



## AFRICAN DEVELOPMENT PROGRAMME (ADP) PARTICIPATES IN THE 2014 GHANA DEMOGRAPHIC AND HEALTH SURVEY NATIONAL SEMINAR

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### SPECIAL POINTS OF INTEREST:

- 2014 GDHS shows improvements in a number of key health indicators.
- Hobor Soap Making Club acquire skills in Entrepreneurship, Record Keeping and Customer Care
- Highest poverty incidence and depth in Wa West District
- Too high maternal mortality of 358 deaths per 100,000 live births in 2015

The launch of the 2014 Ghana Demographic and Health Survey (2014 GDHS) Report and a national dissemination seminar on the report have taken place in Accra at the La Palm Royal Beach Hotel on 15th October, 2015

The report which is the sixth survey in the series conducted in Ghana since 1988 is designed to provide accurate data for monitoring the health situation of the population of Ghana. With the exception of the current survey, GDHSs have been undertaken in Ghana within a five-year interval thus 1988, 1993, 1998, 2003, 2008 and 2014.

The objective of GDHS 2014 is to provide up-to-date estimate of basic demographic and health indicators such as fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, childhood mortality, maternal and child health, HIV/AIDS, malaria treatment and prevention, estimates of anaemia among children and women, and other health issues including smoking, tuberculosis and blood pressure among adults.

The report summarises the findings of the 2014 Ghana Demographic and Health Survey (2014 GDHS). The Survey was implemented by the Ghana Statistical Service (GSS), the Ghana Health Service (GHS), and the National Public Health and Reference Laboratory (NPHRL) of the GHS. Financial support for the survey was provided by the U.S. Agency for International Development (USAID), the Global Fund through the Ghana AIDS Commission (GAC) and the National Malaria Control Programme (NMCP), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the International Labour Organization (ILO), the Danish International Development Agency (DANIDA), and the government of Ghana. ICF International provided technical assistance through the DHS Program, a USAID-funded project offering support and technical assistance in the implementation of population and health surveys in countries worldwide.

The event was well attended by high profile personalities, notable among them were Ms. Marian Kpakpah of the National Population Council, former deputy Ministers of State, officials from GHS and National Malaria Control Programme, Acting Deputy Government Statistician and representatives from the Ghana AIDS Commission as well as staff of GSS. Government Ministries, Departments and Agencies also represented.

The *African Development Programme (ADP)* was represented by *Solomon Okai, Programs Assistant*.

In a welcome address, Government Statistician, Dr Philomena Nyarko, noted that the GDHS programme had emerged as one of the most



*Government Statistician, Dr Philomena Nyarko (middle) with facilitators at the National Dissemination Seminar*

important tools for monitoring health sector programmes and, together with other surveys, had provided a wealth of information for understanding living conditions in Ghana, particularly as the country went through the transition from a lower into a middle-income country.

Speaking at the event, Mr Babatunde Ahonsi, UNFPA Representative in Ghana, underscored the importance of the 2014 GDHS in informing policy and decision-making in designing, planning, and implementation of health programmes. Mr Ahonsi said the results of the survey also helped to highlight the achievements of the Millennium Development Goals (MDGs) as well as provide the baseline for the recently-adopted Sustainable Development Goals (SDGs), particularly Goal Three (3) which is to promote healthy lives and well-being for all at all ages.

He said premium on good data was required for the implementation of SDGs and that the Inter-agency and Expert Group on SDG indicators would be reporting to the United Nations (UN) Statistical Commission in March next year on good practices and recommendations, after which countries would develop their own national indicators.

He pledged the support of the UN to the Ghana Statistical Service (GSS) and the National Development Planning Commission (NDPC) in the production of accurate and reliable data.

Andrew Karas, Mission Director, United States Agency for International Development (USAID), remarked Ghana as a model among the countries

implementing the GDHSs. Mr Karas said data, information and evidence were the cornerstones of all successful development programmes and that GDHSs were one of the most successful of USAID's initiatives worldwide.

He said USAID had invested more than US \$ 3 million in Ghana's 2014 GDHS and that USAID would be using the Report as one of the key tools for monitoring USAID's progress and guiding its future programming. He revealed that USAID was working with the Ministry of Education to support the publication of additional data based on education indicators to be released later, this year. In addition, USAID was also supporting the 2017 Maternal Health Survey to help improve maternal health care in Ghana.

There were technical presentations on issues such as fertility levels, marriage, sexual activity, fertility preferences, awareness and use of family planning methods, breastfeeding practices, nutrition, childhood mortality, maternal and child health, HIV/AIDS, malaria treatment and prevention, estimates of anaemia among children and women by seasoned resource persons from the GSS, GHS, National Malaria Control Programme and Ghana AIDS Commission.

The 2014 GDHS shows improvements in a number of key health indicators, namely a decline in childhood deaths, more pregnant women receiving antenatal care and improved delivery services from skilled providers, and successes in malaria prevention.

## BASIC BUSINESS MANAGEMENT TRAINING FOR MICRO AND SMALL SCALE ENTREPRENEURS UNDER RURAL ENTERPRISE PROGRAMME (R.E.P) IN GA SOUTH MUNICIPALITY



*Charles Othniel Abbey (ADP, Head of Programs) in a training session with participants.. Insert; Group exercise undertaken by Hobor Soap Making Club*

The Rural Enterprise Programme (R.E.P), which is the third phase of the rural Enterprise Project phase one and two (REP I & II) represents an important national vehicle for rural Micro and Small Enterprise (MSE) development. REP is intended to support the government of Ghana in converting the experiences of the REP I & II in rural enterprises development into a nationwide Programme.

The total cost of the programme is about \$193 million and is being funded by the Government of Ghana (GOG), the International Fund for Agricultural Development (IFAD) and the African Development Bank (AFDB). The programme seeks to upscale the experiences and lessons learnt under REP 1 & II to cover, at least, 161 districts nationwide and is being implemented from 2012 to 2020. The Ministry of Trade and Industry (MoTI) is the Ghana Government Executing Agency for the programme.

The overall goal of REP is to contribute to improving the livelihoods and income of rural poor micro and small entrepreneurs.

The REP in its inception since 1995, piloted a District-based model for MSEs development. The project involved the delivery of training to MSEs to enhance their technical and managerial abilities to make quality decisions for improving their productivity and incomes.

Initially the Business Advisory Centres (BACs) facilitated the capacity development of the MSEs.

In the second phase of the project Business Development Services (BDS) providers were engaged in providing training; technical and managerial to rural enterprise and the Project Management Coordination Unit (PMCU) has managed the delivery of training activities over the years.

The programme targets to train 293,000 MSEs clients, out of which about 50 percent would be women, using quality training delivery and management standards and quality assurance to enable the MSE/ Local Business Associations acquire and

adopt new and improved technical and managerial skills and attitudes for profitable business management, growth and employment generation in realizing the overall goal of REP.

To achieve REPs goal of effective training management and quality assurance leading to enhanced rural enterprise delivery, income and job creation, REP (Ga South Municipality) engaged **African Development Programme's Centre for Development Education (CEDE) as a Service Provider** to provide quality training services.

A 3-day training programme on 24<sup>th</sup>, 25<sup>th</sup> and 28<sup>th</sup> September focusing on basic business management training for micro and small scale entrepreneurs of Hobor Soap Making Club was organized in the Ga-South Municipality to provide insight into Entrepreneurship; Record Keeping; Customer Care; and Market Dynamics;

The programme was sponsored by Government of Ghana /International Fund for Agricultural Development / African Development Bank under the auspices of Ga South Municipal Business Advisory Centre.

ADP team lead by **Head of Programs, Charles Othniel Abbey and Programs Assistant Solomon Okai** together with the participants who numbered thirty-six established Do's and Don'ts for the group to guide the participants throughout the training sessions.

Focusing on entrepreneurship, training resource person laid emphasis on the factors the one needs to consider in order to establish or get a business up and running. He also mentioned some of the features that a potential business person needs to develop in order to be successful in their field. He stressed on risk taking, determination, information seeking and the use of feedback, persuasion and demand for quality, networking and the like.

Discussions on record keeping was done purposely to draw the attention of participant on the consequence of forgetfulness and also to help the business owner to monitor their performance so as to plan for the future. Pricing and market dynamics was also discussed and the CEDE team advised that pricing must be done in a way that is low enough to attract buyers and high enough to give the business some amount of profit. Customer care was also treated with resource person stressing that the attitude of coldness towards customers by business operators must be eliminated since it results in loss of customers and potential investors.

This was accompanied with card games and group exercises to help the participants assimilate the learning into their daily business activities.

At the end of the programme the participants thanked the training team for such priceless information and promised to put them into practice.

### GHANA STATISTICAL SERVICE RELEASES 2ND EDITION OF POVERTY MAPPING REPORT

The need for data for planning developmental programmes, monitoring and evaluation at the district level has necessitated the preparation of the poverty mapping report.

The report provides poverty estimates for all the 216 districts and 29 sub-districts in Ghana. The data from the report were derived from the sixth round of the Ghana Living Standards Survey (GLSS6) and the 2010 Population and Housing Census (2010 PHC). It is the second poverty mapping report produced by GSS, having published the first in 2005. The poverty measures presented in the report are the poverty headcount (P0) and poverty gap (P1), as well as their standard errors to indicate their level of precision. The Gini coefficient was used to measure inequality. The computed poverty estimates at the regional level using the 2010 PHC data are comparable with their corresponding estimates obtained from GLSS6. This provides confidence in the reliability of the models.

The report reveals significant variations in incidence and depth of poverty among the districts, within and across regions. However, the same cannot be said with respect to inequality. Wa West in the Upper West region has the highest poverty

incidence and depth. The least incidence rate is recorded in La Dade Kotopon Municipal in the Greater Accra region. With regard to welfare distribution, Sunyani Municipal in the Brong Ahafo region has the highest inequality. The least inequality is recorded in Upper Manya in the Eastern region. East Gonja in the Northern region has more poor persons than any other district in Ghana. The least number of poor persons is in Suaman District in the Western region.

Poverty maps have become more useful in the context of social safety-net programs. They are best suited to guide spatial targeting, for instance, identifying areas associated with high poverty rates. They are useful to rank geographical areas for phased roll-out programs. However, they are not a substitute for the identification of beneficiaries, which requires household or individual-level targeting. The poverty estimates presented in the report are based on consumption expenditure only, and may not adequately capture other attributes of poverty or vulnerability. These estimates do not explain the causes of poverty.

## ADP UNHAPPY ABOUT THE SLOW PROGRESS MADE TOWARDS MATERNAL MORTALITY IN GHANA



1990 to 2013' a Maternal Mortality Estimation Inter-Agency Group (MMEIG) of the United Nations (UN), said sub-Saharan Africa is still the most risky region

in the world, in matters relating to complications in pregnancy and childbirth. The region has the highest MMR (510), accounting for 62% (179,000) of global maternal deaths.

The maternal mortality ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births. This indicator remains one of the greatest concerns for the country as far as achieving the MDG target is concerned.

The progress towards the target has

been slow and completely off track. Although considerable progress has been made as various health survey results indicate a fall from a high of 760 per 100,000 live births in 1990 to 451 per 100,000 live births in 2008 (Ghana Health Sector Review, 2010). The results from the 2010 PHC even cast further doubt on achieving the MDG target. Based on 2010 Population and Housing Census, maternal mortality ratio (hereinafter referred to as MMR) stood at 485 deaths per 100,000 live births.

According to projections based on current trends, maternal mortality in Ghana would be 358 deaths per 100,000 live births in 2015. However, this would still be considerably higher than the MMR of 190 deaths per 100,000 live births implied by the MDG 5.1 target.

In a discussion with Accra / UK-based Rainbow Radio (87.5MHz), on 5th October 2015 regarding the matter, **Head of Programs, Charles Othniel Abbey** highlighted some major causes of maternal mortality and some key challenges affecting progress towards the goal.

In his introductory remarks, he said "it is painful for a woman to go give birth and neither she nor the child returns home" . He stressed that when that happens the nation loses persons who could contribute greatly

to the development of the country.

He also said "A large number of women die yearly as a result of pregnancy-related complications, which are considered to be preventable, notable among them are severe bleeding, hypertensive diseases, sepsis infections and unsafe abortions and together they account for about 65 percent of maternal deaths we are currently experiencing as a country" .

On the challenges affecting progress on the said goal, he raised the issue of limited deployment of skilled health workers in the country; the transportation constraints faced by health personnel or individual in administering or receiving health care; low public education on safe pregnancy practices; and low numbers of skilled birth attendants (SBAs). He also argued that when these issues are addressed, they will complement other efforts and accelerate the level of progress by the end of the year.

He finally called on the media to use their space to talk and share more on development issues such as maternal mortality such that health personnel are invited to share knowledge on matters relating to complications in pregnancy and childbirth than spending so much time on discussing partisan politics.

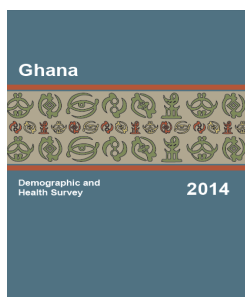
Globally, there were an estimated 289,000 maternal deaths in 2013, equivalent to about 800 women dying each day. Maternal deaths are concentrated in sub-Saharan Africa and Southern Asia, which together accounted for 86 per cent of such deaths globally in 2013.

Maternal mortality had reduced by 45% between 1990 and 2013. An estimated 289,000 women died due to complications in pregnancy and childbirth; down from 523,000 in 1990.

Equatorial Guinea, Cape Verde, Eritrea and Rwanda are the four African countries described as 'on track' to meeting MDGs 5.

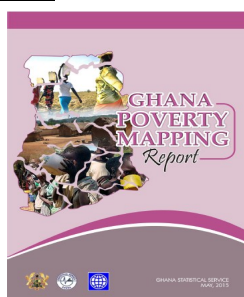
According to a report released by 'Trends in maternal mortality:

### RESOURCES:



<http://dhsprogram.com/publications/publication-FR307-DHS-Final-Reports.cfm>

<http://www.statsghana.gov.gh/docfiles/publications/POVERTY%20MAP%20FOR%20GHANA-05102015.pdf>



<http://www.ndpc.gov.gh/downloads/19/>

### AFRICAN DEVELOPMENT PROGRAMME

Mailing Address: Post Office Box CT 3918 Cantonments, Accra - Ghana.

Physical Location: Block A 10, Rooms 16-17, Ghana Industrial and Commercial Estates Ltd., (GICEL), Weija, Accra (Near West Hills Mall)

Northern Ghana Office: C I D Ghana, Kumbungu-Tamale Road

Tel: +233-302-854216 / +233-204 568 635

E-mail: [info@adpgh.org](mailto:info@adpgh.org) Website: [www.adpgh.org](http://www.adpgh.org).

Follow us on Facebook: [www.Facebook.com/AfricanDevelopmentProgramme](http://www.Facebook.com/AfricanDevelopmentProgramme)

Editorial team; Charles Othniel Abbey, Solomon Okai & Lois Prah

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