

A Post-mortem of the Progress and Problems of achieving Millennium Development Goals (MDGs) in Ghana: Perspectives of the Ada East local government managers

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Abstract: This paper examined progress toward the achievements of the MDGs in the Dangme East District administration¹ in Ghana with focus on reducing poverty, primary education, infant and maternal mortality, sanitation and safe drinking water and environmental sustainability. Data were collected through Focus Group Discussions (FGDs) and in-depth key informant interviews (IDIs) with purposively selected individuals from the district administration, district officials of the education and health administrations and community/opinion leaders in the Dangme East District administration. The key factors facilitating the attainment of the MDG 1 included the resource endowment of the district and the aggressive pro-poor social interventions launched by the central government and the assembly. Factors identified as hindering the attainment of MDG 1 is high rate of illiteracy. The number of school going children in attendance in primary schools (MDG2) has seen an improvement compared to the past records. Central government interventions have facilitated a significant reduction in infant and maternal mortality in the district hence the progress towards the MDGs 4 and 5; with a significant decrease in infant and maternal mortality from 1,282 in 2006 to 97 in 2012. Significant progress has also been made with the provision of sanitation and safe drinking water; however, progress has been very slow due to attitudinal and behavioural problems. In conclusion, the situation of poverty (MDG1) is improving. The MDG2 have seen tremendous improvement. The gains made in regard to MDGs 4 and 5 within the district were as well encouraging, whereas increase access to sanitation and safe drinking water (MDG7) has been very slow due to bad attitude and behaviour of the citizenry. The study recommended an increase in public awareness about the MDGs and increase government interventions throughout the district.

Key words: MDGs, Ghana, local government, Ada East District administration

Introduction

The Millennium Development Goals (MDGs) provide a global platform and specific, time-bound targets for tackling extreme poverty in its many dimensions. Fourteen years into the campaign, and with less than one year left for the 2015 deadline, we can point to irrefutable progress. Many countries including those in sub-Saharan Africa are making good progress to meet some – if not all – of the MDGs (UNDP, 2011). The progress however has not been uniformly distributed in all dimensions of social development. Nonetheless, a significant number of countries especially those in Sub-Saharan Africa are simply being left behind, and aggregate data has been unreliable and in some cases misleading – with “national averages” showing that a country is “on track” often mask considerable internal, regional and district disparities (UNDP, 2011).

MDG pro-poor social development efforts in many developing countries have until now been largely driven by national governments (United Nations, 2006; UNDP, 2011). National policy strategies, plans and programmes are of crucial importance to achieving the MDGs. But central government-led, top-down, policies and programmes have revealed their limitations, with large sections of populations not sharing in the benefits of social and economic

development. Central government pro-poor policies aimed at specific sectors are failing to address complexities and special needs more easily seen from the local level.

In many developing African countries including Ghana, growing attention is being paid to the local knowledge, planning, monitoring and implementation – all in pursuit of the MDGs. In this connection international and national development managers have been concerned about the central question: Do local governments hold the key to fast-tracking the achievements of the MDGs? It is in attempt to find answers to this question that the current study was undertaken with focus on Ghana's local government administrations.

By and large, the assessment of progress toward the MDGs in Ghana reveals that, while progress has generally been positive, tangible results have been mixed across districts, regions and as well as the specific indicators (NDPC, 2007; Fielmua and Bandie, 2010). This is partly due to the fact that most studies on the achievements of the Millennium Development Goals (MDGs) have centred largely on the national aggregate figures with little or no empirical data on the achievements at the local levels. Similarly, majority of studies on the achievements of MDGs reported at the national level are generally aggregate figures which have a high tendency to conceal not only local level achievements but also regional and local variations in the country.

To fully assess the progress toward achieving the MGs, however, attention must also be paid to gains being made at the local or district and even sub-district levels. The progress made at the local level affects fundamentally national aggregate reports and this affect analyst's perception of success or failure at achieving the MDGs. It is against this backdrop that this study assesses the achievements, challenges and prospects of the MDGs at the district and local levels using the Dangme East district administration in Ghana as a case study.

Straightforwardly, a better appreciation of the progress toward the attainment of MDGs in Ghana and Sub-Saharan Africa depends on reliable empirical data from local level beneficiaries and managers of MDG-related programmes and policies. Moreover, evidence of progress toward attaining the MDGs requires local level inputs and evidences to support reports put out by national policymakers. Because politicians and policymakers who are willing to listen to independent assessment of key informant opinions can be a valuable source of information on what needs to be done and types of public programmes that would push the MDGs to the arena of success. Unfortunately, however, we are currently unable to state emphatically whether local governments are at the forefront in the implementation of the MDGs in Ghana. While a considerable literature exist on national policy actions and programme of activities throughout Ghana, very little or no research/empirical data and publication exist on specific activities and the programmes of local governments aimed at the realization of the MDGs.

Objectives and study research questions

The main objective of this research paper is to assess the progress towards the attainment of the Millennium Development Goals (MDGs) on poverty, primary education, infant and maternal mortality, sanitation and safe drinking water and environmental sustainability at the local level in the Dangme East administration of Ghana. To achieve these objective(s), the research answers for the following research questions: (a) What is the progress toward the MDGs in the Dangme East Municipal Assembly; (b) What are the key achievements, challenges and prospects of attaining the MGs at the local level in Dangme East Municipal Administration of Ghana? (c) What are the local factors hindering or facilitating the achievement of MDG1, MDG2, MDG4, MDG5 and MDG7?

Materials and Methods for data collection

The study employed multiple methods to collect data from different sources and respondents. Both semi-structured key informant and group interviews were used for the data collection exercise. The data were collected over two months, beginning from March 2013 and ending in April 2013. The Focus Group Discussions (FGDs) and in-depth key informant interviews (IDIs) were conducted with purposively selected individuals from the local government, district officials of the education and health administrations and community/opinion leaders in the Ga Dangbe East district administration.

A total of 13 respondents were purposively selected for the semi-structured in-depth Interviews. This was purposely done due to their extensive knowledge and experience in MDG related issues that have been executed and still ongoing in the district. In addition, a total of three Focus Group Discussions (FGDs) were organized with each group made up of a minimum of 4 (four) and maximum of seven participants. The Focus Group Discussions (FGDs) were employed for the study given the inherent advantages when gathering information or exploring opinions, norms, values, experiences and practices, wishes and concerns. The individual and group interviews were made possible with the help of an interview guide and the responses were recorded using a tape recorder.

Table 1: Participants of the In-depth Interviews

Group	Key Informants	Number of Informants
District assembly	<ul style="list-style-type: none"> • Acting District Officer • Coordinating Director of the Dangme East District Assembly • District Girls' Education Officer • District Planning Officer • HIV/AIDS Focal Person 	5
Ghana education service	<ul style="list-style-type: none"> • Deputy Director of the Ghana Education Service • District Administrative officer • Circuit Supervisor • Public Health Nursing Officer 	4
District hospital	<ul style="list-style-type: none"> • Administrator of the Dangme East Hospital • District Health Director • Records manager • Senior Nursing Officer 	4

Source: Field Data 2015; Total sample size: $n_1 = 13$

Table 2: Participants of the Focus Group Discussions (FGDs)

Group	Key informants	Number of informants
Focus Group interview (1) (District Hospital)	<ul style="list-style-type: none"> • Matron • Senior Nursing Officer • Senior Registered Nurse • Senior Clerk (Patient Records) 	4
Focus Group interview (2) (District Assembly)	<ul style="list-style-type: none"> • Assembly Members (6) • Deputy Coordinating director 	7
Focus Group interview (3) (Ghana Education Service)	<ul style="list-style-type: none"> • Internal Auditor GES • Second cycle and Primary school coordinator • Science Teacher (SHS) • Public Relations Officer (GES) 	4

Source: Field data, 2015

Total sample size for Focus group discussion: $n_2 = 15$

Total sample size for interviews and Focus group discussions: $n_1 + n_2 = 28$

Key findings of the study

MDG1: Eradicate extreme poverty and hunger

The MDG1 seeks to eradicate extreme poverty and hunger. Specifically, the target is to half the 1991 poverty and hunger levels by 2015. The study therefore sought views on the progress towards achieving this target and the factors hindering and or facilitating its realization.

Status of poverty in the Dangme East District

The issue of poverty generated a very hot debate and participants expressed diverse opinions. The administrators (i.e. the staff of the municipal assembly) perceived the state of poverty differently from the politicians (i.e. members

of the municipal assembly). The members of the municipal assembly (whose views were obtained from FGDs) perceived poverty to be very high in the municipality. This perceived high poverty rate was attributed to the fact that majority of the inhabitants are peasant farmers with seasonal and irregular incomes as they primarily depend on rain-fed agriculture. This, they added, has been worsened by the current fluctuations in the rainfall patterns.

A major setback identified by respondents was low agricultural productivity which is as a result of a myriad of factors. Some factors mentioned include subsistence farming, the use of obsolete methods, high dependence on rain with no irrigation, and scarcity of land and problems with land tenure. This has led to very low household incomes for the farmers, and coupled with the seasonality of such incomes, the plight of these farmers has been worsened and poverty has been the resultant effect. The assembly members based their assessment on their personal experience with the people.

Some interviewees of the district had a slightly different opinion about the state of poverty in the municipality. Although they acknowledged the fact that poverty still persist in the municipality, they indicated that the situation has improved over the years. Their assessment was based on the various interventions to alleviate poverty and improve the lives of the people, and the impacts of such interventions. The Acting Development Planner for instance indicated that agricultural productivity has increased and as such this is likely to reflect higher incomes and subsequently reduce poverty. The Coordinating Director also added that the municipality has intensified its poverty reduction efforts especially through the introduction of various poverty reduction interventions in sectors such as agriculture water, and natural resources. This according to him has contributed to poverty reduction (See Dangme East District 2010).

On the issue of the persistence of poverty in the municipality, the Acting Planning Officer mentioned that the municipality is faced with some challenges which make it inevitable to completely eliminate poverty. Some of the challenges mentioned (which supports the assertion by the assembly members) is the fact that about 68% of the labour force are farmers who mostly depend on the rain and also the unavailability of a ready market for agricultural produce, coupled with significant post-harvest losses.

The technocrats at the district assembly were supported by their counterparts at the Ghana Education Service (GES). The key informants interviewed at the GES perceived the rate of poverty to be declining. To them, extreme poverty is non-existent in the district. However, just like the results obtained from the FGDs with the members of the municipal assembly, the participants of the FGD conducted at the GES indicated that poverty was very rampant in the municipality. Report from the FGDs at the GES also indicated that the absence of a ready market for farm and other products. Respondents at the GES however recommended that educating the people is very vital to the achievement of this MDG.

The researchers also solicited views from the Ghana Health Service (GHS) on this issue. Respondent from both the FGDs and the key informant interviews opined that the poverty rate in the municipality is very high. Also, in agreement with the responses obtained at the municipal assembly, these respondents attributed this rate of poverty to low agricultural productivity. To them, the high dependence on rain for farming was one reason for low agricultural productivity and incomes; but an equally important reason given was the fact that farmers depend mostly on seasonal crops (such as shallot and watermelon). These two reasons given has resulted in the seasonality of incomes and worsened poverty situation.

Nevertheless, all the respondents indicated that there are some opportunities that when taken advantage of can improve the situation. First of all, they mentioned that 40% of the area is covered by water bodies which can be utilized for irrigation to improve agricultural productivity. Additionally, there are other natural resources (e.g. salt) which can be taken advantage of to improve the situation.

Effects of Poverty

The study revealed that poverty has led to number of social and economic difficulties. First of all, responses from the FGDs show that poverty has led to a reduction in school participation rate as parents are not able to pay their children's school fees. Secondly, people are not able to provide for themselves suitable shelter. In some instances large families live in dilapidated 'single rooms.' It was gathered during informal conversation with from the Assembly members that on frequent occasions, inhabitants of their communities approach them for money to be able to meet some basic livelihood expenses, not to talk about a decent livelihood.

The respondents also indicated that poverty has led to the depletion of natural resources. One of the interviewees had this to say:

“When we were young, there was abundant fish that the women could just come and catch them with ease, but currently, even experienced fishermen are sometimes unable to get a reasonable catch”.

The continuing decrease in economic opportunities and deterioration of the social welfare situation has led to increase in street-child (streetism) phenomenon and related social vices in order to earn a living. It was unanimously observed that the poverty situation has universally affected every sector and subsequently lowered the standard of living of the people.

Achieving MDG1 by 2015

Findings from the key informant interviews and the FGDs show that while majority of people are confident that the targets of MDG 1 are attainable, this is a minority who are sceptical about it. With the exception of the participants of the GES FGD, all other respondents were optimistic that the MDG 1 is achievable. However, this optimism was not without conditions. The respondents indicated that achieving MDG 1 in the municipality will be possible if the authorities initiate some important interventions. These were seen as very critical to poverty reduction in the municipality. Some of such initiatives the respondents mentioned were:

- Construction of irrigation dams to facilitate all-year-round agricultural production.
- Facilitating the acquisition of land and helping to regularise the land tenure systems.
- Modernize farming and make available the necessary inputs such as fertilizers and equipment.
- Proper education on the need for the youth to go into farming.
- Institute effective policies
- Discourage unauthorised fishing methods such as the use of light and poisons in order not to deplete the stock of fish and aggravate the deteriorating situation.
- To help provide a ready market for the agricultural produce and as well regulate the market.

These factors, they indicated, have been the hindrances to the attainment of the goal and if they could be addressed, then there will be no problem with attaining the targets, and as one of assembly members said, “Otherwise the current condition can even deteriorate”.

Factors facilitating the achievement of the MDG 1

The respondents mentioned several factors that have been facilitating the achievement of the MDG 1. A further analysis of the data puts these factors into two main categories. Some factors mentioned are resource endowment which could be (and are currently being) exploited to improve the lives of the people. Others mentioned are the interventions that have been put in place to (directly/indirectly) facilitate the achievements of the MDG 1.

Resource Endowment

The findings signify that the area is endowed with several resources that could have been major sources of income/revenue. Interviewees, however, lamented that these resources have been mismanaged, and this has deprived citizens of the required benefit. Availability of fertile land for commercial agriculture emerged as the most important resource. According to majority of interviewees, the land is fertile and supports any commercial agricultural venture. Aside of the fertile agricultural land the respondents indicated that the area is well watered by several water bodies including the Volta, Futue and Sege rivers. These rivers, (according to discussants) could be dammed for irrigation to ensure farming throughout the year thereby increase agricultural productivity and incomes. This would have reduced the burden of poverty in the municipality; the interviewees asserted.

The presence of a committed hardworking workforce is a prerequisite for increase production and income which subsequently would impact poverty reduction. Equally important resources mentioned included: (i) rich cultural heritage (for instance the Asafo-Tufia festival) which generates income for the community through tourism and thus has the potential of reducing poverty; (ii) the availability of oyster in the Volta River which is harvest and the shells sold to be used for industrial purposes. This is an income generation avenue and has the potential to facilitate poverty reduction interventions; and (iii) the terrain is also conducive for livestock farming as well as mechanised agriculture. Thus a potential to be tapped for income generation activities aimed at poverty reduction. The respondents also reported that the authorities have initiated several programmes, projects and activities that have contributed to poverty income generation and poverty reduction (See Dangme East District 2010).

Local government Initiatives/Interventions

The interviewees referenced several interventions by the Assembly and other developmental and governance agencies to facilitate the reduction of poverty in the area. One obvious intervention mentioned was the construction and improvement of trunk and feeder roads in the municipality. Such roads have contributed significantly to the transportation of agricultural and other commodities to the market and other places for sale. They also added that litigation had been a problem in the area, but currently there have been measures to address these litigation issues and make land available for production and other economic activities.

Additionally, it was identified that the government has established a salt factory to generate employment and incomes for the people and thereby address the poverty situation.

Interviewees from the health sector noted that there are other local initiatives which have also contributed to poverty reduction. For instance, one key informant indicated that some residents along the coast use cow-dung to improve the fertility of the soil and cultivate crops such as shallot. Others also noted that some farmers have dug their own wells which they used for farming. These initiatives, according to the discussants, although on a small scale have contributed to poverty reduction.

Factors hindering the achievement of the MDG 1

The study shows that although majority of the respondents see MDG 1 to be achievable in the municipality, they mentioned that there are factors that have been hindering efforts to reduce poverty in the municipality. As mentioned earlier, the most important factor mentioned was the reliance on subsistence farming with obsolete technology. It was gathered from the interviews and FGDs that farmers have not been able to produce efficiently and effectively because of this. Farmers have also relied heavily on the rain for production and this has been a setback to poverty reduction efforts. Access to land for farming was also noted as a hindrance. Lands for farming are continuously being given out for other uses therefore reducing the total farmland available which has also led to a reduction in size of farms and subsequently reduction in income.

Participants from the GES also noted that the low level of education is one major factor stifling efforts to reduce poverty and achieve MDG 1. Other factors mentioned included: depletion of aquatic resources (especially fish) through the use of unauthorised fishing methods such as the use of poison, light fishing, and pair trolling; increasing school drop-out rates; increasing social vices; and, land problems and litigation therefore scaring away investors.

MDG 2: Achieve Universal primary education

The research also sought to ascertain the progress with regards to MDG 2 which seeks to achieve universal primary education. The target is to ensure universal enrolment and completion of primary education by all children of school going age, by the year 2015. Findings from the qualitative collected to complement the quantitative data are presented in this section.

Current Situation in the Municipality

The study revealed that the current situation of primary education is an improvement on past records. The interviewees, although could not identify the exact school participation rate observed that there are fewer children who are not in school currently compared to what prevailed in the past. Some respondents from the GES indicated that parents have realized the importance of education (as a result of the education and sensitization programs) and are willing to send their wards to school.

The interviewees expressed concerned about the children who were not in school and labelled them as a 'burden to society'. Such a situation, these respondents said is due to the persistence of poverty among some households in the district. Peer pressure, truancy and broke homes were also mentioned as contributory factors. Some respondents from the GES again mentioned that migration, in some instances, has had a negative effect on children's schooling. People migrate in search of better opportunities and this force their children out of school. For instance, the fishermen migrate in search of a better catch and this has adverse effect on their children's education. Also the youth are tempted to migrate when they see their fellows who earlier migrate and are back (especially during the festival) with nice dresses etc.

The study indicated that teenage pregnancy; lack of parental care; neglect on the part of parents to support their children physically, morally, and emotionally; child labour/abuse: introduction of children to hazardous work and other business activities at a very tender age and thus reduce their interest in education; child trafficking. Children are being trafficked to neighbouring settlements of Tema, Akosombo, and Ashaiman, and this adversely affects their

education; the neglect by parents to perform their roles and leaving all to the teachers; inadequate educational infrastructure: Walking long distances to school. In some communities (e.g. Mongiase), children will have to walk for about 7 km to school. This is a discouraging factor for the children. Young children are also unable to walk such distances. Also because of the long distances, parents are unable to monitor their children to know if they attended school; cultural orientation: This mainly has to do with the upbringing of children. Children are exposed to economic activity at a very tender age. Sometimes, this kills the interest of these children in education. Also, although the influence of this factor has reduced considerably over the years, some parents are not interested in sending their children to school (especially female children).

Factors facilitating the achievement of MDG 2

Interviewees of the GES in the municipality attributed gains made so far in reaching MDG 2 to several factors. Increased sensitization and public awareness creation on the need to educate children emerged as the key initiatives pushing the frontiers of education in the municipality. This public awareness campaign has persuaded people to set their priorities right and invest in their children's education.

Other interventions mentioned during the group discussion included the firm support for government projects in facilitating the achievement of the MDG 2. Among the government programmes noted as contributing to the achievement of MDG 2 included school feeding programme, free textbooks and free school uniform programme. The district is also working towards introducing a large-scale functional scholarship for needy but brilliant children. This initiative was set in motion with the launching of the Ada traditional area education fund. Building new schools and other educational infrastructures have also facilitated the achievement of the MDG 2, interviewees observed.

According to interviewees, other ongoing interventions in the municipal assembly which seek to promote the achievement of MDG 2 include:

- The institution of 'my first day at school' programme. Under this programme, the municipal directorate of education distribute items such as cups, flags, bowls, etc. to class one pupils as well as toddlers at KG and nursery on the occasion of their first day at school. One participant of the FGDs added that although this intervention seems to attract the young ones, it is unable to retain them.
- Improving educational infrastructure for deprived and overcrowded schools.
- Instituting child protection programmes. For instances seeing to it that children are monitored to curb incidences of child trafficking and abuse.
- Public education on the need to educate the child.
- Empowering the District Education Planning Team (DEPT) to effectively carry out their duties.

Ways to improve school enrolment and participation

The respondents made several recommendations concerning how to improve school enrolment and participation. First of all, it was recommended by some of the respondents that stakeholders in the education (including, parents, teachers and education workers, the community, media, government, etc.) should see it as a collective responsibility and not leave it to teachers alone. The respondents again recommended that the government should scale up its social interventions (such as the school feeding programme) to benefit more schools and communities since the assembly does not have enough funds to undertake such massive programmes. All the same, the Assembly should continue supporting the government.

Also, it was recommended that there should be effective monitoring to ensure that children of school-going age do not patronize facilities meant for adults; e.g. gambling and some other games meant for adults, etc. The respondents also saw the need to sensitize parents on the need to send their children to school. Again basic education should be made compulsory and free so parents will be obliged to send their children to school. Other recommendations made included:

- *Children should also be exposed to people who are educated and have been successful in life to motivate them to take education seriously. One way of achieving this is to encourage indigents who have achieved higher education to return and help the district.*
- *Assembly should monitor and regulate social service areas such as video centres, discos, drinking bars, etc., to ensure that they don't provide services to children. Those that fail to comply should be closed down.*
- *Issues on education should be incorporated into the AsafoTufia festival as it is well patronised and can be a very good medium to reach the target population.*

- *Make use of the local radio station (to educate the people on the need to provide quality education for children) as it broadcasts in the local language and can reach majority of inhabitants.*

MDG 4 and 5: Reduce infant and maternal mortality

The study is also solicited opinion on the progress of the municipality with respect to MDG 4. The MDG4 targets reducing infant mortality by two thirds between 1990 and 2015.

Perspectives on the current situation of infant mortality (MDG4)

Interviewees had minimal knowledge with respect to the progress of MDG 4. However, the respondents from the health sector indicated that the district has been able to reduce the infant mortality rate. They added that childhood malaria was the main cause of infant mortality but the health service has been able to manage it. One respondent observed that: *“The infant mortality rate is not as threatening as some years ago.”* The GES interviewees also added that: *“The current improvement in the health facilities in general has helped in reducing the rate”*.

Factors facilitating the achievement of MDG 4

The study revealed that the current reduction in the infant mortality rate, which is an indication of progress towards the achieving the MDG 4 has been possible because of some measures instituted by the health service and the district assembly. Firstly, it was found that the Assembly and the GHS have always supported the nationwide immunization programmes and other programmes geared towards reducing infant mortality that the government initiates.

In addition, discussants during the focus group interview session unanimously observed that there has been intensive education on antenatal and post natal care and this has contributed its quota in reducing infant mortality in the area. Mention was also made of improved health facilities as a factor facilitating the achievement of the MDG. They mentioned some improvement such as the purchase of new equipment, ambulance, and also some structural improvements.

Other equally important factor mentioned by both the GHS and GES key informant was improvement in the health facilities. As an interviewee of the GHS expressly affirmed:

There has been significant improvement in the control of childhood malaria and that has contributed extensively to the reduction in infant mortality. And, the district assembly has been very helpful in providing accommodation for health personnel.

Factors hindering the achievement of the MDG 4

Respondents in response to an enquiry on the factors hindering the achievement of MDG 4 mentioned that although the government and other partners in the provision of health have upgraded some facilities and provided some modern equipment, there are several others which are obsolete. In this connection, one health personnel lamented that: *“...we are in need of proper functioning incubators”*.

Other respondents also raised the issue that there is inadequate health facilities, and of the right standard, which if were available could have prevented some infant deaths. Also, the patronage prayer camps for delivery was mentioned as a major issue as sometimes pregnant mothers do not get the proper care it can lead to tragic consequences such as children born with tetanus.

MDG 5: Reducing maternal mortality

The Millennium Development Goal (MDG) 5 which concerns maternal mortality has been a challenging goal to the nation at large and therefore it was imperative that the study focuses on the progress with this goal at the local level. The target of the goal is to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

Situation of maternal mortality (MDG 5) in the District

Respondents indicated that the maternal mortality rate has decreased over the years and currently it is not high. According to the figure provided, it declined from 1,282 in 2006 to 97 in 2012. For the district hospital, the number of maternal deaths is indicated below:

The administrator of Ada East District Hospital further mentioned that the cause of the sole death in 2012 was hepatoma which according to professionals from Karle-Bu Teaching Hosp. (Gynaecology department) is not a maternal death.

Causes of Maternal Deaths

Concerning the cause of maternal deaths, the technical people, the GHS indicated six (6) main cause- three (3) direct and three (3) indirect causes. The direct causes mentioned include; haemorrhage, eclampsia, and internal bleeding. The indirect causes are; poisoning, animal bites and no antenatal care. These as indicated have been the major causes of maternal mortality in the district. These causes were seen as factors hampering the achievement of the

MDG 5. This was reiterated by one health personnel that:

“As long as these health conditions exist, we will still experience maternal deaths but the good news is that most of these can be prevented, cured or managed to decrease maternal deaths and achieve the MDG”

Other hindrances to the achievement of the MDG reported in the district included the following.

- *Preponderance of certain socio-cultural belief and attitudes; for example, the preference of pregnant mothers to visit prayer camps and shrines instead of health facilities antenatal care and delivery. Some respondents from the Assembly also attested to this worrying situation and determined to find a solution to it.*
- *Incomplete criminal abortion e.g. using some unorthodox means to cause abortion.*
- *Inadequate health facilities and the need for expectant mothers to walk long distances which discourage them from attending antenatal clinics and also delivering at the hospitals.*

Respondents from both the district assembly and the GHS expressed concern about the sparsely distributed settlements and poor road network. This makes access to health facilities a challenging issue for some communities and therefore pregnant women are unable to attend antenatal clinics regularly. Sometimes women are unable to access a health facility during delivery. In all these instances, any complication in pregnancy, delivery or post-delivery, can result in the death of the mother. Respondents were optimistic that when the aforementioned issues are addressed, maternal deaths will be a thing of the past.

Level of Contraceptive Use

The study therefore sought the views of the respondents on the use of contraception in the area. Respondents from the GHS indicated that contraceptive use is not very high in the district. Also, one key informant indicated that of all the contraceptives, condom use is the most popular. Most people have little information about other forms of contraception. Responses from the FGDs also revealed a cultural dimension to the low contraceptive use. There is the notion that using contraceptives means one has the intention to commit adultery. This therefore makes most women unwilling to use contraception.

Respondents from the Assembly and the GES however could not give detailed information on this. They nevertheless mentioned that current reports on contraceptive use have been encouraging. It should also be noted that the study found out that although family planning is still low in the district, statistics provided indicate that it increased from 18% - 23.2% between 2011 and 2012.

There was a general consensus that the main solution to the low contraceptive use is to step up the education programmes. On this issue, the Acting Municipal Development Planning Officer mentioned that the Assembly has been collaborating with the NCE with assistance from the Ghana AIDS Commission to undertake education campaigns and also distribute condoms.

Trend of ANC Attendance

The respondents indicated that the trend has improved over the years. Antenatal visits increased from 1096 in 2010 to 1300 in 2012 (although there was a decrease in 2011 to 1017). In general it increased from 92% in 2011 to 95% in 2012. Also supervised delivery increased from 35% to 50% during the same period. Also the district recorded an increase in post-natal hospital attendance from 48% to 63%. This supports their assertion that antenatal attendance and general hospital care during and after pregnancy has improved. However as they indicated, more need to be done to improve the general condition. There are people who still prefer prayer camps and shrines to the hospitals.

Teenage pregnancy and adolescent births

Adolescent pregnancy and births has also been a factor responsible for some maternal deaths. The research showed that adolescent pregnancies have been rampant in the district. This phenomenon, they said, has been mainly caused by broken homes/single parenting. They added that the growing prominence of the AsafoTufia has its associated social vices and illicit sexual behaviour. This, one of the respondents indicated, has been a major cause of teenage pregnancy. Other causes mentioned include:

- Inadequate parental care especially those whose parents are fishermen
- No parental controls
- Peer pressure influences
- Curiosity.

Factors facilitating the achievement of MDG 4 and 5

Respondents mentioned that the district Assembly has been supporting the sector in diverse ways so that the MDG 5 could be achieved. Some of the supports include providing the sector with an ambulance and also getting accommodation for health workers.

Another measure the health sector has adopted is making leaders of these prayer camps partners in health delivery since some women prefer to deliver there. The respondents further mentioned that other interventions such as the NHIS have also been beneficial.

Findings from the health sector (GHS) also showed that the sector and other stakeholders have embarked upon several initiatives to reduce maternal deaths. Some initiatives mentioned included the following.

- *Provision of timely care*
- *Measures to attract and retain health personnel*
- *Provision of equipment for healthcare (although this has not been adequate)*
- *Outreach services by the public health unit.*
- *Improving health facilities*
- *Organising training workshops for nurses/midwives to update their skills and also deal with attitudinal problems*
- *Organising community durbars to deliberate with the community, capture their problems, suggest solutions, educate them, etc.*
- *Education during AsafoTufia festival and also distribution of condoms during this festival*
- *Creating avenues for patients to lodge complaints in the event of unaccepted behaviours by health professionals*
- *Enforcing ethical codes and principles to ensure that health professionals behave ethically*
- *Taking advantage of Radio Ada to educate the people on health issues*
- *Organising pregnancy schools at antenatal clinics*
- *Health education at OPDs*

Is MDG 5 achievable?

Respondents indicated that MDG 5 is achievable but concrete measures must be put in place. The whole problem of maternal deaths should be approached from an inter-sectoral perspective. It should not be seen as the burden of only the health sector. All stakeholders (e.g. GPRTU, Ministry of Works and Water resources, etc.) should contribute towards it and with this we can achieve the set target.

MDG 7: Improve access to safe drinking water and sanitation

Ensuring proper sanitation is very essential as it impacts on health and general well-being of the people. The MDG 7 which seeks to ensure environmental sustainability also considers the need to ensure the provision of basic sanitary facilities and safe drinking water. One of the targets of this goal is to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation. This was the main focus concerning this goal. The results of the study on this MDG are provided below.

Current state of sanitation in the district

Findings from the study showed that the municipality has made much progress with the provision of safe drinking water. The Acting Municipal Development Planning Officer indicated that about 80 percent of the inhabitants have access to potable drinking water. He added that the Assembly is in the process of increasing this coverage.

Sanitation was identified as a major challenge to the district Assembly and the communities at large. Although responses indicated an improvement, the data presented showed that only about 40 percent of the inhabitants have access to proper sanitation. Respondents therefore indicated that conditions have improved, more needed to be done to improve the sanitation of the district at large.

Although most respondents indicated that the availability of potable water is not a problem for most inhabitants of the district, they couldn't say the same with regards to the general sanitary conditions in the district. There was a general consensus that the sanitary condition in the district is poor and the municipality needs to initiate some interventions to be able to meet the acceptable standards. One major problem identified is inadequate public toilet facilities. A significant number of homes do not have toilet facilities (although it is required by law to provide toilet facilities in home) and the inhabitants of those homes patronize public ones. It therefore becomes a problem if these public toilets are inadequate to satisfy the residents.

The interviewees further mentioned that some houses are unable to provide toilet facilities because there are faced with the problem of conflicting land uses. These houses already have wells and cannot dig a pit latrine on the same piece of land (as the human excreta can contaminate the water in the wells). The study further showed that the problem of inadequate public toilet facilities has been compounded by the situation where some of them cannot be used. For instance one participant during the FGD with the members of the municipal assembly mentioned that:

“A very important toilet facility at the main market of Ada Foah is not useable and has created a problem for the market and the community at large”.

The respondents added that dislodging liquid waste has also been challenge to the area. The mentioned that the whole district is being serviced by only one dislodging truck, which is woefully inadequate and thereby poses a threat to improved sanitary and health conditions.

The management of refuse dumpsites also emerged as a challenge to improved sanitation in the district. It was revealed by the study that there are no bulldozers to clear dump sites. Additionally, respondents indicated that there is only one skip truck to service the whole district and as such leading to a situation where piles of refuse are left unattended to. One respondent reported that: *“The effect of this on the health of inhabitants cannot be overemphasized”*

Factors facilitating the Achievement of MDG 7

Findings from the interviews and FGDs revealed that, despite the challenges with sanitation, the Assembly has initiated a number of projects to improve the situation. Some respondents mentioned that the situation with refuse collection has improved. Zoomlion Ltd was mentioned as being instrumental in the collection of refuse/solid waste and helping in achieving MDG 7.

The Assembly has also embarked on extending the coverage of potable water, and according to the Acting Municipal Development Planning Officer the district seeks to achieve 90% coverage soon. Other programmes and projects aimed at improving sanitation and water include:

- *Sensitization and education programmes on the need to maintain a clean environment*
- *There is also the national mosquito control programme which also has a component which deals with environmental sanitation*
- *Activities of Zoomlion Ltd. in the form of cleaning the communities and also ensuring proper waste disposal*

However respondents indicated that the municipal assembly, government and individuals must intensify efforts towards maintaining a clean environment in order to be able to make any impact on the sanitation goal.

Factors hindering the Achievement of MDG 7

It was mentioned during the interviews that the main factor hindering the realisation of proper sanitation is attitudinal and unless the people change their attitudes, improving the sanitary conditions will continue to be a

challenge even when there have been major investments in the sector. One example given to support this assertion is the instance where public toilets (KVIPs and WCs) are provided for communities but the people still defecate in the bush and along the beaches. Also, people litter the environment even when bins have been provided. According to them, unless this attitudinal problem is dealt with, a number of initiatives might not achieve the desired results.

Conclusion and recommended public policy responses

The main objective for undertaking this study was to explore the achievements, problems and prospects of attaining the MDGs at the local level in Ghana with particular focus on the experiences of the Dangme West Municipal Assembly. Essentially, the study sought to provide useful qualitative information on how local governments have performed, in tailoring their local development programmes toward improving access to infant and maternal services, basic education, and safe drinking water and sanitation services. Undoubtedly, the findings highlighted in this report confirm that the study was worthwhile and will go a long way in influencing evidence based policymaking.

Despite the different views on the current situation of poverty in the municipality, majority of the interviewees believed that the poverty situation has improved over the years. Similarly, interviewees identified resource endowment of the municipality and existing initiatives or interventions put in place by the assembly and its partners in enhancing local economic development as variables facilitating the attainment of the MDG 1.

The MDG2 is perceived to have seen tremendous improvement; this was attributed to persistent and painstaking public education and sensitization of the people by the assembly concerning the relevance of education to the development of the area. Officials from the municipal assembly observed that the school feeding and free text books and free school uniform programmes, these and other government interventions are responsible for the increase in primary school enrolment within the municipality.

Interviewees could not identify any specific local initiative towards the attainment of MDG4. The gains made so far, that is, reduction in infant mortality within the municipality is as a result of government programmes and interventions. The nationwide immunization programmes and the intensive education ante and post natal care are among some of the measures pushing the municipality closer to the MDG4 target. This significant progress notwithstanding, problems of poor health facilities, obsolete equipment and the preponderance of certain socio-cultural beliefs and practices remain a major roadblock.

Maternal mortality or the MDG5 within the municipality has is perceived to have significantly decreased; it has fallen from 1,282 in 2006 to 97 in 2012. Majority of interviewees were categorical that the progress made in reducing maternal death in the municipality is inextricably linked to the improvement in provision of ambulance and providing accommodation for health workers. The sparsely distributed settlements coupled with poor road network and access to health facilities in times of emergencies were seen as main hindrances to the attainment of MDG 5. Interviewees believe that progress toward MDG7, that is, access to proper sanitation and safe drinking water has been very slow. Only 40% of the inhabitants in the municipal area currently have access to proper sanitation and safe drinking water. Attitude and behaviour of the citizens are major factors slowing progress to reaching the MDG7.

To strengthen local governments as agents capable for delivering services aimed at achieving MDGs in Ghana, interviewees recommended the following:

- Increase central government support for MDGs-specific social interventions in the district
- Increase and sustained public awareness programmes about the MDGs and government intervention aimed at reducing them
- Local governments officials and assembly members would have to fashion district-specific initiatives to complement central government interventions
- It is suggested that all stakeholders join the ongoing public awareness programmes regarding bad habits, attitudes and behaviours which militates against the attainment of MDGs especially MDG4, 5 and 7
- Local governments would have to introduce punitive measures to discourage individuals whose actions impact negatively on the sanitation, water and the environment
- Citizens and traditional rulers and elders would have to eliminate socio-cultural practices which hinder especially women from patronizing maternal and child health care services.
- Citizens who flagrantly violate sanitation rules must be made to face the rigours of the law so as to deter others

- Local governments and NGOs working in the district would have to build capacity to enable them introduce and implement pro-poor policies and programmes to complement central government initiatives
- Infrastructural projects in the district health and education sectors would have to be increased in accordance with the needs of the district.
- Politicians, administrators, and citizens would have to partner to work towards the attainment of the MDGs; especially the Members of Parliament would to join the anti-poverty campaign train
- Local governments must be appropriately resourced. Interviewees noted that the local government administration is the action arm of central government in the implementation of MDG specific policies and, they play a crucial role in local economic and social development. These include among other things the implementation and monitoring of MDG-related projects in the district. The district assembly would have to be provided with qualified staff with professional competence and the capability to effectively overseeing the execution of pro-poverty MDG programmes.

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Appendix A: Background Information on the Ada East District Administration

The Ada East District is located in the Eastern part of the Greater Accra Region within Latitudes 5°45 south and 6°00 north and from Longitude 0°20 west to 0°35 East. It shares common boundaries with North Tongu District at the North, south Tongu District and Dangbe West District at the East and West respectively. At the south is the Gulf of Guinea, which stretches over 45 kilometers (DMTDP, 2010).

The District covers a total land area of about 909 sq km (350 sq miles) about 28% of the total area of the Greater Accra Region. Ada Foah, the District Capital is located at the south-eastern part, about 20km off the Accra-Aflao road, along the coast and about 2km from the Volta River Estuary. This is a feature highly conspicuous which attracts thousands of tourists to the area every year. Other major settlements are Big Ada, Kasseh, Got, Anyamam, Lolonya, Akplabanya, Wokumagbe and Koluedor. The vegetation is basically the coastal savannah type, characterized by short savannah grasses and coconut trees along the coast. A socio-economic benefit of the savannah is its ability to provide an extensive land for grazing livestock (Cattle) thereby promoting the well being of a good number of the populace.

The climatic condition of Ada East District is humid due to its location within the south-eastern coastal plains of Ghana making it one of the hottest parts of the country. Temperatures are high throughout the year and ranges between 23°C and 28°C. Humidity is about 60 per cent high, due to the proximity of the sea, the Volta River and other water bodies. Rainfall pattern is generally heavy during the major seasons between March and September.

The Ada East District has an estimated population of 130,795, Ghana Statistical Service, (2010 Population and Housing Census). Over the years, the persistent increase in population has increased the population density of the district especially for persons less than 15 years of age. The district experiences high rate of internal migration which could be attributed to the lack of job opportunities and basic social amenities in the district. The proximity to the capital city and other areas such as Ashaiman and the Tema metropolis may also be contributing factors. Another form of migration is mainly by fishermen who move across the borders of Ghana to neighbouring countries like Togo, Benin, Senegal and Cameroun for fishing to improve their socio-economic livelihood.

With regards to ethnicity, the district is a homogeneous society with Dangme forming about 85.9 per cent of the population. 15 per cent of the residents are from other ethnic groups across the country. The people of Ada have a very rich culture. Asafotufiami is one of the prominent festivals usually celebrated once a year in the month of August. Asafotufiami simply connotes "*the firing of musketeers*". It is celebrated in commemoration of the death and as a form of recognition to the war heroes who performed creditably during the wars against the Ashantis. The predominant occupation of the men is fishing while the women are fish mongers. Majority of the people are engaged in farming, mat weaving, basketry and crab trapping. The Songhor lagoon also serves as a means of commercial salt mining for most people of the area with well endowed mineral resources in the form of large deposits of salt. This is of a great economic potential to the people particularly in areas where the resource exists.

In the area of education, over the years the District has performed tremendously under the educational sector. The provision of classroom blocks and basic teaching and learning materials to facilitate and promote quality teaching and learning among schools. The district has made considerable strides to improve the health conditions of the general populace. In the year 2000, the Ada East District Hospital was constructed to augment the services of other health facilities in the district including a district clinic and a number of functional CHPS Compounds in most of the surrounding communities.