are traditionally responsible. These include fetching water (sometimes from distant sources), sweeping the compound, cleaning the household's pots and pans, washing, assisting with food preparation, readying hot water for the morning bath and helping to care for their little brothers and sisters. Our research also confirmed the findings of the third round of the Ghana Living Standards Survey -- that in some northern communities, disproportionately high numbers of girls of school-going age are not enrolled in school. In Islamic communities, common in northern Ghana and the migrant *zongos*, girls are married off very early as parents strive to avoid the embarrassment associated with teenage pregnancy. Informants generally attributed pregnancies among the schoolgirl population to poverty, specifically parents' inability to provide for the educational and social needs of their increasingly self-conscious adolescent daughters. Compelled to trade sexual favours for monetary reward, such girls are vulnerable prey for the large number of prowling males ready to seduce them with small gifts, often of extremely low value.

Retrenchment

Retrenchment of non-professional educationists is hurting female teachers and rural schools most. Trained teachers are often unwilling to take up rural postings, especially in isolated areas, so retrenchment of untrained teachers runs the risk of leaving rural schools in poor areas understaffed. Insofar as it entails siphoning specialist teachers away from JSS classrooms to primary schools (where most of the sector's retrenchment is taking place), it is also resulting in a serious underutilisation of prime manpower resources.

In relation to education, therefore the following actions are recommended:

- a review of the possibility of instituting cost-exemption provisions to those areas of school expenses under the control of schools (regular and special fees) and waiving uniform requirements;
- the contributions that communities are making in education through provision and maintenance of infrastructure should be recognised, as should the fact that contributions in labour are easier for poor communities to make than contributions of cash (whether at the level of the community or the individual household through school fees);
- strengthening of systems of school supervision through provision of transport and travelling allowances;
- there is a need to develop local institutions to manage scholarship schemes -- which affects the perceived incentive to send children to school at all levels: currently education beyond the JSS level is totally inaccessible to children from

poor rural areas ;

- the fact that, under the revised system, feedback on pupil performance is complex for illiterate parents to understand should be addressed: parents need clear and simple information about the progress of their children if their help is to be enlisted in encouraging their children, and not over-burdening them with productive or domestic tasks to the point where they perform ineffectively at school;
- guidelines should be developed to ensure that the policy of retrenchment of unqualified teachers does not remove teaching staff from poor and isolated rural communities.

c. *Water and Sanitation*

Within the towns and villages studied, the availability of safe water and sanitation is invariably a function of NGO presence. Many poor households rely on streams and uncovered wells of dubious purity. Except where interventions have been implemented, therefore, water quality tends to be particularly poor during the dry season when natural water sources tend to dry up. Local festivals, which attract large numbers of native out-migrants, were found to aggravate the stress on water and sanitation facilities. In the Northern Region in particular huge amounts of women's labour time during the dry season are expended on fetching water, affecting their potential access to employment and income-generating opportunities.

At Asikuma, the community is more concerned with the taste of water than with its purity. Even though most informants were clearly aware that their stream is polluted with excreta and garbage washed downhill by rain, the superior taste was cited as the main reason for its high utilisation. Evidence from all three rounds of the PPA indicate that for communities where water supply is problematic this remains the over-riding priority for women. In those communities where water problems had been successfully addressed it was generally the result of either NGO or donor-funded interventions.

In all three low-income urban sites, we found a high level of indiscriminate defecation, largely resulting from extremely low levels of provision. Understandably, women are more concerned about the deficiencies of water and sanitation: it is they and the children who are responsible for replenishing household water supplies; and cultural norms prevent them from evacuating their bowels in open spaces.

Obtaining land is a major issue in relation to some kinds of urban services. There is a particular problem with obtaining land for latrines as it lowers the value of surrounding plots. It was found that while VIP latrines functioned excellently in rural communities where population density is low, they were virtually impossible to maintain in densely settled urban areas.

d. *Seasonality*

On the issue of seasonality, the study reveals a rise in disease levels during the "lean season", with no corresponding funds for treatment. This rise in illness is due to several factors, among them the decline in water quality and a lowering of resistance engendered in part by necessary bush-clearing operations in advance of the rains. It would appear that the seasonal decline in health conditions is also influenced by inevitable cuts in household food budgets. During such periods of heightened vulnerability, poor households fall even more readily on herbal healthcare options.

Festive and farm-making periods are typically accompanied by a fall in attendance levels in both the formal schooling and the adult education programmes. Classroom education is also sometimes affected in the rainy season, especially where roads are flooded, or commuting distances long, and where leaking roofs prevent classes from progressing smoothly. Water and sanitation conditions are also worst during festive periods, when the influx of indigenous expatriates peaks. In the dry season, when the pressure drops significantly in urban water networks (especially in the north), girls may be compelled to keep wake to fetch water at midnight when there is least stress on the network. Others have to spend long hours queuing for water, and tend to be late for school.

e. *Other*

With minor exceptions, it is the common view of households, community leaders, service providers and district administrators alike that *the predominant constraint impeding the adequate utilisation of basic social services by the poor is the rise, in real terms, of the cost of access*. This is especially important as it suggests emphatically that the poverty alleviation strategy being pursued by the Government of Ghana is not successfully reducing the costs to the poor of utilising basic social services.

The disjuncture between rhetoric and *de facto* policy is a cause for concern. On the one hand, government continues to reaffirm the right of all households to basic social services as a fundamental feature of social citizenship. On the other, inadequate public financing and the increasingly high costs (both up-front and latent) imposed on users severely undermine the achievement of this goal.

While economic issues were excluded from our immediate brief, it is clear that credible policies to enhance access to social services cannot be devised in isolation of the need to improve households' economies. In other words, the fundamental issue of poverty eradication cannot be side-stepped in policy-relevant discussions on sustainable social services. In this regard, national and local governments -- assisted where necessary by NGOs and ESAs -- can play a more prominent role not only in addressing those basic social needs which markets are unable to cater for, but also in enabling the poor to break free of this pervasive condition by improving access to *productive/ economic* inputs (e.g., seeds, pesticides, fertilisers and entrepreneurial credit) as well as related infrastructure (skills training, feeder roads, transport, etc.). In particular, steps ought to be taken to stem the continuing exodus of energetic youths to the larger towns and cities in search of economic emancipation. Their

outmigration has been found to entrench the vulnerability of those left behind. Instruments such as those described immediately above would be helpful in enhancing local opportunities for personal advancement, and should be seen as a potentially important targeting strategy for addressing the needs of the destitute (both extant and potential).

Owing to the generally higher levels of inequality in urban areas, unlike in rural areas where entire communities can be more easily classified as poor and lacking basic social amenities, a geographical approach to targeting for assistance would be more viable in rural areas than in urban centres.

Routinely, poor communities are crying out for help, appealing for government and other assistance to complement their labour input potentials. As of now, however, our observation is that potentially beneficial NGO assistance is, in general, not being optimally coordinated. For the most part, there has been a piecemeal approach entailing mutually exclusive planning actions. This is wasteful of scarce financial, technical and human aid resources. The most visible exception to this situation is probably in the north where the recent ethnic strife compelled NGOs and ESAs to forge impressive links to address the situation comprehensively. It can only be hoped that the resulting achievements will provide the impetus for a deliberate expansion of NGO/ESA collaborations on a national scale, in consultation with decentralised governments.

Such partnerships would permit a more integrative identification of needs, enable each partner to gain access to the skills, insights and resources of the other confreres, and allow parties to maximise their relative advantages in the spirit of complementarity. Local governments could benefit immensely from NGOs' vast experience in dealing with poor groups (in respect of encouraging productive participation, sequencing of interventions, etc.). Ultimately, such a networking mechanism should yield greater efficiency per cedi invested, particularly if combined with a genuine empowerment of communities (by way of relevant awareness creation and enhanced citizen participation).

Finally, it ought to be stressed that unless decisive steps are taken to ensure a more equitable distribution of development gains and losses, and until the poor are provided with *accessible opportunities* to allow them to break free of the underlying structural constraints that perpetuate poverty on a cross-generational basis, current efforts at economic growth and poverty reduction are unlikely to be sustainable beyond the short term.

1.0 INTRODUCTION

This research is an important component of the Extended Poverty Study being pursued in Ghana, and is intended to further the wider goals of two recent studies conducted in the context of the Participatory Poverty Assessment (PPA), supported by the World Bank. It is also expected that the findings of this qualitative study should complement the quantitative perspective represented in ongoing analytical work deriving from the three rounds of the Ghana Living Standards Survey (GLSS), implemented with the Bank's assistance.

Through essentially qualitative and participatory modes of inquiry, the study investigates the social services circumstances of poor communities in six sites distributed between the three agro-ecological zones of Ghana. The specific social services addressed in the study are health, education, water and sanitation. The more detailed concerns focused on investigating (i) the nature and circumstances of *access* (including the identification of factors constraining adequate access and utilisation of these services), (ii) the *quality* of provision, (iii) the level of *utilisation* of the services provided and finally (iv) the perceived *relevance* of the services provided in terms of the capacity to meet the needs of the poor. In response to our observation that agriculture is the dominant mode of livelihood in most of the communities studied, some attention was given to investigating conditions of agricultural extension. The data presented in this report were obtained mainly from interviews with a cross section of poor households and individuals. Additional discussions were held with opinion leaders, service providers (formal and informal; public and non-public) as well as with District Assembly representatives and other local level planners.

The report is structured in seven main parts. Following this introduction and the presentation of relevant background material, the second section assesses wealth and wellbeing perceptions, providing the necessary context for the subsequent evaluations of a more substantive nature. In the next three parts (Three to Five), the key social services under investigation are taken in turn: first, health; then education; and finally water and sanitation together. The sixth section attempts to highlight issues of seasonality and participants' perceptions of poverty reduction. Part Seven, the last, summarises the findings and attempts to present proposals for action, based on the insights presented in the preceding sections.

It ought to be emphasised that the rationale of this report is not to present a pedantic view, but to draw attention to the early warning signals identified through the participatory inquiries. By helping to point ways forward in the improvement of the social services circumstances of the poor, therefore, it is hoped that the insights presented will help to prevent the entrenchment of an underclass of unhealthy, malnourished and illiterate households and that the findings will contribute towards the formulation of sustainable social development inputs designed to promote genuine development.

1.1 Community Profile

Of the six main communities studied, three are rural (Afrangua, in Central Region; Koforidua, in Brong Ahafo; and Nyingare, in the Northern Region). The other three (Bankyem, in Breman Asikuma, Central Region; Techiman Zongo, in Brong Ahafo; and Changni, in the Tamale municipality of the Northern Region) are poor neighbourhoods within urban centres. Limited interviews were also conducted at Dwemoh, another poor neighbourhood in Techiman. Approximate populations for the rural settlements are 350 for Nyingare, 410 for Afrangua and 520 for Koforidua. The urban centres (as opposed to the smaller neighbourhoods studied) have populations ranging from an estimated 20000 for Asikuma to several hundred thousand for Tamale. The neighbourhoods themselves have populations ranging from about 800 (for Asikuma) to 6000 (for Changni).

Each of the rural communities selected had benefited from recent assistance from either NGOs or government programmes. World Vision International (WVI) maintains a strong presence at Afrangua and Koforidua, and the Northern Regional Rural Integrated Project (NORRIP) supports some developmental work at Nyingare. Rather atypically, all of the rural communities are relatively accessible in terms of the motorability of roads, though vehicular traffic is very thin at Afrangua -- estimated from a three-hour count at about one vehicle per hour! In each rural settlement, the economy is dominated by farming. Even in towns such as Asikuma, rain-fed agriculture remains the most significant mode of livelihood. Among urban women, trading is common especially at Techiman, a major market for agricultural produce from the surrounding province. A lower proportion of men earn their keep from artisanal trades and trading in basic household provisions -- soap, matches, candles, etc. Very few people, even in the urban communities, are employed in the formal sector.

In those communities such as Afrangua and Koforidua, where sustained external assistance has produced tangible improvements in the lives of the residents, people are both more hopeful and more receptive to change. In other communities such as Bankyem (in Asikuma), where there has been little improvement of relevance in recent times, poverty is typically accompanied by despair.

1.1.1 Community Organisation

In the current setting, the initiative for determining developmental goals and implementing community projects rests heavily on the opinion leaders within the communities. Typically, such leadership is male-dominated and comprises the chief, other customary heads, and a cross-section of the more charismatic and better educated members of the community. In multi-ethnic communities such as Techiman Zongo (which is dominated by migrant northerners), tribal headmen are usually appointed to exercise transitional authority over their tribesfolk. If the community is a large one, or if its members are particularly active and vocal, there may also be an elected representative to the ostensibly non-partisan District Assembly. Such representatives are expected to consult other opinion leaders and the broader populations of their constituent communities to determine priorities for public funding at district level. For the most part, however, consultation is sparse. Owing to

generally low levels of literacy in poor communities, residents tend to lack confidence in their personal opinions and have come to depend on their literate members and external benefactors for direction -- even in identifying their own welfare needs. In the words of one illiterate member of the Asikuma community, "an educated man is necessarily a wise man". This view is not uncommon in essentially illiterate communities across Ghana.

Thus, even in relatively democratic communities such as Afrangua, people still expect all development proposals to be initiated by the Village Development Committee. Indeed, since its formation in 1986, Afrangua's Development Committee has had all but one of its development proposals rubber-stamped by the community -- the sole exception being a c5000 levy which was opposed by the resident and expatriate citizenry alike.

The task of effective community leadership is, from our observations, a vital and full-time one. Yet we found, consistently, that the positions are voluntary and hence unpaid. Even in the most sacrificial situations (such as Afrangua), one could sense the beginnings of some frustration with the impoverishing effect of such volunteer work. In some of the worst cases, marital relationships are reported to be suffering severe strain as community welfare demands force married volunteer males into compromising the immediate financial needs of their own households. In another example from Afrangua, an impassioned community leader who had been adjudged 1991's best staple crop farmer in the district is now having to purchase all his food requirements as the demands of community service have taken on a full-time turn. It appears doubtful that such high levels of commitment can be sustained for much longer without reward.

While stereotypical accounts of Ghana's long tradition of voluntary communal labour are for the most part valid, each of our research teams confirms that such cooperation is significantly higher in rural than in urban areas. Such a state appears to arise from the greater level of social cohesion existing in unsophisticated rural communities, their greater respect for indigenous norms and structures of authority, and the greater similarity of lifestyles and employment routines. As villages grow and urbanise, foreign social influences are introduced; variations in members' aspirations, livelihood options, income levels and lifestyles all become more pronounced; the opportunity cost of time becomes more variable; individuation increases; and free-rider behaviour becomes more rational. Thus, while opportunities for communal labour still exist, these are more easily harnessed in rural areas than in the urban arena. In the latter, sanctions are routinely proving to be a necessary means of deterring default.

1.1.2 Gender and Community Mobilisation

Women are consistently underrepresented on community leadership committees. Yet they provide most of the service required in the utilisation of communal amenities -- drawing water, cleaning the public spaces, etc. In comparison with their men, women are consistently proving to be more knowledgeable about their communities' social resources. An appraisal of gender differences in areas such as the depth of parents' involvement in their children's education, the level of participation in adult literacy

classes and the interest shown in productive programmes generally, again shows women to be more committed to addressing the long-term welfare concerns of their children and communities. In terms of attendance at community meetings, women tended to be more punctual and also participated in higher proportions. It is significant that this impression is shared by male and female members of the three research teams, key informant groups with whom this observation was discussed, and the male-dominated corps of school teachers and other education personnel interviewed. The observation is further reinforced by findings from the earlier PPA studies.¹

2.0 WEALTH AND WELLBEING

Within the communities studied, wealth is appraised primarily on the basis of bequeathable assets -- mainly landed properties: agricultural estates, houses, etc. Poverty, on the other hand, is perceived largely in terms of the routineness of hunger - community level. Thus, in spite of significant improvements in Afrangua's social services situation over the last ten years, the residents assess themselves as worse off overall, citing the increasing incidence and intensity of hunger as the principal bases of their assessment.

That food security is widely perceived to have fallen at Afrangua is not only the result of lower subsistence crop yields -- though the poor and erratic rainfall pattern over the last 11 years has been a major contributing factor. To a significant extent, the relocation of the area market from Afrangua (on the disused Kumasi-Cape Coast road) to Mankessim (a town on the heavily trafficked Accra-Cape Coast road) has significantly affected income-earning opportunities at Afrangua, whose residents have traditionally been engaged in the cultivation of pepper, a small-scale cash crop. Often raised in agricultural communities as seriously deficient was access to government agricultural services (especially farm inputs, technology and advice on disease and farm-pest control; also information on high-yield species, soil fertility improvement and efficient storage practices).² Inadequate produce marketing services, and the lack of funds with which to hire farm labour were also mentioned. In addition, agriculture

¹Personal communication with the researchers.

²It is important to the appreciation of wealth and wellbeing conditions in Ghana to understand the landholding norms of the country. In most Ghanaian villages, land tenure is relatively egalitarian, and there are few landless natives. However, population growth and repeated fragmentation are leading to a decline in the share of land available to each succeeding generation. Thus, smallholder agriculture has become the norm in many rural areas. In some places, such as Afrangua and Northern Ghana, soil erosion, overexploitation of the land, high labour costs and the worsening predictability of rains have combined to decrease further the returns on agricultural investment.

³What provision there is tends to be irregular and inefficient. Unlike their NGO counterparts, government extension personnel commonly complain of transportation difficulties, and rarely make farm calls. To get a frontline extension worker to call at one's farm, a farmer at Afrangua would be compelled to pay the cost of one gallon of petrol to the extension officer.

ministry officials confirm that the removal of subsidies on inputs has resulted in a sharp drop in fertiliser consumption.

Geographically, poverty appears to be both more widespread and more acute in the rural hinterland than in urban areas, and is generally at its most severe in the northern communities.⁴ Inasmuch as poverty is perceived primarily in terms of food (in)security, the above observation is perhaps counter-intuitive. It is important to the understanding of the nature of poverty in Ghana, however, to take account of the fact that while starch staples are indeed cheaper in rural areas, subsistence croppers must still find the money with which to purchase meat/fish, basic condiments and other ingredients. The routinely low- (and sometimes no-) cash asset status of rural farmers makes such basic cooking supplements expensive in real terms.⁵ That their economies are almost exclusively dependent on agricultural employment and the weather means further that rural communities are particularly vulnerable in the "lean season" once their grain stores are depleted. Across the northern savannah, where the twin experience of hunger and deficient diets is especially intense during this period, and where orthodox health services are often inaccessible (physically as well as financially), infant mortality rates can be depressingly high.

In rural areas, long-term economic assets (particularly cash crop estates) appear to be a predominantly male concern. In contrast, rural women of all ages are almost exclusively concerned about food staples as the key to adequate household provisioning (see also Aryeetey 1994). Among their educated urban counterparts, however, there is a discernible concern for non-agricultural incomes.

Within households, assessments of wealth and wellbeing were mostly personalistic -- emphasising in particular that income streams and livelihoods tend to be highly separated by gender in Ghana. In general, but by no means always, married women did not count on their husbands' assets.⁶ Indeed, the acquisition and management of productive assets tends to be pursued independently. Thus, the assets of one spouse are not immediately available to the other; access must be sought, and may be denied. Also important to understanding wealth perceptions is the fact that spouses do not ordinarily inherit from each other in Ghana.

In general, informants divided society (and in particular, their own communities) into three broad wealth cohorts. At one end of the wealth spectrum are those who are

⁴Both of these results are in line with the conclusions of the first phases of the PPA research, and with the statistical data (ref. poverty profile).

⁵Little wonder protein intake tends to be low in rural communities.

⁶That is not to say that there is no cooperation towards household provisioning. In the north and in provincial districts generally, married women are sometimes required to provide labour on their husbands' farms. In all three regions studied also, women are reported to be making significant contributions towards their household budgets -- even though husbands are culturally responsible for financing all household expenses.

perceived as being definitely well off. those who have stable assets to bequeath to their dependants. To paraphrase from the descriptions presented by our informants, "they feed their children properly; they live in good houses ... which they will pass on to their dependants; and they are able to assist others". These members are simply referred to as the "rich" (very few could be named in the rural communities studied; relatively more in the urban).⁷

At the other extreme are the chronically hungry, variously referred to as the "extremely poor", the "perennially needy" and the "pathetic". These were said to comprise sub-strata as "God's poor" (the disabled, orphans, those caring for the chronically ill, the aged and similarly destitute members of the community), the unemployed, underemployed farm labourers (typically male youths), the lazy and the resourceless.⁸ Also included in this group are some female headed households, widows and some married women whose husbands have migrated out in search of employment, but who are failing to make the expected remittances. Significant among the resourceless sub-group are some immigrant widowers and other landless sojourners, many of whom lack not just economic means, but social assets (e.g., supportive kin networks) as well. In order to sustain their households, they must lead an essentially proletarian lifestyle -- selling their labour to others, even to other poor residents.⁹ In contrast to migrant settlers, desperate natives tend to have more fallback mechanisms available to them. They may forage for wild tubers and fruits from their unexploited forests, or fell trees on their lands to produce charcoal for sale, even if this degrades the physical environment and their own agricultural holdings. Others, such as the women of Afrangua, hew rocks gathered from their farms for sale to building contractors and other users of concrete. Even though landless migrants¹⁰ can sometimes lease agricultural land on a share-cropping basis, such lots are typically small. Some are also compelled to spend prime time selling their labour and are, thus, unable to till and plant their farms at the optimal time.

⁷At Bankyem (in Asikuma) and Nyingare also, not a single rich person could be named. At Afrangua, their rich citizens were reported to be resident mainly in the cities.

⁸If the plight of the "extremely poor" does not appear to have been particularly worsened by recent shocks, it is perhaps mainly because most of them benefited little from past social policy in any case.

⁹Typically these people are from the poorest sending areas -- usually in the north.

¹⁰We suspect that, in the cities, where agricultural activity does not constitute the principal mode of household provisioning, the impact of landlessness would be of a rather different order.

Adisa is 49 and married. She met her husband, Abdulai (now 58) when she was 29. Their marriage has borne eight children -- seven girls and one boy¹¹. Until 15 years ago, when Abdulai lost his sight, he had been a farmer. In those days, the soil was still fertile and the yield from Abdulai's farm was good. The household had enough to eat, and Abdulai could comfortably sell part of his harvest. He could easily have educated his children, but there were no schools at Nyngare in those days.

With Abdulai now blind, the household depends on what Adisa can provide. In spite of her toil, her entire annual harvest averages two 50-kilo bags of maize and a small amount of millet. In order that the household can purchase some vital needs, Adisa is compelled to sell half of her meagre maize harvest. Often, the household must endure a full day without a meal. The hardship she currently faces is evident in her well worn cloth, noticeably threadbare in some places.

To keep the household alive, she seeks other sources of income, but these are not easy to find, and these bring in very little in any case. In addition to rearing a few guinea fowls and turkeys domestically, she must comb the barren lands for miles in search of fuelwood, which she sells. For a full-headload she earns only c200 (20 US cents)¹², not even enough to buy a one-kilogramme loaf of bread!

In spite of her poverty, Adisa values education, convinced that an educated child may one day liberate her from the hardship she currently endures. As such, she has sacrificed much to enrol her only son, youngest of the eight children, at the local primary school. Frequently, the boy is driven out from the classroom on grounds of fees owed. Adisa is uncertain that her hope of educating her son successfully will be fulfilled. Although she values hospital treatment, she is never able to afford the costs involved, and relies instead on traditional herbal alternatives for her entire household. But for the kindness of her son-in-law, she could not have afforded the c28000 required for a critical goitre operation last year. That was the first time she ever set eyes on a hospital. Recognising her situation, the community exempts her from paying any levies in respect of the communal borehole. While she feels humiliated by it, Adisa knows that she has no real alternative.

1: Testimony of a poor woman at Nyngare, Northern Region, November 1994.

In between the two extremes (rich and perennially poor) are the majority -- the cohort of so-called "deprived, but hard-working" members of society -- the "not-so-poor" or "hand-to-mouth" category who, for most of the year, subsist at a level marginally above the community's notional poverty line. The general impression is that in the lean season, they are quite vulnerable, and their living conditions can be almost as

¹¹Eight children is fairly average in their village.

¹² Over the duration of the study, the Ghanaian Cedi (c) was exchanged on the liberalised currency market at c1000 to the US dollar. In respect of purchasing power parity (PPP) -- i.e., if its weight were adjusted to take account of the real and differential costs of living across countries -- the cedi would probably be worth a little over twice as much (UNDP 1992).

difficult as those of the perennially poor. The main difference between the two poorer groups, then, is that while both suffer deprivation, the "not-so-poor" are only desperately hungry in the lean season and during periods of similar vulnerability. To paraphrase from the descriptions given by a seven-party women's focus group at Afrangua, "they try hard, ... they exhaust themselves, ... but they still suffer in life". In the depressingly poor north, where the dry season is long and severe, the incidence of such cyclic poverty is particularly high and many are compelled to seek work in the south till the rains return. In some of our interviews, there were indications that the retrenchment of labour and the parallel withdrawal of subsidies (in health, education and agriculture especially) had resulted in the demotion of some previously "rich" and upwardly mobile persons to the "not-so-poor" level.

It is surprising that in spite of efforts to compensate and rehabilitate retrenched workers, they are often cited among the "pathetic". In Asikuma, we frequently came across men who had been laid off from the Cocoa Board's outposts and had been compelled into subsistence farming on small, infertile lots.¹³ Four out of the seven female informants from the Youth Association had been seriously impoverished through such public sector retrenchments.¹⁴ As the magnitude of compensation handed out to a laid-off worker is, *ceteris paribus*, a direct function of the length of service rendered, it is not surprising that the most youthful and most active category of retrenched workers are the ones who have suffered most from the labour-shedding adjunct of the Structural Adjustment Programme. Unlike their older and longer-serving counterparts, their terminal grants have not enabled them to acquire meaningful productive assets or to set themselves up in sustainable private enterprises.

Because Ghanaian agriculture is predominantly rain-fed, poor and/or erratic rainfall patterns tend to engender serious conditions of acute hunger. The withdrawal of the subsidy on fertilisers also means that overexploitation of the land can have dire consequences for farming households, especially in areas where population pressure is causing reductions in the length of time that land can be fallowed (if fallow periods are still possible at all). Bereavement is another cause of sudden poverty. It is not just the loss of the main breadwinner that gives rise to such hardship; the immediate distress suffered is often aggravated by longer-run indebtedness resulting from expensive death rites. As indicated above, traditional inheritance practices in many areas debar spouses from inheriting each other.

Notwithstanding the general validity of the above categorisations of wealth and wellbeing, some qualification is necessary. Owing to the semi-communal nature of

¹³The average cocoa farm is about six acres in size, providing a yearly yield of about 150kg of dried beans and a pathetic annual income of approximately c120,000 (US\$120; PPP\$290).

¹⁴Two had been affected by the recent policy to phase out non-professional teaching staff from the classrooms, and one had been retrenched from her job as a cocoa extension worker. In general, retrenchment has been restricted to the lowliest, least educated employees.

traditional Ghanaian lifestyles and the social asset value of kin networks, (see, for example, Korboe 1992), mutual assistance transactions and welfare linkages are common.¹⁵ Their poverty-mitigating value is particularly evident within the context of the extended family framework, in which individuation is still frowned upon. Insofar as it is at all possible, the "perennially needy" typically depend on their kinsfolk in the "deprived, but hardworking" category to provide for their routine needs. Thus, a procrustean model would be quite inappropriate, and a strict adherence could be misleading in certain situations. For certain policy purposes, though not all, it is arguable that the lower two strata may be of quite similar significance.¹⁶

It is mainly in terms of intensity, therefore, that the greatest differences exist. Not only is its intensity seasonal; hunger is sometimes more severe in rural areas than it is in the urban arena. Inequality, on the other hand, is more marked in urban neighbourhoods than in rural settlements. On the policy front, it may be significant that the day-to-day needs of the very poor are generally met through intra-household transfers originating from the women and the "not-so-poor" rather than the rich (whose largesse tends to be reserved for festive and crisis situations).¹⁷ While the chronic poor may be too incapacitated to make effective use of credits, similar assistance to the "not-so-poor" could be a more efficient, if indirect, way of targeting the ultra poor. To the extent that the "not-so-poor" are truly deprived themselves, the direct gains from such intervention would still meet the relevant conditions of distributional efficiency.

Owing to a perceived lack of prospects for self-advancement in all six communities studied, there continues to be an exodus of energetic male youths from the villages to the larger towns and cities on the one hand, and -- to a lesser degree -- from the towns to the cities and to other countries on the other. In those sites where livelihoods are dominated by agricultural occupations, school-boys and youthful males are consistently expressing a low regard for farming, citing the hardships endured by their parents as a reason for the growing lack of interest. Their parents are also concerned, if marginally less so, that their children should not follow in their footsteps as farmers. At Changni (in Tamale), for example, agriculture as a means of livelihood is

¹⁵In the absence of alternative welfare provisions, social networks play a vital role in poor communities. There are both costs and benefits to this. Where formal sector institutions permit the exercise of discretionary powers, such networks are often exploited to gain unfair access to goods and services that are otherwise difficult to obtain. On the positive side, however, institutions and amenities that are genuinely community-based tend to exhibit a high degree of user-friendliness. For example, a public sector nurse may, quite anonymously, demand unofficial fees from patients at the hospital; but at home, the same nurse will often provide free and caring attention to patients from her own neighbourhood.

¹⁶Insofar as both are genuinely deprived, the overall incidence of poverty has to be seen as high.

¹⁷Even then, and probably as a consequence of Ghanaian culture, the reliefs they provide are more common in the financing of death *cum* burial rites than during illness.

reported by informants to be collapsing; this is due, in part, to increasingly unaffordable labour costs and declining soil fertility.¹⁸

If permitted, by default, to continue, the *status quo* -- viz. male outmigration -- could well entrench the vulnerability of those left behind and induce an increase in the intensity of deprivation experienced by the poorest members of Ghanaian society. Not only are those left behind likely to lose out on food transfers from the most productive labour corps; we can also expect a parallel decline in the vitality of rural cooperative labour institutions. The loss of productive labour is particularly worrying as cuts in government capital expenditure increase the need for community labour inputs in the development of schools and other items of social and economic infrastructure.

Our investigations also reveal an unfortunate gender consequence: that continuing outmigration of male youths is upstaging the traditional support system and creating a situation whereby the burden of caring for aged family members is becoming an increasingly female responsibility. Quite contrary to *a priori* supposition, the redistributive impact of migration is not perceived as significant. Indeed, indications from our field sites are that relatively few of the outmigrating males (fathers and youths alike) are making regular remittances to their kinsfolk left behind. What transfers they make tend to be confined to festive periods when out-migrants return briefly to their native villages.

3.0 HEALTH

3.1 Access and Utilisation

With the introduction of the health sector reforms -- comprising the Primary Health Care (PHC) programme and the Expanded Programme on Immunisation (EPI), patients are now expected to share in the costs of health delivery. Drug costs are now being recovered in full (through the cash-and-carry system),¹⁹ and patients are required to contribute towards the cost of consultations as well.

In general, the most accessible health options in the communities studied are those under private control. In urban areas, where they are more widely available, drugstores tend to be the first choice of the sick. In spite of assurances given prior to the introduction of the cash-and-carry system, the research teams were consistently told that private drugstores tend to be better stocked than hospital pharmacies are.

¹⁸That the returns on farming have become habitually depressing is aptly encapsulated in the rhetorical words of an opinion leader at Afrangua when he said: "you toil and sweat, toil and sweat each day ... and what do you get out of it?"

¹⁹Indeed, drug prices are frequently marked up in cash-and-carry pharmacies to cover inflation and petty losses.

Sometimes referred to as "doctors"²⁰ by a gullible and uneducated public, drugstore-keepers typically dispense orthodox medication without prescription, parcelling out drugs in whatever combinations and quantities the self-prescribing customer requests and is able to afford.²¹ In the view of local populations, the male drug-store keeper is often incorrectly perceived as having a higher level of diagnostic skill than the female clinic nurse. Other significant operatives in the shadow health service include herbalists²² (who dispense a range of dried roots, leaves, tree barks and concoctions of varying efficacy), *wanzams* (whose circumcision services are requested by rich and poor)²³ and the various esoteric institutions routinely classified, in the coastal and forest belts, under the euphemism "spiritual churches". The latter are consulted mainly with convulsions,²⁴ mental conditions and other ailments perceived as having metaphysical origins. In the savannah zone, soothsayers perform a parallel rôle. At home, nurses are consulted by local residents for advice and treatment (in some cases their informal assistance in the capacity of community members appeared much more highly appreciated than the services of the formal institutions for which they worked). On the whole, the preference of the rich is for the private clinics and drugstores.

In rural communities, particularly in the northern savannah (where poverty is more intense and orthodox/ quasi-conventional healthcare is less readily available), herbs tend to be the first option in sickness. Northern communities also rely on remarkably competent "bone-setters" to restore fractured limbs. -- we would hasten to add, however, that this is done without the benefit of anaesthesia!²⁵ Common in most rural areas are traditional birth attendants -- or TBAs -- (i.e., uneducated midwives who deliver babies, using indigenous skills). It is also common for the sick to combine

²⁰This may explain why the latest round of the Ghana Living Standards Survey is reporting incredibly high levels of professional consultations.

²¹The Techiman team reports, from interviews with drugstore managers, that drug abuse is increasing in the area. Common names for popular stimulants include "Mike Tyson" and "Carl Lewis". It is also widely recognised that antibiotics (especially ampicillin), typically purchased from local drugstores in short doses, are used by the public to deal with all manner of health problems, from small cuts to headaches!

²²Across the country, boils and anal haemorrhoids are treated, with varying degrees of success, using herbal remedies.

²³Given the enormous potential for transmitting the AIDS virus through such forms of surgery, the education of *wanzams* and the population at large (on the importance of instrument sterilisation) ought to be intensified.

²⁴Health authorities at Abura Dunkwa and Brehman Asikuma indicate that convulsions are typically an indication of acute malaria complicated by anaemia, and that such conditions are most common during the lean season when people are compelled by temporary hardship to delay seeking medical attention.

²⁵It was explained at Tamale that about the only reason why people report fractures to the hospitals is to facilitate the processing of insurance claims and, in the case of government workers, to support requests for reimbursements.

treatments from a variety of sources (e.g., exorcism with herbal preparations; or herbs with conventional medicines bought from drugstores). Even hospital patients will sometimes combine their doctor's treatment with herbal applications.

The least orthodox categories (such as the "spiritual churches" and herbalists) are most patronised by illiterates, superstitious households, the ultra-poor and the oldest members of society -- who also tend to have the most traditional lifestyles. The study also revealed that while these groups are the most dominant users, many other rural households use the services of such informal health delivery agencies during periods of financial hardship. There are several reasons for the higher utilisation of informal healthcare options, including:

- * the generally superior accessibility of such healthcare providers (not only do they tend to be locally resident whereas orthodox facilities are only available in the larger towns; bureaucracy and waiting times are negligible compared with public hospitals, where one often has to queue for three to five hours before being attended to);
- * the lower costs involved (in response to a question about comparative costs, we were told by a focus group of men: "spiritual churches charge no fees; one simply gives what one can when one can");²⁶
- * the flexibility of payment (herbalists, TBAs, "bone-setters" and "spiritual healers" are more likely to accept deferred payments or payments in kind; this is particularly appreciated during periods of extreme hardship, when cash is not easily available); and
- * the additional services included in the packages of some alternative healthcare providers; in the north, for example, TBAs are reported to be providing postnatal care -- including bathing the baby and shaping its head! Also in the north, the hostile attitude of public sector nurses and paramedical personnel was mentioned as a barrier to access.

²⁶In reality, the gross costs of obligatory sacrifices demanded by some "spiritual churches" can be quite high, but the flexibility of payment makes such payments more tolerable to the poor.

Disease/Symptom	Home	Herbalist	Clinic
Malaria	1		2
Coughs	1		2
Boils		1	2
Convulsions			1

2: Sequence of disease referrals; focus group, Koforidua, Brong-Ahafo Region

- Note:
1. "Home" entails the use of herbs and self-medication with orthodox drugs obtained from drugstores.
 2. "Clinic" is approximately five kilometres away.
 3. That residents of Koforidua rely less on "spiritual churches" for their health needs may be due, in part, to the health campaigns attending WVI intervention.

But for a few exceptions (of some state-trained TBAs and certain northern hospitals which have incorporated the services of bone-setters into the mainstream healthcare delivery system), informal healthcare providers operate in complete isolation of the Ministry of Health. Hospital authorities have frequently reported serious complications arising from erroneous diagnoses, wrong doses and superstitious treatments administered by informal-healthcare providers.

At the drugstore level, access to credit is normally dependent on one's perceived credit rating. Formal sector workers and people with reasonably comfortable resident relatives have least difficulty accessing such credits. A drugstore manager at Asikuma indicated that as many as three in ten of his customers purchase their drugs on credit. For seriously ill patients, intra-lineage transfers are the principal medium by which medical treatment is financed. The desperately poor and those whose families are not perceived as credit-worthy must either fall on the most expensive moneylenders,²⁷ delay seeking orthodox medical help, depend on the largesse of kith and kin, or must utilise the informal healthcare options. The Brong Ahafo and Central Region teams found, from separate reviews of relevant hospital records, that in-patient attendance rates fall significantly in the "hungry season" (February-March-July), when labour demands and the incidence of disease are both high. Sadly, antenatal consultations are not excepted.

Costs of orthodox medical consultations are perceived as high, though it must be said that hospitals are perceived as more competent in general (see illustrations 3 and 4). In frustration, an old woman told our Koforidua team, "if you don't have money today, your disease will lead you to your grave". Our northern research team was also told, repeatedly and rather pathetically: "we watch our children die because we cannot pay the high hospital bills". Consistently, formal health service authorities -- hospital administrators, District Medical Officers and District Health Management Teams

²⁷Monthly interest rates can be as high as 50 per cent (as in Asikuma). Across the hinterland, poor people are sometimes compelled to sell economic assets (cattle, planting seed, etc.) on the buyers' terms or to pawn their farms to extortionist moneylenders. It appears ironical that richer households in the public service are often able to obtain loans at sub-inflation interest rates from workplace sources and from institutions such as the Home Finance Company.

(DHMTs) -- confirmed communities' claims that significant numbers of patients have difficulty paying for orthodox healthcare services. In our matrix ranking interviews also, public hospitals consistently scored badly on the cost criterion (see, for example, illustrations 3 and 4).²⁸ With the mark-ups permitted by government, the cash-and-carry system operated by public hospital pharmacies is reported to be providing drugs at no cheaper than can be obtained from the competitive private drugstores. It is important to recognise also that the relatively high cost of hospital treatment comprises not just drug expenditures, but also transportation expenses (which can be disproportionately high for poor people living in remote rural settlements). In Afrangua and its surrounding villages, for example, where there is not a single resident motor vehicle, access to emergency medical attention is severely constrained.

	Access Criterion								
Health Facility	Af	Av	Ef	Cl	Qu	Ac	Va	Ti	Ex
Drugstore	2	4	1	X	3	4	1	4	1
Herbalist	4	4	3	X	4	4	3	3	4
Hospital	1	3	4	X	2	3	4	2	4
Nurse at Home	4	3	1	X	3	4	1	3	2

3: Matrix ranking of health delivery options by access criteria; free scoring with four seeds by a focus group of 15 men aged 18-60, Changni, Northern Region.

Af: affordability of service
 Av: availability of the service
 Ef: effectiveness of treatment
 Cl: cleanness of environment
 Qu: quality of care provided (including providers' attitudes)
 Ac: accessibility
 Va: variety of services
 Ti: time spent at the facility
 Ex: expertise

1: Bad; 4: Good

	Place of Treatment				
Criterion	Clinic	Drugstore	Herbalist	Hospital	12 Apostle
Affordability (Af)	2	3	11	1	4
Accessibility (Ac)	2	2	9	2	5
Flexibility of Payment (FI)	2	2	11	2	3
Expertise (Ex)	4	3	1	9	3
Time Spent at Facility (Ti)	3	3	8	1	5

4: Matrix ranking of health delivery options by access criteria; free scoring with twenty seeds by a focus group of 10 women, Afrangua, Central Region.

1: Bad; 20: Good

²⁸Discussants in the northern communities reported that patronage of informal healthcare services was significantly lower when formal healthcare was provided free of cost.

Payments are not consolidated in the average public hospital: patients must pay at each stage of the consultation process -- at the records office, at the entrance to the consulting room, at the laboratory, at the dispensary, etc. Graft further raises the cost of treatment in government hospitals. At Tamale, the government hospital was described, rather disgracefully, as a "gold mine". Informants told how "the seriously ill must tip the attendant just to be transported in the lift" and how "tips were demanded before a child could receive a life-saving blood transfusion"! As few hospitals issue receipts for official payments, patients have no way of telling which of the myriad of fees are legal and which are not. The result is that patients often spend far more on "service charges" than on the drugs *per se*.

In the public sector, the administration of exemption concessions is proving difficult and costly -- in time and, even more seriously, in life also. Even when exemptions are approved, drugs are not always available.²⁹ At Tamale, for instance, the Department of Social Welfare's quarterly budget for facilitating exemptions is only a meagre c10,000 (approximately ten dollars)! In response to a question about how well the exemption provisions were working in his area of jurisdiction, the District Medical Officer at Abura Dunkwa replied "the exemptions are cumbersome; how do I determine who is a pauper? Besides, my office is not reimbursed for drugs handed out without charge to paupers ... so we cannot be generous in applying the concessions".³⁰ If they attempted to implement the exemption provisions faithfully, therefore, clinics serving the most deprived districts would need to impose exorbitant mark-ups on their drugs in order to be able to restock their pharmacies.

The discretionary nature of current exemption guidelines is also reported to be leaving the system susceptible to abuse by staff.³¹ In any case, few poor people are meaningfully aware of the existence of the fee exemption provisions. Exceptions to the generally poor effectiveness of existing exemptions are limited to cases of tuberculosis, leprosy, AIDS, cholera and other diseases with serious public health implications; in other words, targeting is only proving successful where it is implemented by ailment rather than through administratively cumbersome means-testing procedures.

²⁹As noted in a focus group of 15 men at Nyingare, "sometimes the health posts do not have the drugs. They give you a note [meaning prescription] to take to the drugstore, so some patients go the drugstore directly".

³⁰Similar sentiments were expressed by the administration of the Tamale Hospital.

³¹Source: *ad hoc* discussions with individual doctors and pharmacists at the Komfo Anokye Teaching Hospital, Kumasi. Overall, however, the implementation of the cash-and-carry system is reported to have resulted in a lowering of drug pilfering.

NGO and mission hospitals³² tend to operate special needs units and are reporting remarkably greater levels of success in determining patients' financial means and in identifying the poor, but that is mainly on account of significantly higher levels of motivation and commitment, which cannot be taken for granted in the state system. Even then, high costs are sometimes incurred soliciting assistance from the Department of Social Welfare for recovering debts or for investigating patients' backgrounds and the financial circumstances of their kinsfolk.³³ Treatment at NGO and mission hospitals is routinely subsidised: the subsidy on drugs can be as high as 90 per cent. Sometimes they offer follow-up services to out-patients who lack social networks; they may also provide home counselling to AIDS sufferers and free rations to malnourished patients.

An important criterion for determining a patient's eligibility for fee-free treatment in mission hospitals such as the Catholic Hospital at Asikuma and the Baptist Medical Centre at Nalerigu is the financial standing of the patient's extended family. Thus, a patient's social networks are investigated before a recommendation for free treatment is made. That being so, community clinics have an innate advantage that ought to be explored in the fee exemption debate. The fact that the Nyingare community has successfully implemented a levy-free policy for destitute households using the community standpipe (see illustrations 1 and 16) shows that community-based approaches are worthy of some attention.

Tamale Government Hospital

Four senior officials were interviewed at the Tamale Government Hospital -- two senior nursing officers and two social workers. The informants could not tell how much a patient reporting to the OPD is required to pay. Neither could the informants agree on the official fee payable for a routine consultation. It was confirmed that if the relative of a patient donates blood to save his/her life, a "processing fee" (for blood group matching, HIV testing, etc.) is charged to the patient, who must also pay for the bag in which the blood is stored. One of the social workers noted that "the cash-and-carry system was introduced to ... ensure that drugs are available, yet drugs are never available".

In a damning inditement of the hospital in which she works, one of the nursing officers stated, "I'm not sure that I like anything about this hospital. It used to be a nice place, but now it is not. Formerly, if there was an emergency, ... you went through the relevant procedures to revive the patient before the doctor's arrival. Now ... you fold your arms and wait for the doctor [because] the materials you need are not available and the patient has to buy them all; ... the things to work with are our main problem".

³²Such as the Catholic Hospital at Asikuma, the Holy Family Hospital at Techiman, and the Baptist Medical Centre at Nalerigu. In general, mission hospitals receive government support in the form of basic staff salaries at levels of funding similar to what state hospitals receive, but are permitted a higher level of autonomy in their operations.

³³Source: Catholic Hospital, Brehman Asikuma.

Sheikina Hospital

Sheikina was founded by Dr David Abdulai and his wife, Doris, in 1991. A charitable facility for the poor, Sheikina staff have no fixed salaries (the founding doctor included). Staff earnings are entirely dependent on what funds are available at the end of each month. The hospital derives its income from freewill donations, cereal farms tilled by the beneficiary communities, and token contributions which some patients are able to make. From its crop harvests, the hospital provides one free meal a day to the town's destitute.

Of its 11 nurses, eight were trained on the job -- one of these from illiterate beginnings. The hospital aims to treat 30 patients a day on a first-come-first-served basis. Those who are unable to receive attention must wait for their turn the next day. To this end, each user community has been made to build a hut for its members' use. The poor are identified primarily by the appearance of their skin (ostensibly an indication of nutritional status) but also by means of an automatic, self-screening mechanism of rudimentary levels of provision in the wards and waiting area -- intended to be commensurate with the income status of the target beneficiaries. With no beds, patients have to sleep on the floor, but that is no worse than poor patients endure in the larger public hospitals anyhow. Patients sometimes wait for days to see the doctor, but again the northern poor have few better options.

5: Extracts from interviews on two hospitals in the Tamale area.

Where adequate staffing is unavailable (the norm across Ghana), state hospital authorities and social workers who must be jointly consulted in determining a patient's eligibility for exemption often have their offices in different parts of the town. Their different responsibilities to varied clienteles and authorities also means that their work schedules are typically divergent. Even when they coexist in the same hospital, they are not always properly integrated into the hospital system. At the Tamale Hospital, for example, the social workers complained of being ignored in the formulation of the hospital's social policy framework.

Retrenchment in the health sector has been restricted mainly to drivers, cleaners, orderlies and other less skilled personnel. The most obvious consequence (as mentioned by medical authorities) has been the adverse impact on hospital cleaning services. At the Tamale hospital, where water is supplied to users by manual labour in the dry season, the availability of water (and by inference, the level of hygiene) has been negatively influenced by the retrenchment policy. It must be said, though, that while the situation may have been worsened by the recent retrenchment of cleaning personnel, public hospitals in Ghana have had a long history of problems with efficient cleaning. It is also clear that cleanliness did not emerge as the main priority of the poor themselves in relation to treatment; their priorities have more to do with an accessible and affordable service. Apart from its intrinsic value in a health facility, cleanliness and improved maintenance would also obviously have a beneficial impact on staff morale -- so this is an area worth considering for improvement.³⁴

³⁴Given the low level of technology and skill associated with cleaning functions outside of specialised areas (sterilisation, etc.) this would appear to be an area where contracting out this function

Apart from its inimical effect on cleaning operations, the social outcome of the policy of retrenching auxiliary nurses has been to entrench pre-existing staff shortages. Throughout the country, relatives of in-patients are having to stay on the wards to help look after their sick kin. Previously, auxiliaries would have been available to perform this function. Trained on the job, their services augmented those of the professionally qualified nurses, freeing the latter to undertake outreach assignments. According to the District Medical Officer at Abura Dunkwa, the size of his outreach team has had to be cut in order to maintain an adequate number of nurses at the health centres. Other research teams did not report similar findings, however.

In those hospitals which have access to non-state funds (e.g., the Techiman Holy Family Hospital, the Asikuma Catholic Hospital and the Saltpond Government Hospital), the problems created by retrenchment (specifically, the reduction in cleanliness and the decline in ward care) are being redressed by recruiting new hands off the state payroll.³⁵ In order to maintain a decent level of competent staffing all year round, the Holy Family Hospital at Techiman is buying back leave days (holiday time) from serving personnel. At the Saltpond Hospital, evidently one of the cleaner government hospitals, funds are being raised from a variety of sources -- appealing for support from the town's expatriate citizenry, renting out space and levying extra-statutory charges on services offered (thereby raising further the cost of access for the poor). Across the country, it is common knowledge that government hospitals are facing very real problems tending their grounds and keeping their premises clean.

Another (indirect) effect of retrenchment has been to increase the clientele of drugstores. At Asikuma, where large numbers of people have lost their jobs through retrenchment in the cocoa sector, drugstore-keepers report a resultant rise in business. This is because government workers usually have automatic access to free or subsidised hospital treatment.

Based on the limited evidence available (from the Gambaga District and Mpeseduadze), it would appear that community-based clinics are a popular option. Certainly, the concept is much cherished by the villages with whom we spoke (see illustration 6, for example). Even though the Mpeseduadze clinic has now collapsed, the Community Health Assistant (CHA) who had ran the facility during its existence is very well spoken of and is still consulted by large numbers of villagers for diagnoses and prescriptions.³⁶ Any gifts which patients are able to present in

to people who would have difficulty getting formal sector jobs (local womens' groups, etc.) could be investigated as a low-cost solution.

³⁵That hospitals are finding ways to make up the lost hours by engaging new staff to replace retrenched workers is in itself a suggestion that the health sector retrenchments were not entirely reasonable. Even after replacing retrenched workers at the Asikuma Hospital, the staff situation is still described as "deficient" by the hospital administration. Staff are routinely required to perform multiple rôles: the gatekeeper for the in-patients section has to double as a cleaner and a porter at the same time (personal observation, Asikuma hospital).

appreciation for services rendered are graciously received by the CHA, himself a member of the larger community. Owing to misconduct on the part of some CHAs, however, the entire concept of community-based clinics manned by state-trained CHAs has been abandoned *de facto* -- an action akin to throwing the baby out with the bath water. The extension of the health outreach concept to incorporate necessary supervisory mechanisms and sanctions may well have served the needed backstopping function, enhancing the implementation of relevant controls on CHA activities.

Defunct community clinic at Mpeseduadze

Between 1978 and 1986, World Vision International (WVI) provided active support to the community of Mpeseduadze, a small village in the Central Region. Among the diverse projects developed was a community clinic manned by a trained community health assistant. By 1984, the clinic had received wide acclaim, attracting a clientele from neighbouring villages and larger towns such as Saltpond and Mankessim, both of which were endowed with formal healthcare services. The clinic's medicine stock was replenished through a revolving fund. A small mark-up (of the order of 10-15 per cent) on medicine prices ensured that the community health assistant manning the clinic could be paid, and allowed inflation on recurrent inputs to be offset. Considering that local residents no longer needed to pay transport costs or wait in endless queues at government health posts elsewhere, the cost of treatment at Mpeseduadze was generally acceptable to the clientele villages, and patronage dropped at nearby herbal centres and "spiritual churches".

Early in 1986, WVI moved out of Mpeseduadze, under the terms of a pre-planned withdrawal. Unfortunately, an indigenous management capacity had not been established during the years of WVI presence. Within three months of WVI's departure, it was already difficult to restock the clinic's medicine chest. A well-meaning but managerially inept community leadership had begun to siphon funds out of the clinic's receipts to finance development projects. By the end of the year, the clinic had ceased to function for lack of drugs.

Community clinics in the Nalerigu area

Twenty communities around Nalerigu have been able to maintain their local clinics largely through good management and supervision. Each of the twenty participating communities contributes to establish a £15000 revolving drug fund. With this amount, the community is eligible to obtain a boxful of subsidised "essential drugs" (typically first aid needs) from the Baptist Medical Centre (BMC) at Nalerigu. In each community, a resident health assistant, chosen from the community, is responsible for administering first aid and accounting for the drugs supplied. Village health committees oversee the work of the community health worker. Monitoring is performed by BMC extension health workers on a monthly basis, with each extension worker covering approximately 10 clinics.

6: Experiences from community clinics at Mpeseduadze and Nalerigu.

3.1.1 Outreach and Information Campaign Services

The mobile health services introduced under the PHC portfolio appear to have had some success in reaching remote areas. The generally impressive achievements in

³⁶According to the Mpeseduadze chief and the local Assemblyman, the limited assistance which the CHA is able to provide is preferred to the services available at the government hospital located some six kilometres away. An important reason given for the CHA's extreme popularity is his welcoming demeanour. In contrast, nursing staff at government hospitals were routinely described as rude.

respect of coverage are somewhat offset by the fact that public outreach teams have tended to be rather unreliable with keeping dates and times. The opinion was expressed at Afrangua and Nyingare that the mobile health services are "good, but not reliable". Often, they arrive hours (or even days) late, when villagers are not expecting them and have left for their farms. At both of the Central Region sites, the principal factor constraining outreach visits to peripheral sites was reported to be financial, viz. budgetary cutbacks resulting in reduced transport allocations and fuel rations. The reduction in auxiliary nurse numbers has also imposed strains on the capacity of some health administrations to release professionally qualified nurses for outreach work. These losses may well be a contributing factor to the inability of outreach teams to be punctual in their village rounds.

Discussions with the Acting Medical Officer for the Abura Dunkwa-Asebu-Kwamankese district, and confirmed through community interviews at Afrangua, revealed that -- as with cleaning services in some state hospitals -- the most reliable outreach teams are succeeding mainly by levying unofficial charges to offset their transport expenses³⁷ and to purchase necessary consumables for treatment and nutritional demonstrations. By government's defaulting in honouring its obligations to the PHC programme, poor communities are having to be surcharged informal fees and are effectively subsidising the government's formal share of health delivery costs.

Supplementary interviews conducted in Kumasi and at Abura Dunkwa revealed that it is common for Maternal and Child Health (MCH) teams to run out of growth monitoring and antenatal record cards as well as other medical supplies (syringes, needles, cotton wool, etc.). Sometimes, DHMTs are compelled to seek financial assistance from their District Assemblies. Under the straitened funding conditions, however, District Assemblies are unable to provide much financial support to needy outreach teams.

While the amounts charged at the MCH consultations (for immunisations, weighing and other basic services) may appear small -- of the order of ₵200 per monthly consultation -- the evidence from this study shows that rural women sometimes have difficulty meeting this cost. The poorest mothers are, thus, sometimes compelled to skip immunisations.³⁸ The reason may be partially explained by the fact that the responsibility for meeting the non-food needs of infants tends to be left to the womenfolk. Of the few women specifically interviewed on the subject, none seemed

³⁷Evidence from the education sector (particularly interviews with FLP co-ordinators, teachers and GES personnel) suggests that the timely reimbursement of legitimate transport and travel (T&T) claims may be a major incentive in ensuring successful extension work. In each region, the depressing impact of the slow response in reimbursing such claims was cited as a supervision problem.

³⁸The unreliability of outreach visits (in terms of keeping dates and times) is another factor that affects the efficiency of the immunisation programme.

aware that the bulk of the fees being charged are unofficial.³⁹ This is to be expected since receipts are not being issued for payments made by the public.

Mobile health services run by the state are generally restricted to the immediate needs of children and expectant/nursing mothers. In practice, this means immunisations, weighing, advice on child spacing and the administration of oral rehydration salts to children suffering from diarrhoeal dehydration. In communities such as Afrangua, general consultations and the community health education component of the PHC programme are largely being sidelined owing to inadequate staff numbers. The education component is intended to address issues such as water purification and storage, personal hygiene and environmental sanitation. Of particular concern is the fact that relevant anti-malaria information is not reaching the poor, even though malaria remains the main cause of morbidity in all three ecological zones (GSS 1993: 23). In rural areas, where birth rates remain high, family planning advice is bypassing the adolescent female population. Despite the planned parenthood campaign being directed at mothers (in its practical implementation), our Brong Ahafo and Central Region teams found several women who would not practise family planning, convinced instead that large numbers of children are an effective cultural strategy for securing their partners' affection.⁴⁰ The two teams also report that women who have had multiple marriages tend to have significantly more children.

In the face of persisting poverty, and with men routinely defaulting in their traditional obligation of fending for their partners, divorces rates are high and the search for new conjugal unions is common. Not only is the rôle of an efficient family planning programme -- sensitively designed to respond to the dynamics of culture and poverty -- particularly important. It is indeed plausible that the success of the family planning programme may depend, to a significant degree, on the incorporation of fundamental poverty-reduction measures.

Techiman, home to the country's largest periodic market, is a natural converging point for male truckers and itinerant female traders, many of whom depend on the goodwill of casual acquaintances for rent-free lodgings. Hearsay evidence from across Ghana points to a high level of fleeting sexual unions at such trucking terminals (Asiakwa and parts of Kumasi have also been cited in this respect). Yet the risks associated with such hidden -- if non-professional -- prostitution (HIV infection, unwanted pregnancies, etc.) are not being addressed beyond the very generalised family planning and AIDS campaign programmes.

³⁹The only approved charge, apart from drug costs, is a nominal C50 fee for weight checks. Immunisation and ante-natal services are meant to be fully exempt from charge.

⁴⁰This view is shared by many non-poor women across the country.

3.2 Quality

While there is clear dissatisfaction with the public medical system, hospital treatment is nevertheless appreciated for its superior efficacy (see illustrations 3 and 4). The key problems of a quality nature cited by informants include long waiting times, unfriendly attitudes of staff (typically records room and nursing personnel) and the routine unavailability of drugs and basic dressings (requiring further outlays in transport and time). In contrast, mission hospitals were perceived as much more approachable and significantly better stocked. In exit interviews with out-patients at the Asikuma Catholic Hospital, it was reported, without exception, that the hospital pharmacy had been able to dispense all drugs prescribed! Similar sentiments were expressed by users of Nalerigu's Baptist Medical Centre (a.k.a. Nalerigu Hospital). However, waiting times do not appear to be shorter, understandably so given the higher patronage, as some patients come from distant towns and cities with government hospitals -- even from Accra -- to receive treatment at these acclaimed hospitals.

The real fall in government funding of hospital services has created some quite serious structural maintenance problems. Across the country, communities and hospital administrators are complaining of leaking roofs, broken toilets, torn mosquito nets on the wards, non-functioning water/electrical systems, and vital equipment in a sad state of disrepair. Paradoxically, however, the northern team found at Changni that while hospital structures and infrastructural services were in the most appalling condition, doctors' consulting rooms were efficiently air-conditioned. Clearly, the administration's priorities are lacking in responsiveness to the patients' needs.

Intuitively, deficient dispensing by entrepreneur drugstore-keepers (in the form of wrong prescriptions, short doses, unsafe combinations, etc.) is likely to result in slower recovery rates and a rise in drug-resistant conditions. Ultimately, these may lead to relapses and recurrent consultations, with net costs equalling or even exceeding those charged in hospitals. Exit interviews at one drugstore at Asikuma revealed that in purchasing *partial remedies* from the drugstores, some sick people are simply seeking temporary relief. In the face of inadequate financial resources, *containment* is proving to be a rational alternative to proper treatment. It is unfortunate that the dangers associated with self-medication and with the undisciplined dispensing of short doses and antibiotics are not widely appreciated, even in literate and non-poor communities.

The zeal which the government has begun to show for herbal medicines, many of which are sold as "multiple panaceas" needs to be matched, at the very least, by equivalent measures to verify efficacy, regularise doses and control harmful side effects.

4.0 EDUCATION

4.1 Access and Utilisation

Owing to public funding constraints and the general shift to what is described as a demand-oriented, community-based approach to provision, communities are now required to contribute substantially towards the cost of educating their children. This, in the government's view, is meant to "ensure financial sustainability" of the education policy (ISSER 1993: 15). The costs are not only monetary: communities must also provide relevant labour inputs for structural works. Statistical data from the last two rounds of the Ghana Living Standards Survey (GLSS) confirm a substantial rise in household expenditure on education. Interviews with parents and school authorities indicate that the statutory fees payable to the government are only a small fraction of the myriad of hidden costs which parents have to bear under the present educational programme (see below).

Primary schools and junior secondary schools (JSSs) are available in most established urban centres, but less so in rural areas. Senior Secondary School (SSSs) are moderately available in urban areas, but an absolute rarity in rural areas. As a result, rural dwellers tend to regard the JSS as the terminal stage in *de facto* education opportunities. While the non-availability problem is worst in rural communities of the northern savannah (confirmed by data from all three rounds of the GLSS), it is typical for rural pupils (particularly those at JSS level) to walk several kilometres to school -- sometimes crossing rivers in boats or wading through streams *en route*. Problems of accessibility, and in particular the high transport expenditures necessitated by long commuting distances, were often cited by villagers as a key factor contributing to the significant drop-out rate at the transitional stages (*viz.* primary to JSS; and JSS to SSS). Formal fees payable for SSS education are perceived to be very high. In the words of an informant at Changni, "some fathers have never counted twenty thousand cedis at any one time in their lives, yet parents are being asked to pay [annual fees of up to] forty-five thousand cedis [at SSS level]".⁴¹ During the rainy season, access can be seriously impeded in rural areas by the lack of roads and transport facilities (see, for example, box 7). Yet, according to the government's education blueprint, a central objective of the reform package is to increase the rate of school enrolment (ISSER 1993: 15).

Crèches are less well provided but, where provided, the patronage demonstrates a demand for the service. Female members of the Asikuma Youth Association (generally aged between 25 and 40) also identified a crèche as their principal concern. Parents at Asikuma report that, under new government regulations, children under five years will no longer be accepted in state-run nurseries. This is likely to lead to a decline in the ability to pay for formal child-minding services, which will be available in the private sector only. If this were to happen it is likely that larger numbers of mothers would either be compelled to stay at home or would have to carry their toddlers to work.

⁴¹Comment made in a focus group interview with 15 men aged 18-60, Changni.

Kwame Lambor comes from a family of nineteen children. Each morning, he walks the one-and-a-half-mile stretch to his school, the Gambaga JSS. His father, a "faralan-a" (poor man), has no money to buy fertilisers to improve the output of his leached farmland. His annual harvest averages two 50-kilogramme sackfuls of maize. In order to feed his household, he seeks work on other people's farms, receiving about C300 (30 US cents) for a full day's hire. Kwame sometimes leaves home for school without eating. During the rainy season, he is sometimes unable to go to school if the river which he has to cross floods its banks. In the dry season also, he has to spend much of his mornings searching for water, which makes schooling difficult.

7: Access to education: the story of Kwame Lambor, Gambaga Junior Secondary School.

De facto GES policy, in respect of basic education, is that communities should be responsible for erecting their own schools. In the more established urban areas, pre-existing state-built schools are likely to be available. In any case, GES's liability is currently limited to providing teachers, textbooks and some consumables such as chalk and registers. Even then, our research teams did not find a single school in which the government has honoured its obligation in full!

Some District Assemblies are levying supplementary annual charges on parents (¢1500 per child for the Cape Coast District) in order to finance necessary structural rehabilitation works. According to GES officials at Asikuma, some of the more deprived rural schools in that district are using children's labour to generate income to supplement meagre school budgets. As with the sanctioned costs of MCH services, official school fees do not seem particularly high (reported to be around ¢1050 per annum), but poor parents sometimes find these difficult to pay. This situation is aggravated by the proliferation of other (hidden but quite legal) expenditures: *ad hoc* levies for structural works, annual parent-teacher association levies (¢5000 in parts of the north), supplementary sports fees, examination fees, initial registration fees (¢4000 at Changni) and sometimes costs of providing classroom furniture for individual pupils. School uniforms (at approximately ¢6000 each), travel costs (where pupils have to travel to school by motorised transport), lunch money and expenses on stationery and consumable inputs for practical crafts lessons are further additions that raise the real cost of education. Also significant in raising household education expenditures is the high birth rate in rural areas. In Islamic communities, which permit the contracting of up to four polygynous marriages, large households (of over 15 persons) are common and expensive to maintain.

Though the Ministry of Education has issued clear instructions forbidding the expulsion of pupils on grounds of non-payment of fees, headteachers often feel compelled to act to the contrary since they are held directly accountable for the collection of fees. Turning indebted children away is particularly common in the last months of the academic year, before the main harvest.⁴²

⁴²Source: focus group discussion with nine teachers at Mpeseduadze, near Afrangua. The group included two headteachers.

In some cases, this strategy proves successful in forcing parents to pay up on outstanding fees, but there are also many instances where pupils never return to the classroom once they have been sent away for their fees. At Changni, in the north, drop-out rates are reported to be a high 45 per cent -- typically on account of parents' inability to pay their wards' fees. At the Mpeseduadze Primary School, 15 out of 23 pupils from a neighbouring village, Asafonna, dropped out in the last academic year on similar grounds. On numerous occasions, and in all three regions, we came across children from poor homes who were compelled to find piecework in order to settle their fees, or to purchase other basic needs such as pencils and school uniforms. According to GSS (1990: 17), "65 per cent of rural households live in communities where lack of finance [is] the main reason for some children not being enrolled". Given that the bottom line in the reformed education programme is to eradicate illiteracy, the distressing situation described above must beg the critical question of the sustainability of the cost recovery formula being administered. In the rural hinterland especially, cuts in government expenditure have worsened an already inferior position.

While also, there may be little doubt that more schools have been built and nominal enrolment figures may have risen since 1987, such statistics say nothing about the dynamics of attendance. According to those headteachers with whom the subject was discussed, enrolment statistics tend to be compiled at the beginning of the academic year, when parents are keen to have their wards registered (even if they were not regularly attending school in the previous session). In rural areas, poverty-induced truancy can be really significant. Yet, none of this is picked up in the static models of school attendance available in GES offices.

In the severely deprived northern savannah, where education had been free of charge until recently, the financial impact of the new cost recovery approach seems to be particularly harsh. Given the severity of poverty across the savannah belt (and the high incidence of poverty-induced mortality), the northern communities studied are especially anxious about the future of education under the current cost-sharing regime. Informant after informant decried the *real cost of education as high, and the financial returns low. This ought to be cause for serious concern since the government seeks, in its education agenda, to ensure high literacy levels nationwide.*

4.1.1 Functional Literacy

In respect of the community-based Functional Literacy Programme (FLP), access is largely dependent on the availability of a volunteer instructor (facilitator).⁴³ FLP officials report serious difficulties in recruiting suitable facilitators.⁴⁴ This is not surprising, as such volunteers are expected to teach classes several times each week

⁴³This situation is an indirect outcome of the retrenchment policy.

⁴⁴The Central Region research team was fortunate to be accommodated on a common campus with FLP organisers participating in a review session at the time of our fieldwork. It was, thus, possible to hold some quite useful discussions in our free time.

without remuneration. Expectedly, motivation and commitment are low among the programme's facilitators; they may arrive late or absent themselves without giving notice. It must be said, however, that the situation is somewhat better in rural areas -- perhaps, because teaching is a prestigious career in the perception of poor Ghanaians. In respect of the problem of finding suitable instructors, the recent decision by the Minister of Education to extend the duration of the FLP learning cycle from one year to two cannot go without comment.⁴⁵ Unless the intention is to enrol students in alternate years only, the outcome of the decision will be to impose further demands on instructors' time.

Among learners too, enrolment is low and drop-out rates high. Interviews with informants suggest that this situation may be indirectly attributed to poverty. Older adults, the main targets of the programme, are often exhausted after working long hours during the day, thereby affecting their ability to participate productively in the evening classes. Attendance rates also tend to drop substantially in the farming season (when labour demands are highest) and during festive periods (when non-natives travel out to celebrate the season in their own home villages). The most common request made by learners was for better lighting.⁴⁶ Many complained that the ageing process had affected their eyesight, and that they found night reading difficult.

4.2 Quality

Whereas the soldier-teacher statistic of nine per cent (UNDP 1992: 87) has been interpreted to imply reasonable access to quality education, findings from this participatory study reveal quite the contrary. The mushrooming of rural schools (through community initiative, particularly under the ongoing reforms) has meant that educational resources have had to be spread quite thin. Thus, while schools may be more accessible (in terms of proximity; *not costs*), rural communities tend to have so few teachers per school as to render the quality and value of education in such schools questionable.

Index	Score	
	Past	Present
Access	4	6
Quality	6	4
Utilisation	4	6

8: Matrix scoring of educational services at Techiman Zongo; fixed scoring with 10 bottle caps performed by four women and five men to estimate changes in criteria identified over time.

⁴⁵The decision was announced on GBC TV News, 12 December 1994.

⁴⁶Many poor homes across the country only own one lantern. This can be a serious problem when one member of the household has to participate in night classes.

Teachers, officials of the Ghana Education Service (GES), literate parents and older siblings were consistently emphatic that the quality of education has declined substantially over the last decade. The results of the 1994 SSS examinations are a revealing testimony to this oft-repeated assertion. Of some 42000 registered candidates, just over 1000 passed the examination! The sentiments of many parents and teachers are aptly encapsulated in the words of a GES official at Cape Coast who opined that "to reduce the duration of basic education so suddenly and drastically [from 17 years to 12] without adequate preparation is criminal." In the larger cities of Accra and Kumasi, irate parents continue to criticise the reforms, describing them as "an expensive experiment with a whole nation's education" and "an ill-planned programme whose implementation is producing nothing but illiterate (sic) school leavers".

In the course of the fieldwork in the Central Region, the author was privileged to meet with a group of nine teachers from four schools in the Afrangua area (one day nursery, two primary and one junior secondary school). Reproduced below are relevant extracts from the meeting.

On the lack of textbooks, the following information was provided:

School	Course	Enrolment	# of Course Textbooks
Mpeseduadze Prim	English 1	47	1
Mpeseduadze Prim	Maths 1	47	10
Mpeseduadze JSS	Ghan. Language 2	37	2
Mpeseduadze JSS	Cultural Studies 2	37	35
Mpeseduadze JSS	Vocational Skills 1	37	0*
Mpeseduadze JSS	Vocational Skills 2	37	0*
Mpeseduadze JSS	Technical Drg/Skills 1	37	0*
Mpeseduadze JSS	Technical Drg/Skills 2	37	0*
Mpeseduadze JSS	Technical Drg/Skills 3	29	0*
Afrangua Prim	English 3	23	8
Afrangua Prim	Maths 3	23	23+
Afrangua Prim	English 4	11	1
Afrangua Prim	Maths 4	11	11+

* Yet, designed to be skills-oriented, the entire JSS concept hinges on successful training in the technical and vocational subjects

Asked how well the JSS concept was working, one informant exclaimed, "you tell me! What can you expect when there are neither workshops nor equipment, ... when we have no books for Technical Drawing and Vocational Skills, none at all, and nobody to teach the Technical Skills course?"

Regarding their main priorities for improvement, the group agreed the following order:

Factor	Rank
Additional teachers	1
Additional textbooks/ teaching aids	2
Improved motivation for staff	3
Improved infrastructure	4

The day nursery at Mpeseduadze was reported to be very well equipped in terms of teaching aids. Staffing was, however, reported to be markedly better at Obokor (a neighbouring village supported by the Seventh Day Adventist mission). Asked where they would send their toddlers, all nine said they preferred the Obokor day nursery.

9: Focus group discussion with nine teachers (seven male, two female) from schools in the Afrangua-Mpeseduadze area.

In general, school-children and illiterate parents -- typically lacking an adequate basis for assessing quality -- were rather less aware of the purported erosion in academic standards. Even then, parents in the northern settlement of Changni repeatedly asked our research team "why are our children failing their examinations?" With schools no longer required to provide aggregate rankings of pupils' performance, parents appear to be having difficulty monitoring their children's progress under the educational reforms. In the worst cases, from northern Ghana especially, some parents receive absolutely no feedback (apparently due to non-supervision) and only become aware of their children's performance after the first proper (i.e., JSS-to-SSS) examination, when it is too late to correct the situation.

Even where schools are immediately available in the community, children of poor and illiterate parents sometimes have to spend their afternoons on the family farms and pastures or helping with other household economic undertakings (such as petty trading) and domestic chores. Ultimately they either cannot find the time, or are too exhausted, to do their school homework properly. During festivals and funerals also, parents travelling to their native villages sometimes take their children along, causing losses of up to two weeks in schooling time. The obvious result is a decline in their ability to understand future lessons and to benefit effectively from tuition received. A similar fate befalls those other children who must work in order to finance their education.

In the basic education programme, *de facto* policy of the GES is to provide one teacher for 35-40 pupils. The enforcement by GES officials of this so-called "enrolment factor" prescription has been particularly inimical to the provision of quality education in rural schools. Classes in such schools are often compelled to share teachers. The result is a reduction in the attention that can be devoted to each class, with a corresponding loss in overall efficiency and quality of instruction in rural areas. Ultimately, government's intention of developing the country's human capital through decent education is bound to be undermined by such dismal conditions.

In contrast to rural schools which tend to be underutilised, urban schoolrooms tend to be overpopulated, thus benefiting from rather better levels of staffing. At Techiman Zongo, 93 students share a standard JSS1 classroom. Under such conditions of overcrowding, we can expect, *ceteris paribus*, a high risk of cross-infection.⁴⁷ Given the twin problems of (non-)affordability of healthcare and the routine misuse of antibiotics, overcrowding in classrooms may indeed represent a greater problem than is generally recognised. In the Techiman school under discussion, controlling the students is only achieved with difficulty, and teachers are reported to be having trouble moving through non-existent aisles to provide one-to-one tutoring. The assessment of student work in such large classes is also made increasingly difficult; yet salaries in the education sector have fallen considerably in real terms.

⁴⁷Respiratory tract infections were often listed among the commonest diseases afflicting poor communities.

In practice, the implementation of the policy at district level is not entirely coherent. Subject in large part to the discretion of the District Director of Education, its enforcement has not been particularly consistent: some schools with smaller populations are better provided for in terms of pupil/teacher ratios. Thus, while Afrangua's six primary classes share two teachers between them (one teaching Classes Three and Four; the other dividing his time between the remaining four classes in two classrooms), the junior secondary school at nearby Obokor has five teachers catering to the needs of 61 pupils.

It is also common, in deprived areas -- both rural and urban -- to find pupils sharing standard classroom furniture built for individual use. Teachers interviewed were of the view that approximately one-third of pupils share chairs and desks in the Afrangua area. At the Mpaseduadze Primary School, two children share a chair only 300 centimetres wide, and at Tamale, a standard bench (approximately 1.5 metres wide) is shared by five pupils. Equally appalling is the situation at Nyingare, where some teachers lack chairs and some schoolchildren are compelled to squat or kneel on the screed floor while using their benches as desk space. Evidently, the quality of education cannot be satisfactory under such conditions of learning. Symptomatically, we found numerous examples of JSS children (mainly rural, less so of urban) who could not spell their own surnames correctly! In a focus group discussion with six males (of mixed ages) at Afrangua, it was also affirmed -- and unanimously so -- that many of the village's Class Six pupils cannot read Class Two books satisfactorily. These findings are consistent with those of Oti-Boateng *et al* (1990: 26) who report that "the appallingly low literacy and numeracy rates ... are only in part accounted for by individuals who have never attended school. ... For the majority [of the very poor and rural residents in general], school attendance fails to equip them with the most basic skills." As a result of the especially deficient nature of education in rural areas, those villagers who are able to may opt to educate their children in nearby towns. The numbers are low, however, mainly due to the high transport costs involved.

It is ironical that the most deprived schools also tend to be the ones with the highest staff turnover rates. Such schools, often located in the rural areas, are dependent on national service personnel to fill teaching shortfalls. It is common knowledge, however, that national service postings are typically made in November, a full two months after the academic year has commenced. Problems with finding suitable accommodation further delay their reporting for duty.

The new policy of phasing out non-professional teachers has contributed further to staff shortages in deprived rural districts. GES officials in the Central Region report that women are disproportionately represented in the non-professional group (perhaps, because their multiple rôles -- especially their childbearing responsibilities - leave them with little time for pursuing further studies). That non-professional teachers have been much more willing to accept postings to deprived areas than have professionally trained teachers is widely acknowledged in Ghana, and is especially important to the understanding of the impact of retrenchment on the quality of education. The general embargo on new recruitment into the public sector also means that national service personnel, after acquiring relevant teaching skills in their one

year of service, cannot easily be retained in the system. In any event, there can be little logic in a policy that seeks to retrench one group of non-professional teachers while relying on another group of untrained, inexperienced teachers with high turnover characteristics.

With the low rate of teacher production nationwide, teaching shortfalls have become particularly difficult to fill. For the 1994/95 academic year, for example, the entire district of Asikuma-Odoben-Brakwa (one of 110 in Ghana) received only 13 teachers whereas there were 146 full-time vacancies to be filled. It is altogether counterproductive that these new recruits were not sent to fill any of the existing vacancies but were rather made to replace non-professional teachers in the district's primary schools.⁴⁸ The current shortfall for the Northern Region stands at some 2300. Across the country, it is no longer possible to compensate for temporary shortfalls arising from maternity and illness -- which, in earlier decades, were addressed by calling on so-called "supply (reserve) teachers". Interviews with officials of the GES indicate that the shortage of teachers has been caused by two main factors: the conversion, since the late 1970s, of large numbers of teacher training colleges into secondary schools; and the increased demand for teachers arising from the rise in population and school enrolment, and the enlargement of the teaching curricula at primary and JSS levels. Also believed to be significant is the fact that the functional literacy programme is relying for its administrative functions on teaching staff siphoned from the classrooms. Such a diversion of critical resources has obvious implications for the quality of education in the formal system.

In separate interviews with teachers and officials of the GES, informants emphasised the lack of textbooks. At Dwemoh in Brong-Ahafo, a class of sixty-odd pupils share three French textbooks between them. At Asikuma, the headteacher of the Catholic Boys' School lamented, "there are some subjects for which we have no textbooks at all ... not even one for the teacher's reference".⁴⁹ English readers for Class Four pupils have not been printed since 1990; and according to the Textbooks Officer at Cape Coast, a parent of a Class One pupil would need to spend ₵18000 if he wished to furnish his child with the necessary textbooks.⁵⁰ In the face of such logistical inadequacies, a bleak manpower situation and real difficulties in household financing of educational needs, it is not surprising that educational workers are generally cynical about the anticipated rewards of the educational reform programme.

In respect of the factors that make for quality education, teachers interviewed are of the unanimous view that the availability of teachers is the most critical (see box 9).

⁴⁸This in spite of the fact that some were specially trained in key technical subjects for which JSSs are complaining of teacher shortages. In this respect, retrenchment in the education sector is also causing an underutilisation of prime manpower resources.

⁴⁹A focus group of nine teachers (seven male: two female) from Mpeseduadze and its surrounding villages made similar observations.

⁵⁰This cost rises significantly at higher levels of the educational ladder.

Even the JSS of the Catholic Boys' School at Asikuma, adjudged the best in the district for the 1991/92 academic year, now has no Mathematics or Technical Skills teacher! Given the general state of inadequate school staffing in the communities studied, there can be little doubt that the problem of quality education is very real, and that the implications are indeed ominous.

If assessed from observations⁵¹ of actual classroom tuition, the quality of instruction is not always satisfactory. Particularly in the hinterland, it is not uncommon to find poorly paid teachers treating their teaching assignments as a part-time undertaking. Such teachers may devote prime schooling time to other work (e.g., selling in the market, at Techiman; farming in most of the other sites) as a means of supplementing their incomes. The field teams received several reports of teacher absenteeism and complaints of pupils being compelled to spend school hours on teachers' private farms. Sometimes, children are simply left to play throughout the school day -- a complaint repeatedly made by schoolchildren at Nyingare in the Northern Region. On occasion, the lack of textbooks was attributed partly to headteachers' defaulting in collecting supplies from their district capitals.

Both the GES and teachers interviewed in focus groups admit to the inadequacy of school supervision. A diversity of transport-related problems -- inadequate motorbikes, insufficient fuel supplies and the lack of financial resources for reimbursing transport costs -- were cited as the main reasons for this condition. It was reported in three GES offices (at Abura Dunkwa, Asikuma and Cape Coast) that this situation has improved in very recent months following the receipt of special funds provided by GES for reimbursing headteachers and supervisors for approved travel expenses.

In areas where school buildings are old, it is common to find walls that are crumbling, roofs that are either ripped or leaking,⁵² classrooms that are damp and musky, and screed floors that are seriously pitted. Structural problems were frequently cited by school authorities and GES officials as posing a risk to school populations.

In an example from the state-run Presbyterian JSS at Gambaga (in northern Ghana), serious funding constraints had prevented a sagging roof from being repaired. Under the government's educational sector reforms, communities are entirely responsible for all structural maintenance expenditures. Owing to the dire state of poverty, manifest in a high rate of malnutrition, this community was unable to raise the necessary finance. Eventually, in October 1994, the roof collapsed on a roomful of schoolchildren while their class was in session. Twelve children were injured, with one suffering fractures in both legs.

10: Funding difficulties cause the collapse of a school roof at Gambaga.

⁵¹We surreptitiously observed classes in session at Afrangwa, Mpešeduaдзе and Asikuma.

⁵²In the rainy season, such problems can cause serious disruptions of classes.

Another important factor commonly cited by GES officials, teachers and some literate parents for the noticeable decline in educational quality is the increase in the number of subjects taught in basic schools. Whereas the Middle School system which has been replaced by the JSS taught only four core subjects (English, Mathematics, Geography and History), JSS pupils are now required to study 12 or so subjects. Necessarily, this expansion of the teaching curriculum has resulted in a reduction in the hours allocated to English as a course. Logically, the decline in the ability of pupils to understand the English language has adverse implications for understanding other courses taught in that language.⁴³ Further impairing the appreciation of the English language is the practice of teaching junior classes (up to the Primary 3 level) in native languages.

4.3 Relevance

Perceptions of the relevance of basic education are somewhat more complicated. Assessed against the government's own objective of "strengthening the relationship between educational content and the socioeconomic needs of the country", the reforms have been a failure. In general, however, education is still valued in the communities studied. The fact that poor rural dwellers have invested so much in cash and in labour in response to the government's challenge to put up their own schools is evidence of the priority accorded by such communities to basic education.

Asked to indicate their preference between the two main forms of basic education available in the north, a focus group of 13 men scored as follows using 20 stones:

Arabic School	3
Secular School	17
Total	20

In a further interview focusing on relative enrolment rates, the group scored as follows:

Children of school-going age who are in school	8
Children of school-going age who are not in school	12
Total	20

On the low enrolment rate, the group explained:

"Somebody may have four children and want to send all of them to school but because of the high school fees ... he can only send two of them. Other costs that might prevent him from fulfilling his wish are school uniforms and money for their lunch-hour meal".

"A parent with three girls and one boy will not send the boy to school as he has to help on the farm".

Note: at Nyngare, formal fees range from C900-1200 per annum. Yet people are sometimes so poor that even such sums can be difficult to find, especially when household sizes are large -- as they no doubt tend to be in the north.

11: Education-oriented extracts from Nyngare field notes

⁴³Even "Arabic" (qur'anic) schools, common in Islamic communities in the north and in the migrant *zongos*, are shifting voluntarily to the secular system in order to benefit more from English tuition.

Among mothers, many see their children's education as a social security investment for old age.⁵⁴ As one old woman pointed out at Koforidua, "education opens avenues for children to better their standard of living and to give financial support to parents when they are old". In both northern sites, illiterate parents are mainly of the view that educating their children will help compensate for their own illiteracy by providing opportunities to read their letters, to gain access to functional information (e.g., agricultural innovations) more easily and, if only indirectly and marginally, to lessen their isolation by improving access to the social privileges reserved for the educated and the élites.⁵⁵ Significantly, there are also many parents in the north who, perceiving the opportunity costs of education as high, assess the immediate returns⁵⁶ on education as negative and prefer therefore to keep half of their children on the farms and pastures. This is consistent with findings from the latest round of the Ghana Living Standards Survey which shows half of the northern school-age population out of school (GSS 1993: 14). When hunger is so acute, as it can no doubt be in the northern savannah, short-term concerns (savings on fees, books, school uniforms, transport, lunch money and other potential expenditures -- such as hired farm labour) are bound to gain in importance at the expense of the longer-term and perceivably more elusive returns on education. As the English proverb goes, "a bird in hand is worth two in the bush". *Ergo*, in comparison with classroom education, for which there is growing frustration at the lack of employment opportunities nationwide,⁵⁷ keeping a child on the farm or assisting him/her to learn a trade is better enabling some parents to recoup their investments in their children.

Children are divided: a few perceive education as the main route to a good career, *the* way out of poverty. A larger proportion (particularly, those in the less adequate schools) are more modest in their aspirations. Recognising their inability to communicate effectively in the English language, they see education as useful mainly in its potential to facilitate the learning of a vocation -- carpentry, clothesmaking, etc. Still others (and a significant proportion of parents in all three regions studied) are seriously concerned that continuing retrenchment and the high rate of youth unemployment have eroded the potential returns on educational investment. Seeing

⁵⁴The greater concern shown by mothers (for their children's education) may be due, in part, to their routine exclusion from the cash crop sector and the increasing inability of their husbands to meet their material needs. The superior interest of women in education is also supported by enrolment data from the community-based functional literacy classes. There also, females consistently outnumber males. It is quite possible that the particularly low literacy rate among women (< 20 per cent of rural women: GSS 1989) may account, in part, for this situation.

⁵⁵As indicated by a parent at Changni, "when we go to government offices for services, those who have classmates are given preferential treatment, so we want our children to have classmates".

⁵⁶The perceived benefits relative to the costs involved.

⁵⁷In the words of one old man at Changni, "during the Nkrumah regime [28-36 years ago], employers came to get us from our homes. Now our children finish secondary school and are unemployed".

their older brothers and sisters having completed school with no immediate hope for a job. many of the children interviewed perceive apprenticeships under master craftsmen to be more rewarding.

Notwithstanding the diversity of these responses, there is a strong impression from our field interviews that a significant proportion of parents in both rural and urban areas continue to invest in their children's education simply for its intrinsic value (see box 12). At Techiman Zongo, for example, women interviewed expressed the hope that in spite of the apparent wastefulness of educational investment at present, their children would at least be able to read and write. In the words of a male opinion leader at Bankyem, "what real alternative is there anyway? ... after all, illiteracy offers no better". Indeed, the fear of illiteracy -- and its tendency to constrain the individual's opportunities to menial, low-paid jobs -- appears to be a powerful motive in the decision to educate one's dependants. Sadly, the appalling state of educational provision in the communities studied provides little reason for optimism.

Below are excerpts from a 13-man focus group discussion on education at Nyingare, an essentially illiterate community in northern Ghana:

"We are living in a modern world, so we do not want our children to remain as illiterate as we are".

"Our children should be educated so that they can teach us new farming methods and help us in our development efforts".

"A community that has no education is not civil and is always far from understanding".

"Education is light to the community. At this gathering, only two of us are educated; the rest are in darkness."

It was also suggested that by educating its children, a community is better able to communicate with the outside world.

12: Highlights on the relevance of education from a focus group discussion with 13 men at Nyingare.

While the majority of drop-outs are perhaps on account of poverty, we also found many rural children who were playing truant or else had voluntarily opted out of education. One common reason was immediate hunger, which can make time spent on the farm seem more profitable than time spent in the classroom. Even if one must scrounge for immature crops on the farm, it is still perceived as a better option than staying in a classroom for a six-hour stretch on an empty stomach.

There are also those who link good employment solely with the ability to communicate effectively in English. Thus, if after several years of formal schooling, pupils see no improvement in their ability to speak, read or write the English language -- not unusual in poorly equipped rural schools -- doubts begin to be nurtured regarding the returns on formal education. Other important variables influencing drop-out rates are death of the major earner, crop failure and broken homes. We found several cases where remarriage had adversely affected children's education. Sad as they are, the examples of Kofi Baffour and Kofi Tongo (box 13) are not uncommon in the sites studied.

Repeatedly articulated as a need of urban youths was the concern for skills training opportunities. The view was expressed that access to well equipped vocational schools and Integrated Community Centres for Employable Skills (ICCESs) would greatly enhance employability. In practice, however, the ultimate value of such training has been dampened by the lack of relevant entrepreneurial finance, such that graduates are routinely having difficulty establishing themselves in self-employment. The continuing inability of skilled youths to access relevant credit facilities after training (and while at the most productive stage of the life cycle) is seen by many Ghanaian development scholars as a serious indictment of the *sequencing and implementation* of the SAP agenda. Among ordinary individuals too, it is perceived as undermining the value of available skills training activities.

Kofi Baffour, 12, is the eldest of five children born to his mother. Two of these have a different father. Until 1992, when he lost his father, Kofi was enrolled in Class Four at the Ahmadiyya Primary School at Asikuma. His step-father, who his mother married upon his father's death, refuses to pay his fees. His mother, a lottery agent, earns too little to be able to afford to pay for his uniform and to keep him in school. His younger sister has been more fortunate: her paternal grandmother has taken her into her home, and pays her fees. Kofi is convinced that education is necessary for a better future, and is eager to continue his schooling if his fees can be paid.

Kofi Tongo, now 13, lived in the Côte d'Ivoire with his parents and attended school until his mother's death two years ago. After the loss of his mother, Kofi returned to Ghana with his father and was re-enrolled at the Asikuma Methodist Primary school, where he spent the next two years. His father soon remarried, and Kofi's step-mother requested that Kofi be withdrawn from school in order that he could help her at the local market, where she is a trader. As a result, his father stopped paying his fees, and Kofi left to live with his maternal grandmother.

He is now catered for by an aunt. However, with several children of her own, she is unable to support Kofi's education. An uncle has promised to finance him as a trainee carpenter. While Kofi has not rejected the offer, he would rather complete his education, as his desire is to be a teacher in future.

13: Two drop-outs at Asikuma.

Contrary to *a priori* expectation, the educational curriculum at JSS level (*as currently implemented*) is not perceived as particularly beneficial. In case after case (in schools, communities and in GES offices), informants alluded to the inadequacy or sheer lack of tools (e.g., sewing machines and carpentry hardware) and other consumable logistics (e.g., lumber and fabrics). According to one headteacher at Asikuma, "JSS pupils in my school may know hammers and saws by name, but most of them have never actually handled any of the prescribed tools ...". This situation, a serious constraint to effective skills training in JSSs, has arisen mainly because, in the current cost-sharing framework, communities are not only responsible for financing capital requirements and furniture, but also for providing tools and consumables needed for the programme. Consistently, therefore, the skills training objective is being undermined by the high incidence of poverty.

Worsened by the lack of specialist technical instructors, the entire JSS concept has been severely stigmatised, especially in urban areas. In introducing the reforms which brought the JSS into being, Ghanaians were made to believe that the JSS would adequately prepare pupils for almost-immediate employment in artisanal and

vocational trades. But parents, school leavers and GES staff are united in emphasising that this has not been the case in practice. Indeed, the technical training component was consistently reported as the weakest link in the JSS programme. Compared with the traditional mode of [apprenticeship] training, the efficacy of JSS education -- *as currently implemented* -- is widely perceived as negligible.⁸ In this respect, reference was often made to the "good old days of the continuation school experiment". In those days, from decades back, veteran local artisans were enlisted to assist school authorities in imparting vocational skills to post-primary pupils. The requirement, in the JSS curriculum, that students should acquire academic knowledge as well as acquire marketable skills means that illiterate local artisans can no longer be drawn on as a teaching resource.

In general, it must be noted that it is not so much the concept of reform *per se*, but rather the *disjuncture between policy and practice* -- overambition in terms of the number of discrete courses taught, the inability of the government to nail down the key planks in its educational reform programme, and the enormous burden imposed on parents -- that is the subject of the most criticism from educationists, community members interviewed and the public at large. In turn, this lapse has been attributed, in our research with providers, to four main reasons: (i) lack of adequate preparation (in terms of textbooks and material logistics), (ii) the premature conversion of teacher training colleges into secondary schools, (iii) real losses in capital and current expenditures in the field of education, and (iv) inadequate consultation with teachers, parents and recent school leavers during the planning phase. Not only, therefore, is an overhaul of the education system necessary; it is also important that views are solicited more widely *and sincerely*, and that people are made aware of any corrective measures adopted. This is necessary to encourage parents to take advantage of the expected improvements.

4.3.1 Functional Literacy

As with the basic education programme, the Functional Literacy Programme has had only a muted impact thus far. Even though learners appear to approve of the overall objectives of the programme, enrolment and attendance are both disappointing. Interviews with individual learners reveal that the relevance of this potentially valuable programme is dampened by minor course phasing problems. The view of the Catholic Graduates' Association (CAGA) in Kumasi, recently adjudged the best FLP institution nationwide, is that interest is greatest where the phasing of instruction is ordered to respond to participants' immediate needs (which may take the form of pertinent agricultural information, say on seedling production, prevention of post-harvest losses and ways of improving soil fertility). Thus, the initial stages may require more flexibility and the eliciting of participants' main interests.

⁸Apprentices are often required to make a thanks-offering of the value of about €50000 on the completion of their training. In some cases, additional requirements may include a fatted sheep and/or a bottle of gin.

Communities in which the teams worked were not at all aware that in addition to meeting the literacy and numeracy needs of the core stream of older, entirely illiterate adults, the FLP was also intended to cater for school drop-outs, especially girls. That the FLP is typically translated to denote a "learning programme for older adults" is in itself evidence of the *de facto* agenda. Not in one site did we find a class that included [younger] drop-outs. It is also the case that the programme's adult participants are often ridiculed, particularly so in urban areas where literacy levels are higher. Programme coordinators in the Asikuma-Odoben-Brakwa district believe that such derogatory remarks were a major factor in the collapse of Asikuma's seven classes.⁵⁹

4.4 Gender Distinctions

Regarding parents' perceptions of education, we found women to be marginally more concerned about their children's education. In comparing the returns on boys' and girls' education, there were variations in perception *within* most subgroups interviewed. Overall, however, there is a distinct preference for educating boys over girls where resources are limited. The most assertive allusions were the superior opportunity available to boys to help out with their fees (by hiring out their labour), the cultural liability imposed on males for household provisioning,⁶⁰ and the haunting menace of teenage pregnancy (cited in all six communities and by teachers and GES officials). According to one female informant at Koforidua, "girls marry and become the responsibility of their husbands, whereas boys become responsible for their wives and children when they marry". Also common among parents is the view that "a son belongs to his parents whereas a daughter belongs to her [potential] husband". These generalisations notwithstanding, the older generation were emphatic that adult females are more reliable in caring for their parents.

In a discussion on the returns on female education, it was explained by a father at Nyingare that some parents prefer not to send their daughters to school because while in school, the girls miss out on traditional home management training. Yet the majority make little progress on the educational ladder, failing to pass their examinations. Thus, they acquire neither domestic skills nor academic knowledge. Such girls, it was claimed, are unable to make good marriage partners for local men. Having acquired relatively sophisticated tastes through the acculturating influence of education, they focus their attention on attracting educated men and often migrate to the larger towns in search of greener pastures. Ultimately, their exploits expose them to risks such as AIDS and other venereal diseases.

14: Perception of a father on the value of female education, Nyingare.

Girls are more likely to be late for school, owing to the myriad of household chores for which they are traditionally responsible. Their duties include fetching water

⁵⁹The lack of enthusiasm among the facilitator corps was also cited as important.

⁶⁰This opinion, while common in the communities studied, is not entirely accurate. Informants generally agreed that, in practice, poor men are defaulting in this traditional duty, and that they are being actively assisted in this rôle by their wives.

(sometimes from distant sources),⁶¹ sweeping the grounds, cleaning the household's pots and pans, washing, assisting with food preparation, readying hot water for the morning bath and helping to care for their little brothers and sisters. Our research also confirmed the findings of the third round of the Ghana Living Standards Survey -- that in some northern communities, disproportionately high numbers of girls of school-going age are not enrolled in school. In Islamic communities, common in northern Ghana and the migrant *zongos*, girls are married off very early as parents strive to avoid the embarrassment associated with teenage pregnancy.⁶² The Gambaga office of the GES reported receiving instructions late in the 1993/94 academic year ordering, for that year, fee exemptions for girls in the district. However, the letter arrived too late, when most had paid their fees or had already dropped out for default. No new instructions had been received by November 1994 when the research team interviewed the officials at Gambaga.

Informants generally attributed pregnancies among the schoolgirl population to poverty, specifically parents' inability to provide for the educational and social needs of their increasingly self-conscious adolescent daughters. Compelled to exchange sexual favours for monetary reward, such girls are vulnerable prey for the large number of eager males keen to lure them with small gifts, often of extremely low value. Indeed, evidence from Techiman shows teenage girls acquiescing to men's advances for as little as 500 cedis (a little under 50 US cents at the time)!

5.0 WATER AND SANITATION

5.1 Access and Utilisation

In the country as a whole, access to clean, piped water is better in urban than in rural areas. But statistics such as those routinely reported by the GLSS which suggest that the overwhelming majority of urban dwellers have access to piped water are not entirely accurate. Most homes in low-income settlements lack functioning supplies and, in terms of population, these neighbourhoods constitute the majority in most urban areas. While it is not necessarily bad for such residents to rely on shared sources, observation studies conducted by the author at several public standpipes in Berekum, Asamankese and Somanya in 1993 indicate that poor people are often having to queue for a full hour just to obtain a bucketful of water. Surely, search costs must be recognised as being high (in terms of time). If people have to spend such long periods searching for water (whether because their homes lack taps or because the taps do not run), it must imply a fair amount of exhaustion, with an attendant loss of potentially productive time. For homes with piped supplies, GWSC's increasing block tariff (IBT) discriminates against sharers and is particularly

⁶¹This is especially so in the dry season.

⁶²The Islamic religion is reported to hold parents spiritually liable for the promiscuity of daughters under fifteen years.

regressive since it is the urban poor, typically residing in multi-occupied properties, who are penalised by the structure of the tariff.

In 1993, the author conducted a dawn observation study at a public standpipe in the provincial town of Berekum. By 06.20, while the water pressure was still quite satisfactory, there were 46 buckets at the central standpipe. It took nearly 1.5 minutes to fill a bucket of approximately 30-litre capacity. At 9 o'clock, there were 22 buckets in the queue and it took nearly 5 minutes to fill an average-sized bucket under the low pressure conditions common during peak hours. On occasion, when the central pumping facility is out of order, some of the town's taps remain dry for a full week. Routinely, water will only run through taps sited on high ground when the town's overhead cistern is full.

15: Queuing for water at Berekum; observation study, July 1993, complemented with *ad hoc* interviewing.

Within the towns and villages studied, the availability of safe water and sanitation is usually a function of NGO presence -- World Vision International, Habitat for Humanity and the Catholic mission.⁶³ NORRIP, which is not an NGO but has a specialised intervention in the water sector, was the key service agency in relation to water for the two communities in the Northern Region. Many poor households rely on streams and uncovered wells of dubious purity. Currently, rain water is harnessed on a very small scale. Most houses lack roof gutters and households are often unable to own large storage containers in any case. Except where interventions have been implemented, therefore, water quality tends to be poor during the dry season when natural water sources are typically overexploited. At such times, wells and other natural sources may dry up. In the dry season, residents of Changni are forced to buy water from tankers at c20 per 30-litre bucket -- double the usual price. Local festivals, which attract large numbers of native out-migrants, tend to aggravate the stress on water and sanitation facilities.

Access conditions are quite satisfactory at Afrangua and Nyingare (both NGO sites). At the latter site, the ultra poor are exempted by the community from paying any user charges. At Afrangua, water is free of charge at the drawing point: maintenance costs are recovered indirectly -- by nominal additions of the order of c100 built into the annual development levies paid by resident and expatriate citizens alike. The Afrangua team was informed that *all* residents rely on the standpipe for their drinking and bath water needs.⁶⁴ This is in sharp contrast to the situation at Asikuma and Changni, where safe water supplies have to be paid for at the drawing point, and the

⁶³Here, we take account of conditions in various other urban neighbourhoods in the towns visited by our research teams.

⁶⁴Not only do residents gain nothing by avoiding the standpipe (as there is no charge at the point of use): WVI intervention has also resulted in the creation of a higher level of health awareness than is common even in many urban areas.

poor therefore tend to avoid the standpipes.⁶⁵

Residents of Nyingare obtain their water supplies from three main sources: a pump-fitted borehole (drilled with the assistance of NORRIP at a subsidised rate of C80000 in 1991); the Nyingare-kluga stream, and a community well.

The borehole provides water for drinking purposes while the stream and the well provide water for building, washing and watering the animals. There are never queues at the standpipe. It has been suggested that the contributions which residents were required to make towards the albeit subsidised installation (i.e., £1000 per man and £700 per woman) may partly explain the high sense of community ownership and care which the research team observed.

Water is obtained for free at the source. Occasionally, adults -- with the exception of the very poor -- are required to contribute £100 towards repair works. Routine maintenance is entrusted to a two-person team of volunteers -- one male, one female -- trained by NORRIP.

16: Water resources at Nyingare.

Except at Asikuma, where the largely unused standpipe is managed directly by the Catholic mission, communities with standpipes are directly responsible for the management and maintenance of their boreholes. Informants interviewed (at Afrangua, Koforidua and Nyingare) tended to be very possessive about the facilities. In order to keep repair costs low, residents are encouraged to restrict the use of standpipe supplies to drinking, where possible. This also reduces the stress on the facility, thereby improving access by keeping queues short. Unlike in earlier decades, when the Ghana Water and Sewerage Corporation's standpipes were consistently vandalised in the towns, community ownership of water supplies appears to be working well. The cost-sharing approach approved by GWSC, by which communities pay the same amount for the capital provision as they would in *estimated* annual recurrent costs, may be reasonable for areas with moderate-to-high populations. It is not so certain, however, that small rural communities (of say 100 people, such as are common in the poorer, sparsely populated northern savannah) will be able to meet this requirement. In any case, the amounts which communities are paying to maintain their standpipes are far less (up to 90 per cent lower) than was estimated.

Unlike health and education which are generally better provided in the urban arena, planned sanitation is less readily available in the towns studied. Higher urban concentrations necessarily mean that crude forms of public sanitation and refuse disposal are less satisfactory and more hazardous than they would be in rural settlements.⁶⁶ In the whole of Techiman Zongo, there are two domestic toilets and no

⁶⁵In the case of Asikuma, however, there is the additional problem of scumming of water from the standpipe.

⁶⁶In the Nyingare village, no form of deliberate sanitation has been provided, whether public or private. Yet the community is entirely satisfied with using the distant bushes and hills. Indeed, sanitation was not even mentioned as a need.

public ones. At Asikuma, the crude estimate of persons per toilet seat (or, more accurately, squat-hole) is approximately 700 -- this in a town whose hospital records show diarrhoea as a major cause of morbidity. Predictably, queues are long during peak hours, and the stench is overpowering in the vicinity of the few public toilets. The Techiman and Asikuma teams were repeatedly told how users of the public toilets have to take a bath immediately after using the facilities in order to free themselves of the strong, lingering smells. As an informant put it at Techiman Zongo, "if one does not wash after visiting the [public] toilet, he could be driven out of his bed by his wife". Such being the situation, many urban residents find it more convenient to use the unkempt bushes when they have need to move their bowels.

Not only is hunger eroding resistance to disease (through the agency of malnutrition); poverty is also proving to be a logical polluter in the sense that the poor have few safe options available to them. Domestic refuse is often disposed of in uncontrolled tips, providing an ideal habitat for the malaria-carrying anopheles mosquito. Furthermore, high urban land values and the depressing impact on the price of adjacent land parcels are rendering the acquisition of reasonably central lots for public conveniences particularly difficult. Where private toilets exist, they tend to be of the rudimentary bucket (pan) type, and are usually poorly maintained owing to the high servicing costs entailed.⁶⁷ As relatively few homes have on-site sanitation, anyhow, indiscriminate defecation has become widespread in poor urban neighbourhoods in all three climatic zones.⁶⁸ Ultimately, the filth (both garbage and human excrement) is washed downslope into the streams and rivers from which deprived communities obtain their drinking water.

While village privies are consistently accessible without fee, user charges of the order of ₵10 are collected from adults wishing to utilise urban toilets. At all urban latrine sites visited, children are exempted from paying user fees, the rationale being to discourage open-air defecation. While some communities have entirely separate structures for the exclusive use of children, the practice in other communities is for children to be allowed fee-free access to the essentially adult facility. However, sharing with adults means that during peak hours, when queues tend to form, children are sometimes nudged out of the queue by adult users.

The charges collected at urban latrines are the necessary means by which cleaning and effluent desludging operations are financed. However, while such fees may provide the funds needed for financing these requirements, cleansing continues to be performed without the benefit of gloves and boots; and safe disposal sites remain a difficult problem. The sad result is that large volumes of effluent continue to be

⁶⁷Across the country, daily removal costs range between C400 and about C1000. The containers are not washed: simply drained and replaced.

⁶⁸At Asikuma, sanitary inspectors assigned to sanction such unhealthy acts are collecting bribes of approximately C3,000 from householders around whose homes human excrement is found. It is widely recognised, however, that the real culprits are often from other houses.

discharged into the increasingly polluted urban streams and onto the open grounds adjoining these public conveniences.

In general, the cleanest and best managed toilets were those under community control rather than those managed by the Assemblies. NGO-supported communal KVIP latrines are working perfectly in two of the villages visited (Afrangua and Koforidua). The teams which visited these toilets report no perceivable smells -- not even internally! This shows that the VIP option is quite feasible (though expensive) when employed in a low-density rural context.

It is reported (by some District Assembly representatives) that motorised cesspit emptiers are being provided to each of the 110 districts. But unless efficient means of improving community control can be found, the vehicles may not prove as useful as they should.

5.2 Perceived Relevance and Need

The value of good water is not always recognised among the poor. At Asikuma, most people would rather stick to drinking untreated water from the polluted Okye river which they perceive as "more refreshing and better tasting than water from the Catholic standpipe". The main concern with respect to water, in that town, is not so much for purifying the water as piping it from its current location several kilometres away. The overwhelming majority of informants seemed quite aware that the source was contaminated with faecal matter and refuse washed downhill by surface water. However, they did not appear particularly concerned about its quality, except for the older women wrongly attributed the relatively high level of river blindness in that area to the contaminated water. In villages such as Afrangua, Koforidua and Nyingare, which had endured the debilitating effect of guinea worm infestation in earlier decades,⁶⁹ the importance of good drinking water is much better appreciated, not so where water-related illness has been limited to diarrhoea and other less gruesome diseases. Clearly, there is a need not only for improving supplies, but for intensifying the creation of relevant awareness also.

In all three regions, women expressed more concern about their water and sanitation circumstances than did their men. In respect of water, this may be accounted for by the fact that it is the females who are culturally responsible for replenishing the household's water supplies. With sanitation, males are easily excused for evacuating their bowels in the bushes, whereas females (especially adults) have fewer culturally acceptable options available to them. At Asikuma, the men were clearly less concerned with their own sanitation needs than with the embarrassment experienced when visitors request access to their toilet facilities.

⁶⁹Community leaders at Afrangua report that until WVI intervened with a borehole in 1986, over 90 per cent of the population suffered from guinea worm infestation.

Another important observation relating to sanitation is the fact that, even in the larger cities of Accra and Kumasi, the majority of bread, *gari*, *yakayaka* and similar cooked foods consumed by poor and élite alike are prepared and stored in unhygienic environments as those described above. Clearly, policy-makers cannot insulate themselves from the urgent sanitation needs of the poor.

About the only real resource which poor rural and urban communities feel able to contribute in pursuit of a community-based sanitation intervention is their labour, duly harnessed on a pooling basis. Whether in the rural or urban context, safe sanitation provided on a house-by-house basis cannot be of the crude pit form, for which capital and running costs would be extremely low. Removable pan-latrines are considered equally unsuitable at household level owing the inability of the poor to finance the relatively high costs of servicing. Proximity of on-site sanitation facilities to living rooms and household eating places requires that safer forms such as the ventilated improved pit (VIP) and water-borne systems be considered as healthful options, but these require even higher capital outlays (though recurrent costs are lower). In the case of a sewered system, there is the additional problem of water supply to contend with.

As a first step, the feeling was sometimes expressed by District Assemblies themselves that they could do more to help the sanitation situation in urban areas by working more actively towards the creation of relevant health awareness. Poor urban residents also tend to see the solution to their sanitation problems in the construction of communal VIP latrines financed by their Assemblies.

The issue is, however, far more complex than that. It is common knowledge that VIP latrine forms of sanitation only work properly where the effective user population is small. At Berekum, for example, some communal VIP latrines have been completely abandoned, and now function as cesspits. Others have had to be converted into simple tank latrines with provision for fortnightly desludging. Even then, the smell is often perceivable up to 400 metres away under moderate wind conditions.⁷⁰

If with the markedly better situation at Afrangua, the village population of 410 is still having to queue in the mornings to use seven VIP squat-holes (approximately 60 persons per hole), then the intensity of the sanitation problem at the urban sites cannot be overemphasised. Indeed, to improve the access rate at Asikuma to approximately 40 persons per hole would require something like a 17-fold increase in the current level of provision! This is certainly a cost which the District Assembly could not possibly bear on its own. Just as importantly, the difficulty of accessing land in such significant amounts for public *urban* uses cannot be overemphasised. In this respect, the VIP latrine has another potential advantage over its common rivals in that, if provided in adequate quantities, it is less polluting and might, therefore, prove easier to find land for.

⁷⁰Field notes from a dawn observation study of user behaviour at Berekum's public standpipes, refuse tips and latrines; 02 July 1993.

6.0 OTHER

6.1 Seasonality Issues

In each of the rural settlements studied, hunger is particularly acute during the "lean season". Ironically, the lean season is also the time when farm labour requirements are highest. To an extent, the lean season economy is considered a makeshift one. In order to sustain their households, rural populations -- particularly those in the north -- are resorting to some very desperate measures. Many men turn to felling trees to produce charcoal for sale. The harsh realities of survival during that season force Afrangua's women into the energy-sapping business of stone-breaking for sale to builders. This activity must continue during pregnancy, although it probably increases the risk of miscarriage.

In the northern savannah, many migrate to the south to find temporary work. Unfortunately, not all are able to return at the optimal stage of the farming cycle. There is also a tendency -- during the "hungry season" -- for disease levels to rise, with no corresponding funds for treatment.⁷¹ This rise in illness is due to several factors, among them the decline in water quality and a lowering of resistance engendered in part by difficult bush-clearing operations in advance of the rains, and also by inevitable cuts in household food allocations. During such periods, poor households fall even more readily on herbal healthcare options.

Festive and farm-making periods are typically accompanied by a fall in attendance levels in both the formal schooling and the adult education programmes. Classroom education is also sometimes affected in the rainy season, especially where roads are flooded, or commuting distances long, and where leaking roofs prevent classes from progressing smoothly. Water and sanitation conditions are also worst during festive periods, when the influx of indigenous expatriates peaks. In the dry season, when the pressure drops significantly in urban water networks (especially in the north), girls are reported to be keeping wake to fetch water at midnight when there is least stress on the network. Others have to spend long hours queuing for water in the morning, and tend to be late for school. In an interview with a group of children at Techiman Zongo, the children noted that "in the dry season, people come from other parts of Techiman to fetch water here and, as such, we are often late for school". At Afrangua also, queues only form at the standpipe in the dry season, when people from neighbouring villages and the larger towns -- some over 10 kilometres away -- invade the village's standpipe in desperation.

6.2 Perceptions of Poverty Reduction

The consistency with which informants cited stable, bequeathable assets (such as houses and agricultural estates) as attributes of wealth would appear significant to the question of prospects for individual/community action. Such perceptions were not in reference to the present only, but equally importantly, were an allusion to future

⁷¹This was confirmed by medical authorities in several of the hospitals visited.

prospects also. Implicit to this portrait then is the issue of the perpetuation of poverty, and the recognition of people's inability to contribute much financially without deliberate policies at enhancing the formation of sustainable capital. Indeed, informants often alluded to needs in respect of *poverty eradication* rather than mere short-term *poverty alleviation*.

In rural areas, many parents, particularly fathers, still perceive large households as a means to obtaining free farm labour and high farm outputs. The youth, in sharp contrast, tend to be critical of large households as a *cause* of poverty. It ought to be a matter of serious concern that the low returns on agricultural investment are causing parents to discourage their children from becoming farmers. Unless prompt and credible efforts are made to improve significantly the returns on agricultural employment, food production could decline considerably in the medium term as improvements in access to quality education generate an expansion in non-farm employment opportunities.

Possible interventions that could promote higher yields and productivity, and thereby reverse the current attitude, would include improvement of affordable input supply, the provision of timely credits (in kind, if necessary) and stimulating product markets, improving farm-level access to relevant agricultural outreach services and support for the development of rural market/transport infrastructure (market access roads), especially in poor and marginal areas. NGOs could play a useful rôle in respect of credit management. Not only are they proving to have a better capacity for administering timely credits (a critical factor in the pursuit of a credible poverty reduction programme); they are also more likely to have the necessary capacity to cope with non-cash repayments, especially if improvements in harvests should depress prices in the short-term.

In urban areas, the acquisition of marketable skills (through adult vocational training) is widely perceived to be the key to poverty reduction at the individual level, both for males and females. In both rural and urban areas, youths typically aspire to self-employment in the informal sector. Artisanal trades were often cited by males, hairdressing and catering by females. Among the older rural peasantry, however, prospects for individual advancement are seen mainly in terms of credit for consolidating their agricultural assets, and meaningful access to agricultural extension services and the creation of relevant product markets.

In respect of the provision of community amenities, those interviewed perceive themselves too poor to contribute much more than their labour. It is encouraging that the Asikuma-Brakwa-Odoben District Assembly recognises the constraints under which the poor operate, and that it has already taken measures, in the context of its medium-term development plan, to credit such labour with an imputed monetary value. There is evidence, however, that genuine popular participation is not being sought in the identification of communities' needs and in the subsequent formulation.

implementation and monitoring of district plans.⁷²

Routinely, poor communities are crying out for help, appealing for government and other assistance to complement their labour input potentials. As of now, however, our observation is that potentially beneficial NGO assistance is, in general, not being optimally coordinated. For the most part, there has been a piecemeal approach entailing mutually exclusive planning actions. This is wasteful of scarce financial, technical and human aid resources. The exception to this situation is probably in the north where the recent ethnic strife compelled NGOs and ESAs to forge impressive links to address the situation comprehensively. It can only be hoped that the resulting achievements will provide the impetus for a deliberate expansion of NGO/ESA collaborations on a national scale, in consultation with decentralised governments.

Such partnerships would permit a more integrative identification of needs, enable each partner to gain access to the skills, insights and resources of the other confreres, and allow parties to maximise their relative advantages in the spirit of complementarity. Local governments could benefit immensely from NGOs' vast experience in dealing with poor groups (in respect of encouraging productive participation, sequencing of interventions, etc.). Ultimately, such a networking mechanism should yield greater efficiency per cedi invested, particularly if combined with a genuine empowerment of communities (by way of relevant awareness creation and enhanced citizen participation). The African Centre for Human Development's upcoming Development Expo (scheduled for late January 1995 in Accra) provides a historic window of opportunity for forging the desired links.

⁷²For instance, the medium-term plan of the Asikuma-Brakwa-Odoben District Assembly makes no provision for agricultural extension. Yet, this was a key poverty reduction strategy mentioned by informants within the community.

7.0 CONCLUSIONS AND PROPOSALS

7.1 Introduction

The development agenda is undeniably a complex one, and in devising meaningful strategies for improving social services conditions for the poor, the difficult debate between ideal and possible levels of intervention must always be confronted. Needless to say, the limitations of government's ability must be recognised. While it is impossible to provide an adequate level of all services *within* every single community, policy ought to aim to make basic services *available* to each community. It is also important for the developmental efforts of the poor to be recognised. The fact that they are able to do relatively little should be seen as a result of their low financial ability rather than interpreted as a sign of disinterest. In this respect, we must take account of the continuing inequities in the distribution of development gains: while large numbers of urban consumers are using schools, clinics and electricity whose capital provision they were not required to pre-finance, deprived rural populations are being made to finance a range of such costs unassisted.

The severity of constraints on local sources of finance also means that if there is to be any real hope for resolving the service delivery problems of poor communities, then some assistance will be required from the international community to support communities' own initiatives and government efforts. Recognition of the limited capacity of poor communities requires further that serious effort is made to lighten the burden on them. In assigning costs between participating parties (communities, district administrations and central government), therefore, the vast contribution which poor communities are already having to make -- not just in terms of financing construction and repair works, but also in terms of the unpaid labour they continue to provide -- must be imputed to their credit. Costs would then be distributed more equitably, with deprived communities responsible for only a token share of capital cash costs.

7.2 Health

If we recall from Section 2. above, that bereavement is a significant cause of poverty for certain social categories, then a meaningful policy to extend proper healthcare to deprived communities should be seen as an essential feature of poverty mitigation.

With regard to cost exemptions for the poor, NGOs and other charitable providers have been shown to have better structures for managing the facility. But such administrative practices require the scrupulous exercise of discretion, which government services are not especially noted for. For the public sector, therefore, a more efficient option would be to target assistance by ailment. Hitherto, diseases included in the exemption provisions are generally those perceived as posing a risk to public health. It is proposed that the existing list be enlarged to cover diseases that are essentially poverty-related. From our studies, we would expect the expanded list to include anaemia and malnutrition, malaria, guinea worm infestation, diarrhoea, intestinal worm infestation, yaws, tuberculosis and AIDS.

An expanded exemption programme cannot be devised in isolation, however. Such a policy must be complemented with improved access to good water and healthful sanitation, and the efficient dissemination of nutritional advice. These and necessary disease prevention measures (e.g., immunisations) would not only promote better health *and productivity*, but would also allow the load imposed on the public exchequer by the extended exemption plan to be minimised. Needless to say, some logistical support would be expected from government to make any exemption provisions meaningful. While some leakage is possible, we would expect this to be low and to be more than offset by the wider gains arising from the enhancement of access conditions for poor groups.⁷³

As Ghana prepares to implement its health insurance intentions, financial concerns must be tempered with those of *social equity and justice*. There is little doubt that some households will find the instalment payments easier to afford, but the evidence from our research is that there are also many people who are simply too poor to be able to contribute much towards their health needs. Serious consideration should be given to setting up pilot insurance schemes prior to the full-scale implementation of the programme. Our firm belief in this regard is that it is wiser to suspend the implementation of the scheme to permit important lessons to be derived from the pilot phase if Ghanaians are to be spared unnecessary distress. With or without health insurance, unofficial fees will continue to raise the real cost of orthodox healthcare and constrain access so long as graft remains common in the government health service. Improved monitoring, combined with the imposition of severe sanctions, would also help to deter graft in the health service.

Insofar as cleansing services in public hospitals have never been particularly efficient (both before and after the implementation of retrenchment intentions), consideration should be given to privatising such operations. In general, cleaning requires little skill, and cleaning staff have already been laid off in most public hospitals anyway, so there is little risk of new job losses. Once again, it is recommended that the proposal be tested through a carefully designed pilot experiment.

An expansion of the existing HIV education programme to incorporate components targeted specifically at truck drivers and itinerant traders would appear reasonable. As indicated above, there is a reportedly high level of hidden prostitution among these groups. The enormous potential for transmitting the AIDS contagion through circumcision surgery, as currently performed by informal sector *wanzams*, must be recognised. It is vital, therefore, that the education of *wanzams* and the larger population (on the importance of instrument sterilisation) be intensified. With plans advanced for a country-wide introduction of FM stations, radio would be a useful

⁷³The costs of medicines for the more common diseases (especially malaria and diarrhoea) are insignificant to the rich, but substantial for the poor. As the benefits of free/subsidised treatment would be relatively small to the rich, they have little incentive to opt for public healthcare options requiring their waiting in long queues. At present, the better off tend to rely on private clinics and drugstores for their needs.

avenue for disseminating relevant information. Radio could also be a powerful channel for empowering the public with important user-oriented information such as approved fees for various public healthcare services. Access to important information would also enable communities to exert some leverage on programmes intended to address their welfare needs. In any case, an aggressive and persuasive approach to awareness creation is required to disseminate advice on AIDS control, drug abuse, water quality and storage, the hygiene dimensions of sanitation habits, malaria control; and to encourage productive participation in the functional literacy programme, etc.

In considering ways of abating poverty, it is necessary to recall that women still perceive large numbers of children as a powerful tool for consolidating fragile marriages. So long as high rates of divorce and remarriage persist (some of this caused, no doubt, by poverty), and insofar as women continue to exploit their fertility as a means of protecting conjugal unions, the success of the family planning programme will remain under threat. Evidence of the study also shows that older men have a tendency to regard large numbers of children as an asset, reducing vulnerability and increasing productive capacity within the household. That the youth are showing a marked preference for small households should not constitute a reason for complacency in the birth control campaign. Nevertheless, it does present a valuable opportunity for backstopping the gains of the planned parenthood campaign. In particular, it is important that the targeted audience of the programme should be deliberately enlarged to include the youth. A review of the content of the campaign's message, and its consequent refinement to articulate the poverty-entrenching implications of large families, would also seem appropriate. Simple instruments such as posters and drama -- which are easily understood by illiterate populations -- are recommended.

Given the popularity of community-based clinics (when people have had the opportunity to test them), it would appear reasonable to revisit the concept, with the view to rectifying its deficiencies. On the basis of the evidence available, we would recommend a pilot scheme in which the outreach services of the District Health Management Teams would provide the relevant supervision. The pilot would, *inter alia*, assess the feasibility of marking up drug costs to cover inflation, wages and other administrative costs. Ideally, the savings on transport costs which individuals would have paid to attend distant hospitals should outweigh the mark-up on drug costs. If efficiently audited to enable policy-sensitive lessons to be drawn, the pilot experiment could generate useful insights for improving access to health delivery services for poor communities. In particular, their congeniality and relative freedom from graft make community-based clinics an attractive concept. Last but not least, such clinics would enhance screening for exemption purposes, and ensure that those paupers whose relatives are able to support them make some contribution towards the costs involved.

The entire sequencing of the *de facto* programme to promote herbal medicine should be carefully reconsidered while opportunities still exist. Notwithstanding the need for caution, the demand for unorthodox healthcare options will continue to be high in the

foreseeable future. Efforts to draw providers of such informal services under the umbrella of the Ministry of Health would enhance opportunities for targeted education and would enable their performance to be monitored more effectively.

As noted, MCH services are proving to be relatively satisfactory at reaching remote rural areas. This provides helpful opportunities for targeting some assistance on a spatial basis. For such *geographical targeting*, anthropometric indicators or similar status measures derived from MCH nutritional surveillance records could serve as a crude but timely basis for determining a community's financial means -- not just for health purposes, but for other means-testing needs as well. This approach is justifiable on several grounds. First, it is relevant on the grounds that hunger and malnutrition have been shown to be twin characteristics of poverty; second, its administrative simplicity should allow it to be employed efficiently in a monitoring rôle. Third, and if special assistance can be provided to underweight children on an *individual* basis (in the form of vital nutritional supplements), the approach would also encourage parents to send their sick children to orthodox health centres. Ultimately, this would serve as a credible backstop and result in a healthier and more productive population, better able to finance access to its priority social services needs.

Such an approach would necessarily entail ensuring that growth monitoring and other record cards are available in sufficient quantities. It would also require the training of additional middle-grade healthcare workers who would either serve on the outreach teams or else would support regular healthcare services, freeing professional nurses to undertake outreach work. The fact that logistics for training community health attendants were reasonably well provided suggests that such training is indeed possible.

7.3 Education

As implemented, the educational reforms have been problematic in the view of both service providers (teachers and administrators) and community members. The current cost recovery approach is laden with a myriad of hidden costs, and poor parents -- particularly those in the northern savannah -- are finding it difficult to educate their children. Predictably, large numbers of children are dropping out of school owing to the inability of their parents to finance their education needs. In order to address the real problems of access described in the main body of the report, serious attention should be paid to reducing the cost to households of educating their children. The option of reverting to the earlier policy which sought to provide fee-free education to deprived districts should be explored. This would be in addition to the earlier suggestion that poor communities should not be responsible for financing the capital costs of provision. The major savings derived from slashing five years off the basic education curriculum could help finance such necessary social expenditures.

While the "enrolment factor" clause may seem reasonable in terms of short-term financial efficiency, a sociocentric assessment of the gains (financial savings accruing to the government) and losses (e.g., consistently low quality of rural education, dampened community morale, etc.) suggests that the net cost to the next generation

may be very high indeed. Notwithstanding the immediate financial arguments, the vast effort of poor people in erecting their own schools must be rewarded. Equally important is the enormous human potential that is being permitted to depreciate through this policy. And if we sincerely accept that decent education is one of the most vital weapons in the war to eradicate inter-generational poverty, then there is a justifiable case for relaxing the conditions for public assistance to rural schools.

Concerns for improving the quality of educational instruction will prove elusive unless government begins to honour its obligations with respect to the provision of textbooks, teachers and other relevant inputs. The rôle of efficient supervision should not be underrated. In addition to making timely reimbursements of legitimate travel expenses to monitoring personnel, supervision lapses may be further addressed by requiring pupils to make annual assessments of their teachers' performance. Such monitoring should include assessments of punctuality, clarity of instruction and time spent teaching, and may be usefully complemented by the adoption of appropriate sanctions and rewards.

If the potentialities of the JSS portfolio are to be fulfilled, then a comprehensive overhaul would seem necessary. It is also important that views are solicited more widely *and sincerely*, and that people become aware of the remedies instituted. In pursuing these corrective steps, it would seem appropriate to permit parents some room for choice. Thus, for urban areas especially, some consideration should be given to encouraging diversity in the educational system. This may be achieved by identifying specific JSSs/secondary schools which will maintain a non-vocational bias. This is an area where the participation of private enterprise may be usefully explored. Such an approach would enable each school to concentrate on a smaller number of discrete courses.

There is little doubt that the broad intentions of the FLP are sound and that as a community-based learning programme, it has a high potential to benefit women groups. However, the immediate relevance is not always obvious to new participants. In order to secure the interest of potential learners in the programme, some attention should be given to rephrasing the curriculum in a manner that takes due account of the discrete issues of immediate relevance to target participants. For example, useful income-enhancing information may be incorporated in the very first lessons. In farming communities, the earliest lessons may focus on information of immediate agricultural relevance (e.g., improved farming techniques and crop preservation and marketing strategies). Further work is necessary to explore innovative ways of achieving such subsidiary intentions without unduly compromising the purpose and objectivity of the programme. It may also help to devise some incentive measures to counterbalance the social costs of participation. Such compensation to regular participants could take the form of channelling productive subsidies (on machetes and other routine farm inputs, for example) via the FLP classes.

In order to minimise the disruptive impact of festivals and farm-making periods on scheduled classes, some flexibility should be built into the programme to allow communities to determine periods when the suspension of learning sessions would be

locally pragmatic. The decision to extend the duration of the FLP teaching cycle from one year to two must be reappraised, and compensatory measures taken to ensure that the increased demands on volunteer instructors -- already difficult to find under current conditions -- do not constitute a further barrier to the achievement of literacy objectives.

Community-based vocational training aimed at promoting self-employment would benefit the youth and the poor. Not only would it help to stem the tide of youth outmigration; community-based training is also especially suited to the needs of women who, by the very nature of their multiple domestic rôles, have less opportunity to participate in programmes that require travelling. The merits and demerits of implementing the vocational training objective through the existing functional literacy programme should be explored through responsive, participatory interviewing. Another option would be to pursue the desired training objective via an expansion of the ICCES programme. Ultimately, however, the relevance of any training package will depend on the ability to provide timely entrepreneurial credits to the programme's graduates. Anecdotal evidence suggests that, where the provision of business credits has been timely and where efficient recovery mechanisms have been in place, the poor have been as reliable (if not more so) in repaying their business loans as their wealthier counterparts.²⁴

Retrenchment in the education sector has been shown to hurt female teachers most and is also leading to a serious underutilisation of valuable manpower resources. Insofar as adequate numbers of teachers are not available to cater to needs in the basic education system, the cost of retrenching non-professional teachers would seem to outweigh the benefits. Until such time, therefore, that sufficient teachers can be trained to fill existing vacancies at primary level without diverting manpower resources from higher levels, the practice of laying off non-professional teachers ought to be suspended.

Improvements in rural roads would make education (especially at JSS and SSS levels) more accessible. The provision of feeder roads is also necessary to open up the rural hinterland's agricultural produce markets to urban-based bulk buyers. In this respect, it ought to be noted that the sampled sites were biased on the side of accessibility. Even then, problems persist with the delivery of outreach services. Pilot schemes, implemented across a few sites, could enhance the design of a workable system for approving and paying in a timely manner the legitimate transport-related costs of outreach workers (DHMT outreach personnel, frontline agricultural extension workers and their overseers, school supervisors, etc.). One option would be to involve communities (through their leaders) in approving such claims.

²⁴At Asikuma, small-scale traders and petty entrepreneurs are faithfully repaying loans obtained in the shadow economy at monthly interests ranging from 15-50 per cent! (Source: moneylender: verified in *ad hoc* checks with several women). The persistence of moneylenders in their loan recovery efforts is, of course, greater than can be expected in more institutionalised contexts.

7.4 Water and Sanitation

At present, the financial contributions which communities are required to make towards the installation of safe water supplies (in urban areas) exceed the actual running costs. Capital charges need to be revised to tally more closely with true recurrent costs. Communities would then be more capable of raising the required capital (whether through local contributions or by means of levies on their-expatriate citizens). This would be in addition to the provision of a reasonable level of unpaid labour. The principal basis of such an approach -- i.e., one that is nominally demand driven -- should be to ensure a sense of community ownership rather than to generate investment resources.

There is a clear need to revisit the question of healthful sanitation. Owing to the high capital cost of the KVIP, however, safe alternatives must be explored. In order to encourage children to use toilets provided, communities appear best off when they make separate provision for their children. As a means of restricting the use to children alone, low roofs may be applied as a way of discouraging adults from appropriating this for their use.

7.5 The Role of External Assistance

NGOs and ESAs have done much to alleviate hardship in some poor communities. However, *networking* has been rather weak, resulting in duplication in some communities while pockets of extreme deprivation remain in neighbouring ones. There is urgent need to work towards achieving more productive synergies between NGOs, ESAs and local governments. Through the application of assistance-linked conditionalities and active support during the preparation of district plans, these bodies can help to ensure that the plans and actions of District Assemblies are more transparent and responsive to the needs and priorities of the poor.

Owing to the general inflexibility of governmental administrative systems, some consideration should be given to the implications of channelling government support through NGOs. Anecdotal evidence suggests that NGOs have tended to be more flexible in the administration of incremental projects, and are more responsive to the felt needs and financial realities of low-income households (irregular earnings, instalment payments, payments in kind -- e.g., labour and agricultural produce, etc.).

The story of the Mpesedwadze community clinic illustrates the risk involved in "quick-fix" approaches. Too often, donor support has been withdrawn in advance of the satisfactory establishment of a sustainable logistical and manpower capacity. This has been due, perhaps, to an overemphasis on short-term relief rather than the longer-term eradication of poverty. However, unless the objectives of the assistance package have been successfully consolidated, and unless an adequate local capacity has been created to ensure sustainability, withdrawal of assistance may be premature, and the gains made could be eroded in a short while. Ideally, therefore, the momentum of any assistance programme aiming specifically to develop human capital should be sustained for at least one full generation if the intention is to reverse the structural basis of much observed poverty. In other words, an assistance package in which

competent teachers and consumable logistics are provided for a year or two will have only limited impact on the community as a whole. The precise interpretation of local capacity requirements would differ from one place to another, but is likely to include some management training and support with basic office equipment.

Sometimes too, NGOs have been unduly hasty in supporting communities' efforts without first conducting careful assessments to confirm the modesty and realism of such initiatives. An example is an ambitious Community Resource Centre being supported by WVI at Afrangua. While endorsing both the idea of a Resource Centre and NGO assistance, it has to be said, in this instance, that a smaller facility developed in a manner to permit easy upgrading would have been more judicious.

7.6 Other

With respect to the sustainability of community initiatives and externally-assisted community development projects, the empowering rôle of education (both formal and functional literacy) should be recognised. Good education would help to enhance people's confidence in their ability to participate productively in the development process and to contribute meaningfully to programmes aiming to influence their welfare. Leadership is another factor that is proving to be vital to the achievement of community development goals. Insofar as the initiative for community development action is so heavily dependent on the quality of leadership, some leadership training (in project assessment and management skills, participatory processes, etc.) would be beneficial. In the short term also, effective leadership will continue to be required on a near-full-time basis. Yet there is little reward for the immense sacrifice being made by talented community leaders. Some reward for full-time volunteer community workers would be a major incentive to retain the skills and commitment of the local volunteer corps of community development leaders and FLP instructors.

In this respect, our findings are somewhat patchy, but impressionistic evidence from Afrangua suggests that direct remuneration could create problems and may, thus, be inappropriate. While appreciating the value of leadership, community members interviewed were of the conviction that direct remuneration to any section of the community would dampen morale among the unpaid corps. The general opinion seemed to be, "why should some members be paid when we all provide free communal labour?" In further discreet interviewing, it appeared that loans and other less overt forms of financial reward would be viewed more favourably. The author's tentative proposition, at this stage, is that if external assistance (including government support) is properly coordinated, some meaningful incentives -- in the form of concessionary loans, for instance -- could be made available to a handful of key community officers and volunteer FLP instructors.

Periodic supplies of food parcels (e.g., cooking oil, milk powder and rice) have been proposed by FLP administrators and instructors as adequate incentive in this regard. Plans to extend electricity supplies to provincial districts, if pursued, may help to resolve the problem of poor night vision among the learner corps. As an interim measure, and until the electrification plan is fully implemented, it may be helpful to

consider providing efficient lamps and distributing subsidised reading glasses and vision-enhancing vitamin supplements to needy programme participants.

In formulating policies to reduce poverty in deprived communities, the proven commitment of Ghanaian women to addressing the welfare needs of their communities ought to be recognised. Communities should be encouraged to seek greater female representation on their councils and committees. Now that women are widely recognised as contributing significantly to their household budgets, productive training programmes for women would be an efficient way of assisting communities to raise their incomes. In so doing, more resources would become available to invest in community improvement initiatives.

7.7 A Final Note

Complementary to quantitative surveys measuring various facets of household living standards, studies such as this -- of an essentially qualitative and participatory nature -- are necessary to enhance our understanding of the complex cultural, social and real-life interactions which condition choices and decisions pertaining to the acquisition and utilisation of social goods. It is necessary, therefore, that the momentum generated by the ongoing participatory assessments be sustained. In order to enhance the value of future assistance, policy-relevant research should be conducted into the processes by which community priorities are elicited for incorporation into the plans and budgets of District Assemblies. At present, genuine participation appears to be low, and Assemblies' plans do not adequately reflect the articulated needs and priorities of their constituent communities. For a start, ESA support could provide invaluable inputs to the ongoing formulation of medium/long-term district plans by helping to identify deprived communities and to determine communities' priorities within a more comprehensive and participatory framework. The design of realistic, responsive plans would, no doubt, constitute a major step in the pursuit of sustainable access to basic social services. Another important area where further research may yield fruitful policy-relevant insights would be to establish the reasons why hospital pharmacies are still poorly stocked in spite of the implementation of the cash-and-carry policy.

References

Aryeetey, E B-D et al (1994): "Ghana Poverty Assessment Study". Draft report. for the World Bank

Korboe, D (1992): "Family-Houses in Ghanaian Cities -- To Be or Not.To Be?". *Urban Studies* 29/7: 1159-1172

GSS (1989): *Ghana Living Standards Survey -- First Year Report*. Accra: Statistical Service

GSS (1993): *Rural Communities in Ghana*. Accra: Ghana Statistical Service

ISSER (1993): *Policies and Strategies for Rural Poverty Alleviation in Ghana*. Accra: Institute of Statistical, Social and Economic Research (Technical Publication No. 57)

Oti-Boateng, E O, Ewusi, K, Kanbur, R and McKay, A (1990): *A Poverty Profile for Ghana. 1987-88*. Social Dimensions of Adjustment in Sub-Saharan Africa Working Paper No. 5. Washington DC: World Bank

UNDP (1992): *Human Development Report*. New York: Oxford University Press

Appendix 1

- REVISED FIELD GUIDE -

Key Services

- . health;) H
- . education;) E
- . [potable] water;) W
- . sanitation (toilets and refuse).) S

The expression to remember is "H E W S"

Principal Targets

- . rural and disadvantaged urban households;
- . women;
- . children.

Viewpoints Sought

- . different categories of the poor (remember: gender and generation distinctions are important to us);

highlight viewpoints of different poor sub-groupings; these may include:

female heads of household;
married women;
children;
unemployed youths;
pensioners;
orphans;
the aged;
the disabled/ handicapped;
single parents (typically female);
widows;
carers for the chronically ill;
landless migrants.

- . HEWS service providers (including churches, NGOs, and private practitioners): ministry officials, hospital administrators (director, chief nursing officer, dispensary superintendent), herbalists, bone-setters, TBAs, drug storekeepers, hospital social workers, nurses, doctors, "spiritual (healing) churches", education officers, headteachers, teachers, Makaranta school teachers, functional literacy facilitators and coordinators. ICCES (Integrated Community Centre for Employable Skills) programme coordinators, community librarians. GWSC head and staff, water vendors,

NGOs, sanitary officials, Town/ Village Development Committee members, caretakers, etc.

- local planners: decentralised branches of HEWS sector ministries, district assemblies and their relevant HEWS (sub-)committees, Dept of Social Welfare.

Documentation/ Procedures

The following is a checklist of suggested issues to be investigated. Each team should give some attention to the wording and ordering of questions, modifying the appraisal techniques and procedures as necessary to suit the specific circumstances. Bear in mind the need for flexibility and sensitivity in questioning, but aim to cover all important issues listed, probing further as necessary.

ALWAYS keep in mind:

- (i) that we are investigating **access, quality, utilisation and relevance** of the four **HEWS services** as perceived by
- (ii) **various categories of poor people (including women and children); and**
- (iii) that we want the poor to **explain their assessments, decisions and priorities** to us.

Keep your eyes and ears open: observe relevant details and situations, and record them.

Research with the communities

Suggestions for entry and initial interviewing:

Protocol: meet community through our "gatekeepers", draw up working programme with the community; ask for community assistance in forming a mixed-gender, mixed-age group of key informants.

Guided walk and participatory social map (remember to "interview the map" in order to obtain relevant explanations): document resource endowments. probe social and symbolic landmarks, note problems and opportunities, social infrastructure, etc. *It may help to ask a local teacher or JSS student to help with the final draft.*

Basic services map (health, educational, water and sanitation facilities provided by the community, government and others): remember to include church schools, mission hospitals. TBA posts, herbalist posts, drug stores. NGO boreholes and standpipes, traditional wells (group if necessary), public toilets.

refuse tips; make a note of social services outside the settlement but used by the participant communities (*the process of preparing a mobility map may be helpful*); annotate maps with identities of providers and managers, and show how well-/ill-equipped amenities are: textbooks, teaching materials, dedicated staff, drugs, etc.; document self-help initiatives. *It may help to ask a local teacher or JSS student to help with the final draft.*

Social history: using historical profiles or time lines, document changes in endowments situation and in living conditions since 1983 (drought/ bushfires) and over the last year (seek explanations; historical profiles and time lines may help); document developments which have significantly influenced access to services/ wellbeing over the last year; document, for the last ten years, major problems and opportunities and improvements that have arisen in the community (attempt to establish causes, effects, severity and assistance received from NGOs, churches, Dept of Social Welfare, the government, kin groups, etc.).

Record of current social situation: main sources of livelihood at the community level (by sex and age group); ethnicity, leadership structures, cohesion, community resource management; general health status; main diseases and applicable remedies; approximate indications of location, size and population.

Wealth (and wellbeing) ranking: identify poor and vulnerable groups; make a note of criteria used by the informants to assess wealth and wellbeing (for cultural reasons, we shall not use names for this exercise); attempt to get a feel of the overall incidence and severity of poverty; ask informants to compare their community with their neighbours in terms of overall wealth (again, note criteria/ indicators used):.

Key informants and opinion leaders:

- ~ are there rich and poor communities in this area? (compare the participating settlement with its neighbours; note indicators and criteria used to assess wealth);
- ~ what needs would have to be met before you would feel that this community was no longer poor?;
- ~ how can a poor household improve its situation?;
- ~ what can the community do to improve the situation of its poor members?;
- ~ in what ways is life here better than it was 10 years ago?;
- ~ in what ways is life here worse than it was 10 years ago?;

- ~ what changes would you like to see in your community?;
- ~ what are your hopes and aspirations for the community's children?; compare these with your real expectations;
- ~ local proverbs about poverty;
- ~ main diseases in the community afflicting:
 - men;
 - women;
 - children;

Other community interviews (individuals and carefully selected focus groups):
(remember, where relevant, to deal in turn with **each of the four key services** being investigated).

- ~ residents' overall needs (at this stage, do not restrict possible options; **ranking** procedures may be useful in elucidating priorities);
- ~ residents' priorities in respect of HEWS services (**pairwise ranking** of the different services may be helpful): remember to "interview the visual" -- seek helpful explanations and insights and *note informants' assessment criteria*;
- ~ residents' needs in respect of HEWS services (**pairwise ranking** of the different services may be helpful): *note informants' assessment criteria*;
- ~ level of access to all categories (including state, NGO and indigenous categories) of existing service provision (**probed preference ranking** may help to pick up important differences between alternative providers in each HEWS sector); remember to ask about differences in user charges;
- ~ relevance/ usefulness of HEWS services *as provided* (recalling the "positive criteria" used by informants in the needs ranking exercise, you may wish to apply a **matrix** to establish which of the alternative providers in each HEWS category are the most relevant and which are the least patronised);
- ~ seasonal variations in access, quality, utilisation and relevance of HEWS services, with explanations (**thematic seasonal calendars** may be helpful: aim to pick up significant differences between wet season and dry season); also, if carefully processed to investigate household health, wellbeing and labour demands, **focused daily routine diagrams** (active versus fallow season) may be useful for probing informants' responses;
- ~ relate seasonal expenditure demands (e.g. school fees and textbooks at the beginning of the academic year) to variations in income, health and

wellbeing; highlight periods of vulnerability; record net and gross fees, textbook costs, etc.;

- ~ are girls able to be as punctual and regular at school as boys? (probe, especially for household chores that conflict with school schedule);
- ~ what are fathers' and mothers' separate views on the value of education for their children?; do they consider the return on educational investment equal for boys and girls? (probe);
- ~ what are boys' and girls' separate views on the relevance of education?; do they consider the return on educational investment equal for boys and girls? (probe);
- ~ changes in level of access, quality and utilisation of HEWS services over the last 10-20 years approximately (say. 1983 drought/ Operation Feed Yourself era) (trend analysis may be helpful);
- ~ have the level and quality of HEWS service provision improved, declined or remained about the same over the last year? (probe for issues requiring further investigation);
- ~ what are the main factors that cause some children to drop out of school?;
- ~ what are the main factors that cause truancy? (talk to children as well as adults);
- ~ what are informants' views with respect to attitudes of HEWS service providers?;
- ~ how do individuals and the community cope with problems of access to HEWS services;
- ~ investigate role of "spiritual churches" in the healing equation: who attends, why, for which illnesses, geographical catchment, advantages, etc.;
- ~ fuller history of community initiatives and contributions in respect of HEWS service delivery and management; annotated **amenity (Venn) diagrams** may help to highlight links between community initiatives, government provision and others;
- ~ record of women's involvement in community development initiatives (inception, day-to-day management of community HEWS facilities, etc.);
- ~ how can exemption policy (in the health sector) be best operationalised?;

- ~ what do you see as the most appropriate role of the individual/ household, the community, the government, and others in supporting HEWS service provision?;
- ~ what other measures do you think can be adopted to improve poor people's access to HEWS services? (explore season-linked cost recovery approaches, alternative opening hours, community participation in decision making and in day-to-day management ... probe!);
- ~ what other measures do you think can be taken to increase the relevance of the social services provided?
- ~ livelihood analysis;
- ~ how are resources mobilised in an emergency, and what are the implications?;
- ~ do you have any contact with the Dept of Social Welfare? (probe for relevant details);
- ~ effect of retrenchment at lower levels on HEWS service provision/ outreach;
- ~ relevant information on bailiff's functions and effectiveness;
- ~ informant's aspirations for his/her children;
- ~ aspirations and views of opinion leaders;
- ~ aim to conduct some exit interviews at various service delivery points.

Research with service providers and local advisers/planners

- ~ how seasonal are diseases and health expenditures? (administrators and intermediate staff; private/ non-conventional health practitioners; local practitioners);
- ~ is there any change in perceived quality of public provision over the last 10-20 years? (administrators and intermediate staff; private/ non-conventional practitioners, NGOs; local practitioners);
- ~ effect of retrenchment on service provision/ outreach (ask lower-level workers in public institutions; local practitioners);
- ~ priority expenditures aside of salaries (administrators; Head of Social Welfare; private/ non-conventional practitioners; NGOs) (state total amount received for 1994 and rank key expenditure components);

- ~ *de facto* policy with respect to construction and equipping of schools, workshops, community libraries, functional literacy premises, etc.;
- ~ adequacy of service provided in terms of:

access;) administrators,
quality;) intermediate staff,
utilisation;) private and
relevance to the communities;) non-conv. practitioners
- ~ investigate supervision of teachers and nurses;
- ~ significance of and teachers' reactions to problems such as truancy and dropping out;
- ~ what do you perceive to be the priorities of the poor? (all providers, including local practitioners; Head of Social Welfare);
- ~ what basic logistics do you commonly lack at your post? (as above);
- ~ what are the main constraints on poor people's access to public services/ practice of current cost exemption regulations? (as above);
- ~ are girls as punctual and regular at school as boys? (probe; as above);
- ~ do you think that poor people's activity schedules affect their utilisation of basic services? (as above);
- ~ do you think that poor people's irregular earning patterns affect their utilisation of basic services? (as above);
- ~ what (other) access-related inadequacies can you identify? (as above);
- ~ which are beyond your control, and which can you help to address and how? (as above);
- ~ how can access be improved for the poor/ how can cost exemption regulations be best operationalised? (as above);
- ~ how are poverty and wellbeing assessed by the relevant institutions? (as above);
- ~ effectiveness of community bailiff.

REMEMBER

INTERVIEW EACH OF YOUR INFORMATION RESOURCES (INCLUDING WOMEN, CHILDREN AND *DIAGRAMS*) ABOUT ACCESS, QUALITY, UTILISATION AND RELEVANCE ATTRIBUTES OF THE FOUR IDENTIFIED SERVICES.

SEEK EXPLANATIONS TO ENHANCE OUR UNDERSTANDING OF POOR PEOPLE'S ASSESSMENTS, CHOICES AND PRIORITIES

At the end of each day (or after each field session), record the investigation processes, techniques used and findings made in a report. Remember to document relevant observations which could help illuminate issues of concern. Review the day's work against the objectives and the checklist provided above: identify areas requiring further investigation and programme to address these in a specific session. Prepare for the next day's work: determine how the team will go about gathering the required information; what techniques will you need?; do you need to brush up on them?

Team Leaders: site reports should record the **research process** (how contacts were made, how participants were selected, team contracting, research techniques employed, sequencing, etc.), the **community profile** (livelihood sources, HEWS and other social services, infrastructure, ethnicity, location, size, approximate population, etc.), **details of interviews**, "**interviewed visuals**", **thematic testimonies** and **apt quotes**, **preliminary analysis and synthesis** with provisional comments on **policy implications** (refer back to objectives).

David Korboe
28 October 1994

1. The first part of the report is a general introduction to the subject.

2. The second part is a detailed description of the methods used in the study.

3. The third part is a discussion of the results of the study.

4. The fourth part is a conclusion and a list of references.

5. The fifth part is a summary of the main findings of the study.