



REPUBLIC OF GHANA

## USING CWIQ FOR POVERTY MONITORING IN GHANA

### Some selected results from the 1997 Ghana Core Welfare Indicators Survey

This is the first bulletin presenting results from the 1997 Core Welfare Indicators Questionnaire administered by the Ghana Statistical Service from September to November 1997 to a sample of approximately 15,000 households. The analysis of some data, particularly employment and analysis by socioeconomic group and by region, is ongoing. These results will be presented in later bulletins.

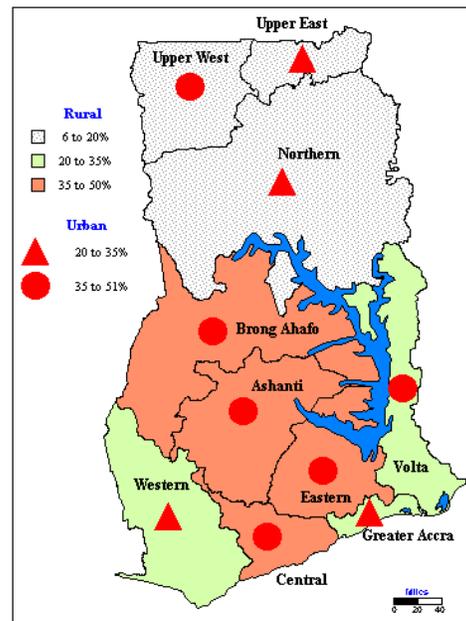
#### I. BACKGROUND

Having undergone years of economic decline, the Government of Ghana embarked on an Economic Recovery Program in 1983. While there has been marked improvement in output and some improvement in Economic performance, studies by various Economists (Norton et al. 95, Boateng et al. 1990 etc.) indicate that many individuals still remain in acute poverty. Furthermore, the process of adjustment by its very nature is supposed to cause short run hardship for certain vulnerable groups. Thus in planning poverty strategy for short and long run growth it becomes necessary to get timely and reliable information on key economic and social indicators.

The Government of Ghana has taken the issue of poverty alleviation seriously. Several

studies and programs to mitigate poverty have been undertaken. For example, in 1987, the Government launched two programs to tackle the problem of vulnerable groups: the Program of Action to Mitigate the Social Costs of Adjustment (PAMSCAD) and the Ghana

Ghana  
Female Headed Households by Region



Living Standards Measurement Surveys (GLSS). Three rounds of the GLSS have

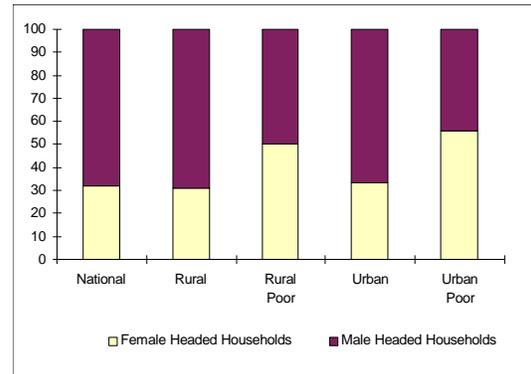
been conducted, with the fourth round about to commence in January, 1998. However, it was realized that traditional impact indicators such as those obtained from the GLSS are both expensive and time-consuming to collect. The GLSS for instance is conducted at intervals of about 5 years.

While the periodic collection of such indicators is necessary, there is also the need for a poverty monitoring survey instrument with short turnaround time. It was against this background that the GSS decided to introduce the Core Welfare Indicators Questionnaire (CWIQ) survey to complement the GLSS by providing a set of simple indicators for poverty monitoring on timely basis. This instrument focuses on the collection of indicators that measure **access, utilization and satisfaction** for a select number of key social and economic services. As a result of the successful implementation of the CWIQ pilot survey in July, 1996, a nation-wide survey was conducted from September to November 1997.

## II. SOME EARLY RESULTS

Summary tables have been generated for all key indicators, and all of these have been disaggregated by: (1) urban and rural poverty quintiles; (2) Socioeconomic group (defined according to the occupational status of the head of the household), and (3) administrative region. In all, 14,514 households (9,162 rural and 5,352 urban) were successfully interviewed during the survey. The average household size was 4.1 members, though rural households were generally larger, as were poorer households. Northern Region recorded the highest average household size of 5.7. Female headed households accounted for 35% of all households, with little difference between rural and urban areas. A significantly larger percentage was however to be found amongst the poorer households.

**Ratio of Female-headed households by poverty status (Rural and Urban)**

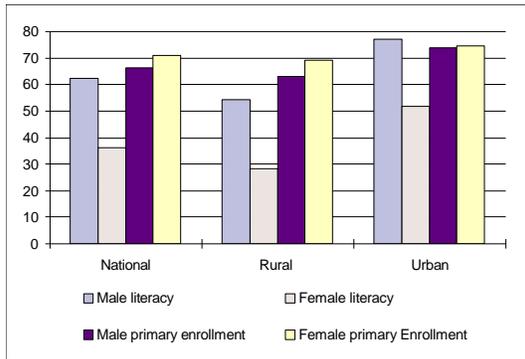


The survey also shows that Ghana's population is still "young", with 41.8 percent of the population under 15 years. The youthful age structure of the population is reflected in the seemingly high dependency ratio of the country of 1.9. This ratio remained relatively constants across all quintiles.

### *Gender*

The survey collected information on a number of indicators which can be disaggregated by gender. Preliminary analysis reveals significant gender differences for certain indicators, but also show evidence of improvements in the status of women for others. For instance, female literary levels (which may be taken as an indication of the level of gender equality in education in earlier decades) are only 36% for the country as a whole - compared with a male literacy level of 62%. By comparison, when school enrollment rates (which are an indication of the gender equality of current education policy) are examined, there is a very significant reduction in the levels of inequality.

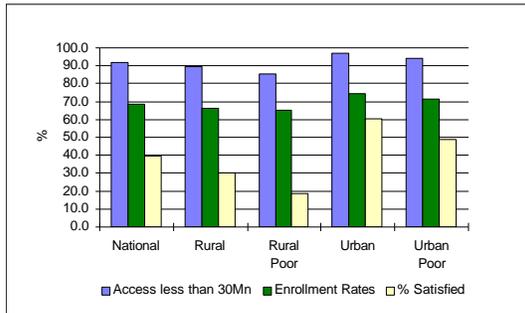
### Literacy and primary enrollment rates by Gender (Rural and Urban)



### Education

Education is essential in providing people with the basic knowledge and needed skills to improve their quality of life.

### Access, use and satisfaction with Primary education

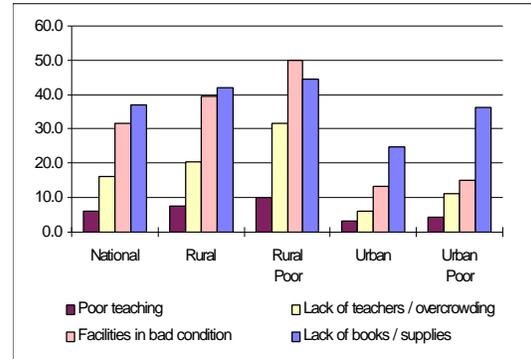


Thus policies and programs that help to expand access and the proper utilization of educational opportunities, will also assist in reducing poverty. Access to Primary Education and enrollment are high across all groups, but satisfaction with the quality of the service is noticeably low for the rural areas, particularly the poor. The primary reasons for dissatisfaction are the shortage of books and the poor condition of the facilities of the schools servicing the rural poor.

With regard to secondary education, there is a marked reduction in the level of access (35% for the country as a whole, and only 14% for the poorest rural households), and a

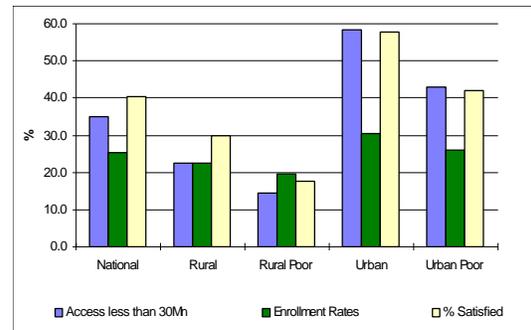
commensurate drop in the level of enrollments.

### Reasons for dissatisfaction with Primary education.



The survey also reveals significant differences in the levels of satisfaction with secondary school services, depending both on the socioeconomic group of the household and on the type of facility (government, Private, church etc.)

### Access, use and satisfaction with Junior secondary education

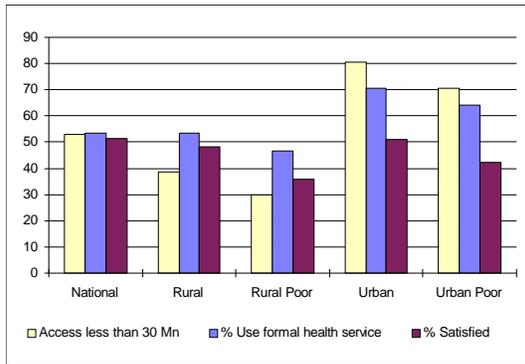


### Health

Findings of the survey indicate that, for the country as a whole, 53% of sick people received formal medical care, and a total of 89% received some form of treatment. Even for the poorest rural households, this only drops to 80%. The gap between rural and urban is however much larger for formal medical care. For those not receiving medical attention, the main reason given was the high cost of treatment. Again, about a fifth do not use medical services because they find such

facilities to be too far away from them. This phenomenon is however more of a rural problem than an urban one.

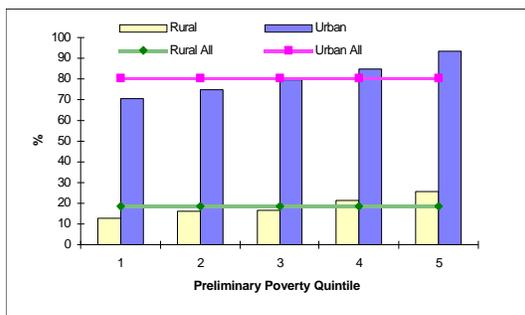
### Access, use and satisfaction with formal health services



### Main Source Of Drinking Water

While there have been attempts by the government of Ghana to improve the access to safe water throughout the country, rural-urban disaggregation of the CWIQ output indicates that 80 percent of urban and 18 percent of rural households have access to pipe-borne water. The majority of the rural households relying on natural sources (unprotected well, lakes, or rivers) for their supply. In terms of poverty quintiles, the proportion of households with access to potable water increases as poverty

### Access to safe water by preliminary poverty quintile (Urban and Rural)



decreases, the gap being greater in the urban than rural localities. Households in rural

areas of the regions in the north are most likely to spend more time fetching water, while those in south are least likely to spent longer time. The distributions of time spent to get to the nearest public transport or food market depict a similar pattern to that observed for the time spent in fetching water.

### III. THE SURVEY DESIGN

#### Coverage

The CWIQ covered a nationally representative sample of about 15,000 households encompassing all the 10 administrative regions. Survey results can be disaggregated to the level of administrative region with relatively little increase in the size of sample errors.

#### The Sample

The survey is based on a two-stage stratified sample of households. The 1984 population census Enumeration Areas (EAs) together with their population and household information, constituted the sampling frame. Households within selected EAs were subsequently listed and a systematic sample of 25 households per EA were selected. A total of 14,514 households were surveyed in the 588 EA's.

#### The Questionnaire

The questionnaire consists of only 4 double-sided forms. The CWIQ was designed to collect minimum amount of information needed to identify and classify target groups and to provide basic welfare monitoring information. Pre-coded multiple-choice response questionnaire were used. Modules of this instrument range from Health, Education to Household Assets. They require only that a 'bubble' be filled by the interviewer in response to each question. The questions were designed to be quicker and easier to administer and to process.

### ***Data Collection***

Mobile teams were used to collect the data. The data collection process lasted for 3 months, from September to November 1997. In all there were 13 teams, each comprising 4 enumerators, 1 supervisor and a driver. A senior-level supervisory team oversaw the implementation of the survey to ensure that high quality data were collected from the field.

### ***Data Processing***

For the first time in the history of the GSS, the survey was conducted using Optical mark Recognition (OMR) “bubble” questionnaires. To enter the data, these questionnaires were read by high speed scanners. The data processing team was able to perform simple on-line edit corrections while scanning. The data was then gradually transferred into a customized Access application for further, more complex validations. The Access application produced clean, validated and documented data files. This process took place at the same time the field work was on-going and finished only a couple of days after the last enumerator returned from the field. The clean data generated by the Access cleaning application was then processed through SPSS statistical package to produce a standard

output bulletin within 12 days of the end of field work.

### ***Problems Encountered***

As with any large sample survey, the CWIQ had to cope with a range of logistic and procurement issues. In some of the EAs (e.g. Western, Northern, Upper East and West.) the smooth running of this exercise was hampered by deplorable road conditions, and constant breakdown of some field vehicles. The field staff also encountered difficulty in locating some of the households.

## **IV. CONCLUSION**

This bulletin provides only the briefest of previews of what the CWIQ has to offer. A summary report, containing all the summary tables is under preparation and will be released shortly. In addition, the CWIQ data, background documentation, and summary tables, are also to be released and disseminated on a CD-ROM. Further inquiries should be addressed to:

Government Statistician  
Ghana Statistical Service  
P.O Box 1098  
Accra  
Ghana