Assessment of Poverty Levels in Selected Districts of Rural Ghana

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Abstract

Major studies and statistical evidence on the subject of poverty in Ghana have indicated poverty is on the decline but agree that there exists geographical imbalance in the distribution. The perceptions of the poor on formal poverty reduction institutions are largely that of ineffectiveness and irrelevance in their lives as government poverty reduction activities contributes little in their struggles to survive and rarely help them to escape poverty. As a result, the study made an independent assessment of poverty levels in some selected districts of Ghana.The three dimensions of poverty were considered in the assessment process using structured questionnaires and in-depth interviews. The FGT method of poverty assessment was paramount in indicating the level, the severity and inequality among the poor. The result shows that while national poverty is declining geographical imbalances in poverty do not only exist but is worsening. Purposive projects to lift the poor in these areas are highly recommended.

Keywords: Poverty levels, Dimensions of poverty, FGT Method, Selected Districts, Ghana.

1.   Introduction

Ghana's economy has over the past quarter of the century experienced a relatively sound management, a competitive business environment, and sustained reductions in poverty levels. According to the UNDP report (2010), Ghana is the first country in sub- Sahara Africa to have achieved the Millennium Development Goals (MDG1) that aims at eradicating extreme poverty and hunger. Indeed, the economy is endowed with natural resources and has emerged as one of the strongest economies in Africa recording an unprecedented real growth of 13.5% in 2011. Until the recent oil find, the economy depended largely on agriculture and gold extraction for closely to half of GDP. The Agricultural sector for example contributes roughly one-quarter of GDP and employs more than half of the workforce, mainly small landholders. The services sector accounts for 50% of GDP. Gold and cocoa production and individual remittances are the major sources of foreign exchange to the economy (CIA World Fact book, 2011).

Ghana signed a Millennium Challenge Corporation (MCC) Compact in 2006, which was aimed at assisting a transformation process in Ghana's agricultural sector. The Country also opted for debt relief under the Heavily Indebted Poor Country (HIPC) program in 2002, and the purpose was to benefit from the Multilateral Debt Relief Initiative that took effect in 2006. In 2009 Ghana signed a three-year Poverty Reduction and Growth Facility with the IMF to improve macroeconomic stability, private sector competitiveness, human resource development, and good governance and civic responsibility (GoG, 2010). Earlier efforts in reducing poverty involved the implementation of the economic Recovery Programme (ERP) with series of structural adjustment programmes (initiatives). It was aimed primarily at macro level economic stabilisation as an essential pre-condition for the realisation of high and sustained economic growth rates, the implementation of which involved a reduced government sector in economic management therefore infusing more private sector led or market oriented policies (Ames, 2002).

More efforts by government involved the commitment in the report entitled making people matter: A Human Development Strategy for Ghana (1991) followed by the National Development Policy Framework (1994), a twenty five year development perspective termed vision 2020. Vision 2020 originally entitled National Development Policy Framework was a wide ranging, twenty-five year perspective dedicated to the improvement of individual and social well-being. The development of the vision 2020 was preceded by the National Development Goal setting exercise which all districts and regions participated in, the latter exercise produced the underlying National goal which was to improve the quality of life of all Ghanaians by reducing poverty, raising living standards through a sustained increase in National wealth and a more equitable distribution of the benefits thereof. Issues addressed in the report included the role of the public and private sector, poverty, gender equity, employment generation and rural development (Ames, 2002 & GoG, 2003).

The First Medium Term Development Plan (MTDP) (1997-2000) was the first of the series of 5-year

development plans that were to be developed from the 25-year vision. The MTDP, referred to as Vision 2020 – the first step, was based upon collaborative work among Ministries, Department and Agencies (MDA), Regions, Districts and consultations with civil society. The limited impact of the Ghana Vision 2020: The first step and the MTDP in laying the foundation for sustained poverty reduction led to attempts to formulate more poverty-focused policy initiatives. Consequently, the interim Poverty Reduction Strategy (I-PRSP) for Ghana was prepared in June 2000 for period 2000 to 2002 and was used as an outline for growth and poverty reduction. Preparation of the Ghana Poverty Reduction Strategy (GPRS) for 2003-2005 builds on the I-PRSP, with greater emphasis on participation of key partners, including civil society, the media, private sector, all arms of government and development partners. Then was drawn the Ghana Poverty Reduction Strategy document (GPRS) which represented comprehensive policies, strategies, programmes, and projects to support growth and poverty reduction over a three-year period (2002-2004). This document was initiated by the government on the conviction that much needed to be done to the economy of Ghana by way of effective management so as to create wealth for the benefit of all Ghanaians. The period of 2002-2004 was denoted by the document as the stabilizing and foundation lying of the economy for sustainable accelerated and job creation agro based industrial growth economy. The focus of the document was also on providing an enabling environment that empowers all Ghanaians to participate in the wealth creation and to partake in the wealth created (GPRSP, 2002-2005). Current poverty level in Ghana is estimated at 28% (GSS, 2012).

Despite this recorded growth and the various efforts, poverty still persist in Ghana with most of Ghana's poor living in rural areas without basic services such as health care and clean water (Ofori-Boateng, 2006). Small-scale farmers, who are affected most by rural poverty in Ghana, depend on outdated farming tools and lack access to improved seeds and fertilizers to increase crop. Major studies in Ghana by writers like Gyan-Baffour (2000) and the GPRSP (2000-2005) on the subject of poverty and its reduction agencies as well as programmes in the Ghanaian economy indicate that poverty is on the decline but agree that there exists geographical imbalance in the distribution of poverty levels in Ghana. Other writers like Asenso (1999) and ISODEC position paper (2001) on the same subject indicate that considerable gap exists between the target objective of alleviating or eradicating poverty and achievement. Many poor people's perceptions of formal poverty reduction institutions are largely that of ineffectiveness and irrelevance in their lives as government poverty reduction activities contributes little in their struggles to survive and rarely help them to escape poverty. Despite the colossal amount of resources committed to those programmes by government machinery, the poverty situation aggravates in most rural areas and more people fall into the poverty net in some sections of our society instead of escaping.

Arising from the above discourse, it was expedient to ask whether poverty was actually reducing or increasing in rural Ghana? If poverty were truly increasing in some sections of our society, what could be the possible causes and effects of such increases? Are there better ways or strategies of implementing poverty reduction programmes to make them more effective especially to check the geographical imbalances asserted by those documents? The study, therefore, assessed poverty levels in some selected districts in order to ascertain the current rural poverty levels in Ghana. In specific terms, the scope of the study was confined to two regions of Ghana namely the Upper East region and the Brong Ahafo Region. In each region, three districts were considered for the study. These two regions were selected because Upper East region is considered as one of the vulnerable regions in terms of poverty levels in Ghana. Brong Ahafo according to the Ghana poverty reduction Strategy paper is less vulnerable. Assessment of them was considered representative for the rest of the vulnerable and the less vulnerable regions in Ghana for comparative analysis. The remaining part of the study is organised into five main sections. Section two contextualises the study and termed background to the study. Section three is a review of relevant literature on poverty. Section four is on conceptual framework. The fifth section is data presentation and analysis. The last section concludes the study and offer recommendations for policy.

2.   Background to the Study.

This section contextualises the study by dilating on the various poverty reduction efforts adopted in Ghana. It also reports the dimensions, disparities and trends in poverty in Ghana. The final part of the section covers the various ways poverty manifest in Ghana and the strategies for attacking poverty.

2.1.   Overview of Poverty Reduction Strategies Adopted in Ghana.

The current Ghana Poverty Reduction Strategy paper (GPRS) is a comprehensive development policy framework in support of poverty reduction and growth. It provides a comprehensive understanding of poverty and its causal relationships. Before this comprehensive framework, Ghana had undertaken a series of poverty reduction strategies. The following are the major identified strategies that have taken place in the country as a way of attacking poverty in Ghana:

2.1.1.   Previous Poverty Related Plans in Ghana.

Prior to 1980, the economy   had been characterised by high rates of inflation, high interest rates, continues

depreciating of the Cedi, dwindling foreign reserves, excessive public debt overhang and stagnant economic growth (Asenso, 2001). Attempt at redressing some of these problems have since 1983 pivoted around the traditional World Bank and the International Monetary Fund's supported economic initiatives of structural adjustment and Economic Recovery Programme (SAP & ERP). Aimed primarily at macro level economic stabilisation as an essential pre-condition for the realisation of high and sustained economic growth rates, the implementation of these policies in Ghana was accompanied by reduced involvement of the government sector in economic management -that is, towards the infusion of more private sector led and market oriented policies. The implementation of these economic policy reforms resulted in appreciable increases in economic indicators of the economy but poverty levels were on the increase. For instance, extensive liberalisation and adjustment in the early part of the 1980s produced some growth in services and mining but did little to produce and sustain growth in agriculture and manufacturing where the majority of the population were engaged (Asenso, 2002). Due to this more effort were needed to support the poor in Ghana.

The first attempt, the Programme of Actions to Mitigate the Social Cost of Adjustment (PAMSCAD), was initiated in 1987 with the prime objectives of addressing the needs of vulnerable groups who were in precarious condition due to the effects of structural adjustment programme and Economic Recovery Programme or earlier periods of economic decline. These included small farmers, mainly in the 'peripheral' regions of Northern Ghana, whose productivity were extremely low and who also faced hunger and unemployment during the lean farming season (Alex; 2001). Others were urban-based unemployed and underemployed, and workers retrenched from the public and private sectors of the economy due to this policy reforms. Projects implemented under PAMSCAD included set of community based projects that were to help in the rehabilitation and construction of social and economic infrastructure, thereby generating employment (Asenso, 1993). But a cursory evaluation of the programme indicated that it was unsuccessful in adequately tackling the levels of poverty of the target population. It was clear that poverty levels assumed dramatic proportions in certain urban and rural areas during this period. Data corroborates this view by indicating that the number of rural poor had increased in recent times (GSS; 2000). It has been asserted that the dismal result may be attributed to the inability of the programme to target the poorest of the poor for focussed action (Asenso, 1993).

2.1.2.   *Development Policy Frameworks since the Mid 1990s.*

The GPRS was preceded by a series of plans, which placed emphasis on poverty reduction and human development. The first was the report entitled making people matter: A Human Development Strategy for Ghana (1991) followed by the National Development Policy Framework (1994), a twenty five year development perspective termed vision 2020.

2.1.3.   *Ghana's Vision 2020.*

Vision 2020 originally entitled National Development Policy Framework was a wide ranging, twenty-five year perspective dedicated to the improvement of individual and social well-being. The development of the vision 2020 was preceded by the National Development Goal setting exercise which all districts and regions participated in. the latter exercise produced the underlying National goal which was to improve the quality of life of all Ghanaians by reducing poverty, raising living standards through a sustained increase in National wealth and a more equitable distribution of the benefits thereof. Issues addressed in the report included the role of the public and private sector, poverty, gender equity, employment generation and rural development.

The First Medium Term Development Plan (MTDP) (1997-2000).

The MTDP was the first of the series of 5-year development plans that were to be developed from the 25-year vision. The MTDP, referred to as Vision 2020 – the first step, was based upon collaborative work among Ministries, Department and Agencies (MDA), Regions, Districts and consultations with civil society. Collaboration at national level had been achieved through broad cross sectoral planning groups, for each thematic area, representing MDA and representative interest groups. The MTDP covered five thematic areas; economic growth, human development, rural development, urban development and the development of an enabling environment (GPRSP, 2003-2005) Analysis of these thematic areas indicate that the plan had strictly limited success. This was largely due to limited coordination between the National Development Planning Commission (NDPC) responsible for plan formulation and the Ministry of Finance (MOF) responsible for economic and fiscal management. In the event, annual budgetary allocations did not reflect MTDP programme objectives. There also appeared to be a lack of political commitment to implementation of the plan (Osei et al, 2001).

Interim Poverty Reduction Strategy (2000-2002).

The limited impact of the Ghana Vision 2020: The first step and the MTDP in laying the foundation for sustained poverty reduction led to attempts to formulate more poverty-focused policy initiatives. Consequently, the interim Poverty Reduction Strategy (I-PRSP) for Ghana was prepared in June 2000 for period 2000 to 2002 and has been used as an outline for growth and poverty reduction. Preparation of the Ghana Poverty Reduction Strategy

(GPRS) for 2003-2005 builds on the I-PRSP, with greater emphasis on participation of key partners, including civil society, the media, private sector, all arms of government and development partners.

The Ghana Poverty Reduction Strategy Paper (GPRSP)-2002-2004.
The GPRS represents comprehensive policies, strategies, programmes, and projects to support growth and poverty reduction over a three-year period (2002-2004). This document was initiated by the new patriotic party government on the conviction that much needed to be done to the economy of Ghana by way of effective management so as to create wealth for the benefit of all Ghanaians. The purpose is to create wealth by transforming the nature of economy to achieve growth, accelerated poverty reduction and the protection of the vulnerable and excluded within a decentralised, democratic environment. The goals set to achieve entailed the following:
Ensuring sound economic management for accelerated growth'.
Increasing production and promoting sustainable livelihoods;
Direct support for human development and the provision of basic services;
Providing special programmes in support of the vulnerable and excluded;
Ensuring good governance and increased capacity of the public sector; and

The active involvement of the private sector as the main engine of growth and partner in nation building. The period of 2002-2004 was denoted by the document as the stabilising and foundation lying of the economy for sustainable accelerated and job creation agro based industrial growth economy. The focus of the document was also on providing an enabling environment that empowers all Ghana's to participate in the wealth creation and to partake in the wealth created (GPRSP, 2002-2005). The major indicators of the GPRSP to achieving the desired socio economic status for all Ghana's are access to basic social services such as health care , quality education, portable water, decent housing, security from crime and violence and the ability to participate in decisions that affect their own lives.

2.2. Dimensions of Poverty in Ghana.
In Ghana, households and communities are characterized as poor based on lowness of income, malnutrition, ill health, illiteracy, lack of access to safe water and sanitation facilities, and general insecurity. These conditions combine to keep households and whole communities in persistent poverty. The analysis is based on the Ghana Living Standards Survey (GLSS 4) conducted by the Ghana Statistical Services over the period April 1998 – March 1999. It also makes use of several supplementary data. Notably, the Participatory Poverty Analysis (PPA) survey administered in 36 sample communities from 14 districts in 6 regions provides qualitative data on perceptions of poverty. The Ghana Macroeconomics and Health Initiative background reports provide further disaggregated data on health indicators of poverty.

Trends in Income Dimension of Poverty in Ghana during the 1990s.
In the 1990s the incidence of poverty was assessed at low levels in Ghana viz an upper level and lower or extreme level. The upper poverty lines in Ghana during this period referred to incomes of up to 900,000 cedis a year or 75,000 cedis a month or 2,500 cedis a day (Gyan-Baffour, 2002). The extremely poor were identified as people with incomes below 700,000 cedis a year or 58,000 cedis a month or 1,900 cedis a day. Using this approach with modified figures the latest statistics on poverty estimates that about 40% of the Ghanaian population has incomes below the upper poverty line; while about 27% (slightly more than a quarter) of the population has incomes below the extremely poverty line (Gyan-Baffour 2002).
While the figures give general indications of the incidence of poverty in the country, they mark the uneven distribution of poverty across geographical areas of the country. Five out of the 10 regions in Ghana had more than 40% of their population living in poverty the worst affected being the three Northern Savannah regions (the Upper East, Upper West and the Northern Regions). Nine out of ten people in Upper East or 88%, eight out of ten in Upper West or 84%, and seven out of ten in Northern Region or 69% of their populations live below the poverty line (GPRS. 2003-2005). Five out of ten or 48% of the people in Central Region were classified as poor. Eastern region had 44% of the population below the poverty line while other regions fell between the Greater Accra (5%), which has lowest incidence and the Volta Region with 38% of the population living below the Upper poverty line (Gyan-Baffour 2002). Poverty is still predominantly a rural phenomenon with the rural areas accounting for more than 70% of the poor. In terms of economic activity, poverty is by far highest among food crop farmers with about 59% of them living below the poverty line. Other categories that are relatively poor include export farmers (39%) and private informal employed (25%) (GPRS - 2002/5).

2.2.1. *Trends in Consumption Poverty in the 1990s.*
Poverty trends in the 1990s were the single most important indicator of whether past policies succeeded in improving standards of living, and if so, by how much. Statistics relate the trends to the country's economic

growth experience. A summary picture of some of the quantitative and qualitative poverty indicators shows that overall poverty levels decreased between 1991/92 and 1998/99 from 52% to 40%. Extreme poverty declined from 37% to 27% over the same period. This progress, however, masked the uneven decline in poverty and incidents of growing and deepening poverty in some geographical areas (GPRS, 2002/5). The evidence suggests that the vulnerability and exclusion among some geographical groups, socio-economic groups, gender and age groups may be worsened with time. Population growth during the period may have far outstripped the positive impact of growth on the rate of decline in poverty levels in some areas. And, but for the migration of the youth from the rural to the urban areas as head porters, street hawkers and so forth, poverty levels in some of these areas could have been worsened than what the statistics reveal (GLSS 4).

2.2.2.   *Geographical Disparities.*

There are significant differences in the partial distribution of poverty. Five out of ten regions in Ghana had more than 40% of the population living in poverty in 1999. By income measure, poverty levels are highest in the three northern savannah regions (the Upper East, Upper West and Northern Regions ranging between 69% and 88%. Nine out of ten people in the Upper East, eight in Upper West, 7 out of 10 in Northern Region and 5 out of 10 in Central and Eastern Regions were classified as poor in 1999 (fig.1 below). Of the ten regions, the Upper East, Northern and Central Regions experienced increases in poverty levels and extreme poverty in the 1990s. Urban areas in the Northern savannah also experienced significant increases in poverty levels during the period.

Figure 2 provides another perspective of the incidence of poverty for the country as a whole and by localities that span different administrative regions. At the national level, despite the 10% drop between 1991 – 92 and 1998 – 99, nearly one – quarter of the population (27%) in 1989 – 99 was unable to meet their basic nutritional requirements even if they devoted their entire consumption budget to food.
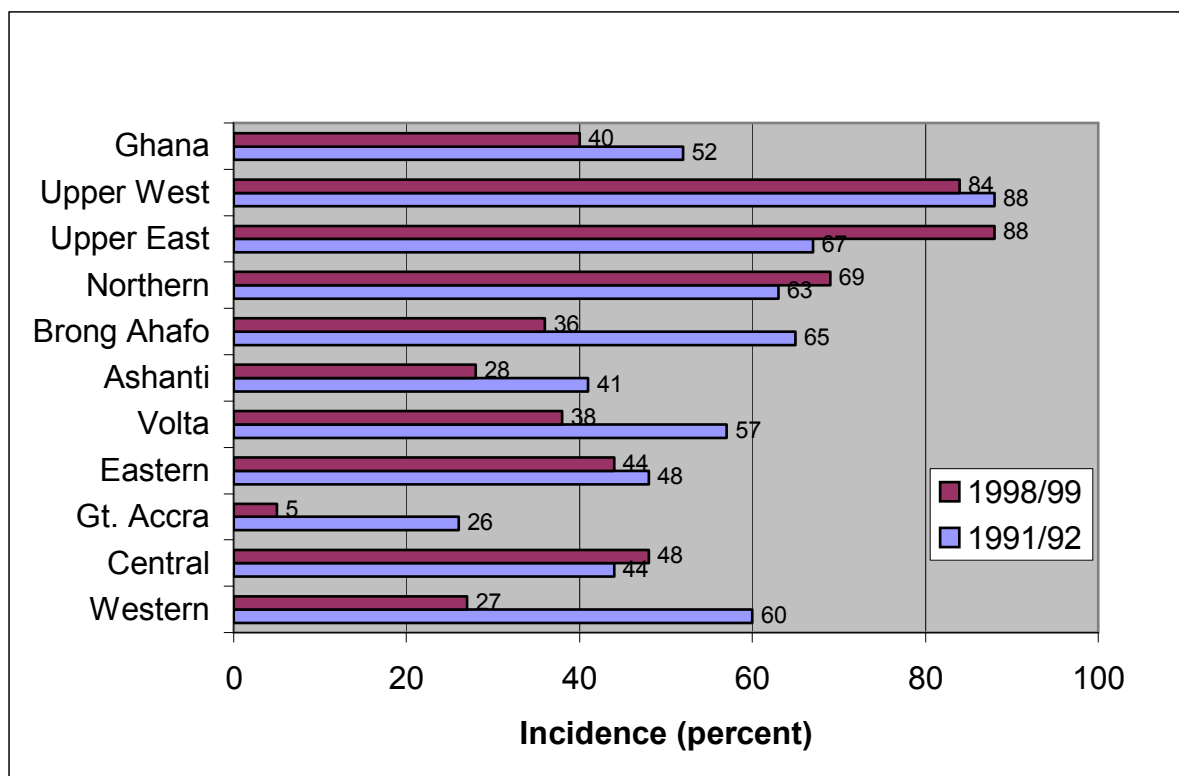

Figure1: Regional Poverty Profile.
Source: Ghana Statistical Service, 2002.

The geographical variations of extreme poverty ranged from 2% in Greater Accra to 59% in rural savanna, which spans much of the Northern, Upper West and Upper East administrative regions. The 1% increase in extreme poverty between the two census periods in rural savanna is in contrast with the no-change in extreme poverty in the urban savanna. The increase in overall poverty across these three administrative regions is therefore largely a rural phenomenon, a case of the poor getting poorer and an indication that policy measures to alleviate poverty could not have taken hold in this region of the country.
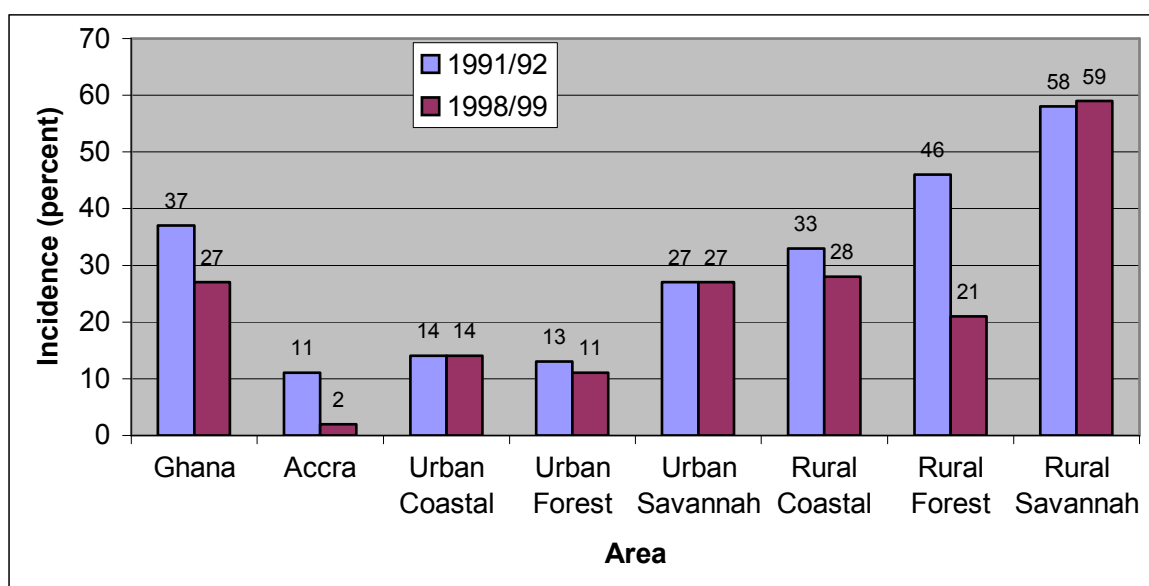
Figure 2: Incidence of poverty by selected localities.
Source: Ghana Statistical Service, 2002.

In contrast, reductions in extreme poverty have occurred noticeably in rural forest belts (covering Brong Ahafo, Western, Ashanti regions) and modestly in the rural coastal (covering parts of Eastern Central and Volta regions). Despite these reductions, the Ghana poverty reduction strategy paper states that the levels of poverty in Brong Ahafo, Volta and Eastern regions remained high during the same period. The information in Fig 3.2 also suggests that apart from Accra, average reductions in extreme poverty in the urban areas during the nineties had been marginal, falling from 18% in 1991/92 to 17.3% in 1998/99.

The lack of disaggregated data covering districts and communities was identified, as a major limitation of poverty analysis in Ghana which future surveys were expected to rectify. For example, although rural poverty in coastal belts was around 30%, (fig 2) there was evidence that this figure like all the broad geographical income poverty indicators masks significant variations that may exist at the district levels. It was conceivable that some districts in larger areas classified with higher incomes (lower poverty) have significantly higher poverty incidences. For example, a 1993/4-research study of Osudoku, a sub-district of Dangme-West, and a rural coastal area suggested poverty levels were as high as 70%. The GLSS 4 therefore failed to uncover the true incidence of poverty even based on consumption levels.

2.2.3.   Disparities among Occupational Groups

Figure 3 presents the incidence of poverty by main economic activity of households based on the upper poverty line. Poverty was by far highest among food crop farmers in late 1990s. Their poverty level was nearly 19% above the national average of 40% in 1998/99 and they, together with those in non-farm self-employed, experienced the least reduction (9%) in poverty. This was identified by the Ghana living standard survey as an area of concern for three reasons:

❖   the contribution of food crop farmers to the national incidence of poverty is much in excess of their population share,

❖   poverty among food crop farmers is also more pronounced based on the measure of extreme poverty, and

❖   Women are more predominant in both the food crop and non-farm self-employment sectors.

Although the incidence of poverty among export farmers remained relatively high (39%) during the late 1990s, they experienced the largest reduction in poverty (25%). The strength of their poverty reduction reflects a number of factors including the conscious policy effort to promote the growth of the non-traditional exports in the 1990s-the relatively easier access to financing and access to markets.
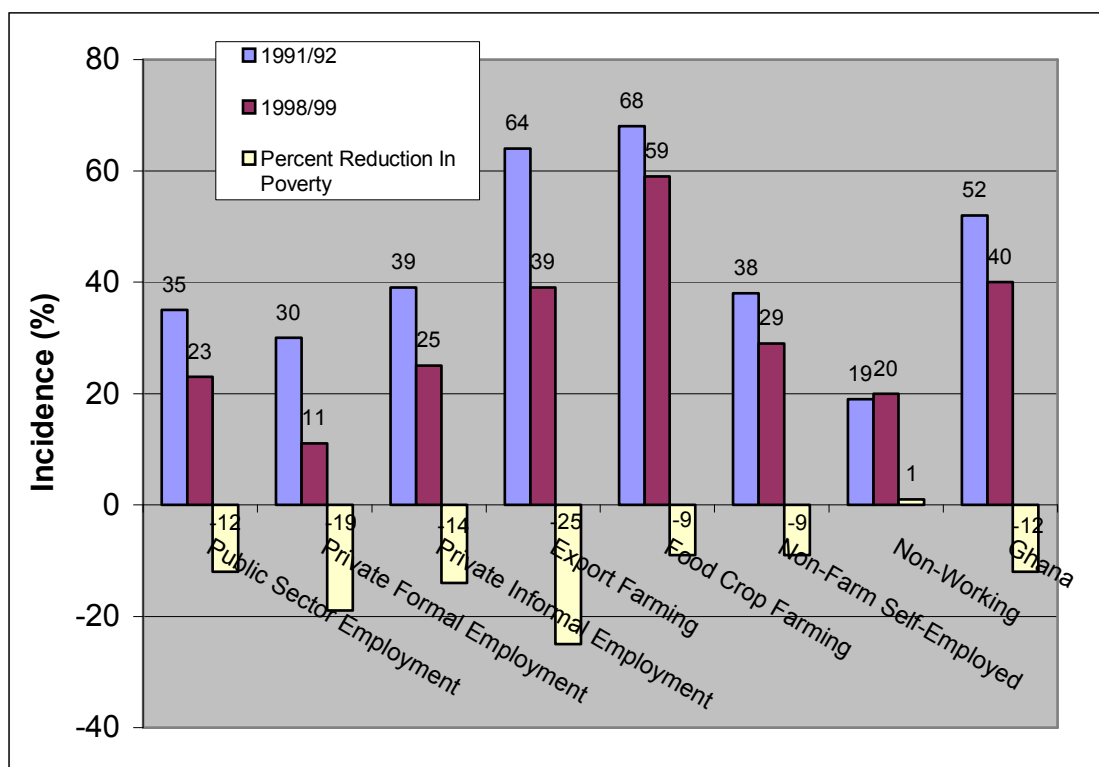
Figure 3: Disparities among occupational groups.
Source: GLSS4.

Also experiencing noticeable reductions in poverty during same period was those in private formal employment sector employment followed by those in the private informal employment sector and wage employees in the public sector. Looking forward, the trends in poverty reduction in the 1990s suggest that the growth in the private sector and access to marketing opportunities, especially for exportable products had greater advantage for poverty reduction. The range of policies to reduce poverty in this area was suggested to address the constraints on food crop farmers (predominantly rural, small scale) and the non-farm self-employed, also predominantly women engaged in micro enterprises.

Trends in Social Dimensions of Poverty.
According to the Ghana poverty reduction strategy paper dubbed Agenda for Growth and development, several indicators have been recognized as social dimension of poverty in Ghana of which the thematic areas has been identified in it as the following:

Health-Based Indicators of Poverty in Ghana.
Social indicators point to mixed progress in the 1990s. Although early mortality rates decreased (66/1000 to 56/1000) for infants and 119/1000 to 108/1000 for under five) from 1992 to 1998, there are deep geographical disparities. Infant and under five mortality in the three northern regions were generally higher than in the south. In comparison with the Greater Accra Region, they were twice and three times as high respectively. Data corroborates that the contributory cause is the fact that over 30% of children in the north are not fully immunized before their first birthday (GPRSP, 2003-2005). The 31% incidence of diarrhea identified by the Ghana Health survey of 2000 for the north is unacceptably high compared to the national average of 18%. The immediate contributory factors to this problem were also observed as lack of access to health-determining facilities, in this case, water and sanitation.

2.2.4.   *Poverty and Nutrition*
Nutritional-based measures of poverty reveal similar regional patterns. Although the incidence of stunting and wasting decline in the 10-year period since 1988, the incidence of wasting increased in three regions. Nation-wide, about every 30 and 100 children less than five years were found to be stunted. The percentage for the rural areas is 33 in every 100 and for urban areas, 21 in every 100. According to the GPRS document boys were 14% more likely to be stunted than girls in the same age cohort. In contrast, boys were 40% less likely to be wasted than girls. Malnutrition measures by underweight and stunting among children under five similarly show adverse

conditions prevailing in the north of the country with 34%-38% and 35%-40% respectively compared to 25%-27% and 26% nationally. The document adds that boys were nearly 7% more likely to be underweight than girls.
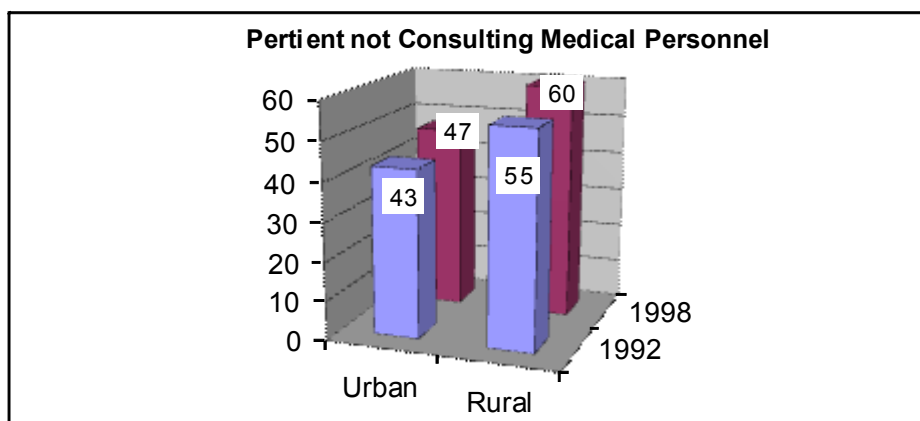

Figure 4: (a): Access to Medical Personnel and Delivery assistance.
Source: MOH, 2000.

These children were identified as more than hungry. There was not only a discomfort in being malnourished, high incidence of malnutrition also affected brain growth and development. For school-going children, there was impairment in the capacity to do mental work through illness and plain weakness (DHS, 2000).
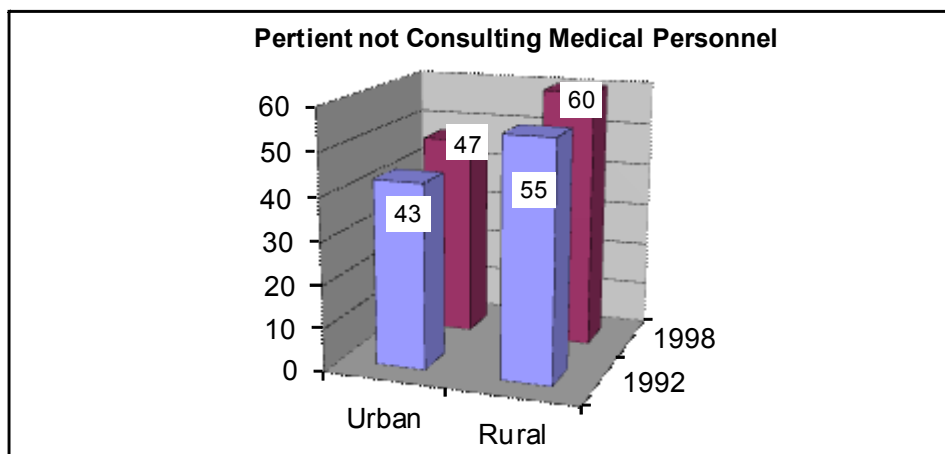

Figure 4 (b): Access to Medical Personnel and Delivery assistance.
Source: MOH, 2000.

2.2.5.   *Poverty and Access to Healthcare*

Use of health facilities (as indicated by the number of individuals seeking modern medical care following an illness or injury) was also low during the period of the study and was on the decline (fig 3.4), a feature observed to be closely linked with the introduction of increases in health user fees. Delivery assistance signals the depth of delivery of health services. Data for 1998 indicates that a medical practitioner supervised about 45% of all deliveries at the national level and about 31% by traditional birth attendant and 25% by unsupervised self-help. The percentage of supervised births by medical practitioners in the urban areas of nearly 79% is more than twice the rural figure of 33%. For 56% of the population who are predominantly rural, unsupervised deliveries were nearly one-third of all deliveries. On regional basis, and for no apparent reason, traditional birth attendant deliveries according to the study were highest in the Eastern Region. Unsupervised delivery appears to be the norm in the Upper East region.

Nearly 70% of the sample population (especially among the rural and urban poor) cited cost as one key reason for non-use of medical services. Physical location of health facilities, which is not directly related to household income and affordability, is another important factor in the above ministry of health report. The non-profit religious missions sector were identified as operating 43 hospitals outside the regional capitals making them relatively accessible to rural populations in districts where they are sited. Distance seems to represent a major obstacle for the rural population even when income in these districts was higher than the national average

(Diana Arhin-Tinkorang, 2002). By the Ghana Living Standards Survey 4, the proportion of the population in rural areas who needed more than 30 minutes to reach the nearest health facility increases by the level of poverty. It ranges from 51% for the non-poor to 70% for the lowest two poverty group.

2.2.6.   Poverty and Access to Safe Water and Sanitation in Ghana

The relatively high incidence of diarrhea in the northern parts of the country was attributed partly to the lack of access to clean drinking water and proper sanitation. Coverage of portable drinking water varies substantially across the country.

Table 1: **Sources of Drinking Water.**

Sources of Drinking Water	Ghana	Urban	Rural
Pipe-borne	41.6	80.3	18.8
Well	33.9	10.8	47.2
Natural Sources	24.6	8.8	33.9

 Source: GLSS 4

Given the preponderance of water borne disease, the vulnerability of 81% of the rural population who depend on untreated water was a matter of concern for the late 1990s.

The problem was no less severe even among urban districts, especially those in the periphery (peri-urban) areas. According to the Ghana poverty reduction strategy paper, a study of 60 communities in the second largest municipality (Kumasi Metropolis) and five other districts found that, 23% of the sample did not have access to pipe borne water or pipe network. Moreover, 63% had pipe network but had no water or experienced irregular flow of water and up to 30% of households depended on hand-dug wells. Using access to water as an indicator of poverty, the study (GLSS 4) estimated the level of poverty in this urban sample to be 50% to 75%. The study further suggested that some districts even in the larger urban classification needed prioritization of investments in water to alleviate poverty. The study also observed that households without access to piped water tend to rely on a variety of less reliable and unhygienic sources, including mobile water tankers and fixed vendors of water, shallow wells and deep wells, bore-holes, springs and commercially bottled water or sachet water. According to Martin Fowler's research work in Ghana, water quality in the peri-urban areas has fallen for one simple reason viz increasing demands on waste management systems cannot cope with urbanization (Martin Fowler, 2000). As a result, pollution of water on all facets of the physical environment are rising, making waste management strategies an urgent need in order to avert the detrimental impact on health of some sections of the population. Of concern was that those likely to be hardest hit by a high exposure to contamination from improperly disposed sewage and refuse are the poor and vulnerable groups – those least able to cope with it.

2.2.7.   Education and Poverty in Ghana

The level of education attained according to the GLSS 4 is a signal of the income earning potential of individuals and households and therefore a predictor of the population segment likely to be vulnerable to income shocks especially with aging. The table below highlights the education attainment of people aged 15 years and above. About 32% of adults and nearly twice as many females as men had never been to school. And not a negligible number (25%) went to school but did not complete the minimum years of any certificate.

Table 2: Levels of education Attainment (Population aged 15 and above).

Highest level attained	Males (%)	Females (%)	All (%)
Never been to school	21	41	32
Below MSLC/BECE	25	26	25
MSLC/BECE	39	29	33
Secondary or higher	16	6	10
Total	100	100	100

Source: GLSS 4

Table 2 summarizes further the rural-urban and regional analysis of individual characteristics of education by gender. There is a substantial difference between girls and boys in their school attendance, noticeably so in the rural areas and in the Northern, Upper East and Upper West regions. From the table below, every 100 girls who never attended school had 45 of them being urban girls and 64 of them being rural girls. For those who attend school, the higher girl's school dropout is evident in the ratio of girls to boys who finally complete secondary school education.

The ratio as depicted by table 3.5 is 100 girls to 201 boys in the urban areas and to 417 boys in the rural

areas. The regional disparities in the level of highest school attained are also evident in table 3.5 and are more noticeable in regions with higher rural population concentration. In terms of school completion, the results show that, the poorest regions also tend to have the highest girl's school dropout rate at the primary and junior secondary school level. The dropout rate picture is different at the secondary school level. For every hundred girls who manage to complete senior secondary school, there were 833 boys in Brong Ahafo, 600 boys in Central region, 460 boys in Eastern region, 440 in Northern region and 190 in Upper West.

2.3.   Manifestation of Poverty in Rural Ghana

The same study recorded that there was a differentiation between communities in the north of the country and those in the south. The former saw a priority need for irrigation, portable water, health facilities and employment generation as alternative to farming. In the southern communities there was considerable emphasis on skill training, general education, transparency, good governance and provision of economic and social infrastructure. In both north and south, lack of access to credit was a factor noted as exacerbating conditions of poverty particularly affecting the farming community and the informal industrial sector. There was a similar concurrence regarding the effects and manifestation of poverty. A loss of dignity and respect was noted in a number of northern communities and some in the south. The north in particular noted migration as a direct result of poverty. All communities recorded hunger, malnutrition, ill health, high mortality rates, low life expectancy, increase in school dropouts, low levels of education, increase in crime, personal conflicts, loss of integrity as some of the consequences of poverty. In the urban areas crime, increase of children living on the streets and commercial sex were noted.

2.4.   Tackling Poverty in Ghana

At the individual and community level, methods for dealing with conditions of poverty varied across communities. They included seeking alternative employment, working harder, mortgaging property, selling assets, reducing diet, taking children out of school to put to work, borrowing, begging, prostitution, and stealing (GPRSP, 2003-2005). Overall, those in poverty make light of their condition, which obscures the level of hardship and suffering which such people, and sometimes, whole communities, are forced to endure. Those in poverty and extreme poverty represent an under-class in society, which remains under-privileged, unrepresented and a prey to exploitation.

The overall picture of the diversity of socio-economic conditions and the disparities in the incidence of poverty in the country suggests that there can be no excuse for complacency in tackling poverty. At one end of the scale Upper East, Upper West and Central regions showed the highest incidence of consumption poverty. Greater Accra showed the lowest incidence of poverty, although it too had its share of pockets of extreme poverty that are not well reflected in aggregate statistics. Incidence of extreme poverty was highest in the rural savannah, and just as high in urban savannah as in the rural coastal belt. The rural nature of poverty had not changed much since the early 1990s(GPRSP, 2003-2005). It suggests that poverty is also primarily an agricultural phenomenon and largely in the informal sector.

As to the gender dimensions of consumption poverty, the evidence are that regions with least reduction (experiencing increases) in poverty levels tend to have high female population in the range of 50 − 52 percent. Also noteworthy is that the youthful age structure of the population, their concentration in rural areas, their preponderance among poorer households all has implications for public spending on education and health, manpower training and development, and population planning measures (Fowler, 2000).

The indicators, the varied incidence and depth of poverty also suggest that the continuation of economic policies of the 1990s was unable to improve the socio-economic conditions of the poor, especially those in extreme poverty in the current decade. And, even if it did at all then the, change was very slow or not fast enough to avoid a widening gap between the poor and non-poor. In its 1995 report, the World Bank observed that despite the positive impact of Economic Recovery Programme, it could still take the average poor Ghanaian no less than 10 years to escape poverty, and for the poorest nearly 40 years if specific policies are not in place. The overall picture is that economic growth has taken place unevenly across regions, among socio-economic groups, between genders, or that the positive effects of growth on poverty have not been uniform. Two reasons were sited as contributory factors. One was that development policies put in place to address the hardships experienced by the poor and the vulnerable were not sufficiently guided by adequate data on the incidence and depth of poverty and, therefore, how to design and deliver targeted poverty alleviation measures. Another was that population increases may have outstripped the positive effects of growth on poverty. Be that as it may, desired poverty reduction measures was suggested to be guided by the fact that economic growth does not automatically benefit all income groups equally, and, without proper policy interventions, can exacerbate inequalities. For example, the terrible phenomenon of head porters (*kayayei)* and the street hawkers has to be recognized with demographic and social information of where they migrated from rather than policies that seek to rectify their abject poverty in the urban areas, lest the migration will continue. Even if economic growth is

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positive, as it has been throughout the 1990s, but the initial structures such as access to markets, availability of social amenities are very unequal, the poor will get a relatively small share of the benefits with or without population growth (Fowler, 2000).

3.   Literature Review

This section presents a review of relevant literature on poverty. The review is designed to cover theoretical and empirical literature.

3.1.   *Theoretical Review*

Poverty is a multidimensional and a dynamic construct (phenomenon) and its causes are complex. It can be defined in very general terms as a standard of living below that which is socially acceptable. It is more than a lack of income or consumption; it includes also vulnerability, insecurity, isolation, exclusion and lack of power (Chambers, 1997). Currently, 2.8 billion people – almost half of the world population –live on less than US$ 2 a day and 1.2 billion –a fifth on less than US$ 1 day, being considered poor for purposes of international statistical comparison (World Bank 2001).

3.1.1.   *The concept of poverty*

Theoretically, poverty may be defined in two different ways: poverty in the absolute sense, and poverty in the relative sense. The more optimistic definition uses an absolute concept of poverty; if a person falls short of a certain minimum standard of living, he/she is considered poor, and once such person passes this standard, he or she is no longer poor. The second definition is based on a relative concept of poverty: The poor are those who fall too far behind the average income (Baumol and Blinder, 1998). There are however some theoretical views on the concept of poverty for purposes of international statistics.

3.1.2.   *Poverty in the absolute sense*

This approach defines poverty in terms of a minimum income that is necessary for subsistence. Rowntree used a definition of poverty in the absolute sense in his study of York in 1899, defining poor families as those with an income insufficient to obtain the minimum necessaries for the maintenance of merely physical efficiency (Hardwick P, et al 1996). In that study Rowntree utilised estimate of minimum nutritional requirements and requirements of clothing, fuel and other household necessities. Defining poverty in an absolute sense involves some arbitrary assumptions. It is difficult to make precise definitions of minimum nutritional requirements as each individual needs differ, depending on factors such as physiology and level of physical activity. Nevertheless, agencies concerned with famine relief, such as the Red Cross need this in planning their emergency relief efforts.

3.1.3.   *Poverty in Relative Sense*

In this approach, a household is defined as being in poverty if its income is insufficient to enable its members to participate in the normal life of the society. Clearly, to make this definition operational would require the application of value, judgements. What constitutes 'Normal Life' will differ greatly from country to country and may even differ between social strata within a country (Hardwick et al, 1996).In a modern developed economy, such as the United Kingdom, members of a household might expect to own a range of domestic appliances, such as a washing machine and telephone, participate in social events and to take an annual holiday. Such facilities, regarded as part of normal life in a developed country, would be beyond the expectations of a poor family in a developing country, such as Bangladesh.

3.1.4.   *Limitations of Absolute and Relative Concepts of Poverty*

Each definition has its pros and cons. The basic problem with the absolute poverty concept is that it is arbitrary. Who sets the line becomes a question of debate. Most of the people of Bangladesh would be delighted to live a bit below the United States poverty line, and they would consider themselves quite prosperous. Similarly, the standard of living that is considered poor in the United States would probably not have been considered so in America in 1780 and certainly not in Europe during the Middle Ages (Baumol J and Blinder S, 1988). Different times and different places apparently call for different poverty lines. The fact that the concept of poverty is culturally, not physiologically, determined suggests that it must be a relative concept. For instance, one suggestion is to define the poverty line as one-half of the national average income. In this way, the poverty line would automatically rise, as the nation grows richer. Once the idea of moving away from an absolute concept of poverty toward a relative concept, the sharp distinction between the poor and the non poor starts to evaporate. Instead, one begins to think of a parade of people from the poorest soul to the richest millionaire. The "poverty problem," then seems to be that disparities in income are "too large" in some sense (Baumol J, and Blinder S, 1988). The poor are so poor because the rich are so rich. If this line of thought is followed far enough, one is led away from the narrow problem of poverty towards the broader problem of inequality of income.

3.2.   Dimensions of Poverty

Poverty is a multi-dimensional and dynamic construct. The dimensions of poverty can be categorized into three main facets. This includes income or consumption dimension (poverty of money), access to social service dimension (poverty of access) and participatory dimension of poverty or poverty of power (UNESCAP, 2000).

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Vol.8, 2015
IISTE

3.2.1.   *Poverty of Money*

The income dimension of poverty implies low levels of income or consumption that are socially unacceptable. This can be adequately captured by the use of a money metric measure (Oduro, 2001). Measures such as poverty lines and Gini-coefficient are used to measure absolute and relative poverty in terms of incomes and affordability (UNESCAP, 2000). These measures are widely used because they are relatively easy to make and quantify. However, the lack of money is more a symptom of poverty rather than its cause. In most cases, the poor are not without an income; what they lack is the ability to accumulate assets, which is a key ingredient to the creation of wealth and breaking the cycle of poverty.

3.2.2.   *Poverty of Access*

The social services access dimension of poverty includes lack of access to health care, education, good drinking water, decent housing, and healthy sanitation (GPRS, 2003-2005). Poverty of access explains how the urban poor lack the basic necessities of life. Most urban poor live in overcrowded and unsanitary slums and squatter settlements and often do not have access to basic infrastructure and services. They are forced to live in illegal and informal settlement because they cannot enter formal land and housing markets. One of the reasons for the formation of slums and squatter settlements is the way formal markets are regulated and structured; the poor are unable to afford the choices offered to them in these markets. In contrast, the informal and illegal housing markets of slums and squatter settlement are specifically geared to meet their shelter needs (UNESCAP, 2000).

The informal settlements are often located on marginal land (along riverbanks, railway lines, steep slopes and near garbage dumps) and are prone to natural and man-made disasters. They are also often illegal and those living there do not have security of tenure. Because of their illegal status, they are often not provided with formal basic infrastructure and services such as piped water, electricity, wastewater disposal and solid waste collection by government agencies and organizations. They have to purchase these in informal markets, often paying much more than higher-income groups. According to UNESCAP report (2000), studies in several cities have shown that the poor end up paying two to five times as much for informal access to public goods and services than higher-income groups.

3.2.3.   *Poverty of Power*

The poor suffer from both traditional and modern environmental health risks in urban areas. They suffer from diseases associated with poor sanitation, lack of clean water, overcrowded and poorly ventilated living and working environments, as well as from modern risks caused by air and industrial pollution. While the poor suffer the most from dysfunctions in cities, they are the least able, as individuals, to influence how cities are governed. Most often, they do not even get opportunity to take part in the discussion of issues that affect them.

3.3.   Methods of Assessing / Measuring Poverty

Theoretically, poverty assessment is concerned with two main tasks viz identifying the poor and assessing the magnitude and depth of poverty. Some empirical poverty assessment exercises go one step further to include analysis of the causation of poverty. Methodologically, this is a very different exercise from the two tasks mentioned above and the present collection is confined to those two only. The methodology of poverty assessment would obviously depend on the concept of poverty one employs. Until recently, poverty was conceived primarily as a matter of inadequate income and methodological debates centred naturally around what was perceived to be the best method of identifying and measuring the inadequacy of income. An enormous literature on this issue has grown up in the past few decades, focusing on the concept of poverty- line income as the standard against which to judge the adequacy of income (Ravallion 1994, 1998, Lipton and Ravallion 1995).

While many issues still remain unsolved in this on-going debate, a whole new literature has been developing over the last decade or so on the methodologies that are appropriate for the newly emerging conception of poverty that is no longer tied to the single metric of income. The question is how to capture this multidimensionality. The issue is complex, not just because multiple dimensions are more difficult to capture than a single dimension (such as income), but also because many of the dimensions refer to experiences of people that are inherently subjective in nature (such as lack of security and dignity) and such pose completely new challenges for the methodology of poverty assessment. Much of the discussion that has been taking place on this issue can be organised around two interrelated themes; debate on quantitative versus qualitative methods of assessment, and the role of participatory poverty assessment.

3.3.1.   *Quantitative Method*

The methodology of assessing the magnitude of income-based poverty is primarily quantitative in nature. It typically employs random sample surveys and structured interviews to collect mainly quantifiable data and analyses them using statistical method. As long as poverty is measured by income alone, this method is reasonably satisfactory, despite many potential pit falls. But the emergence of partly objective, partly subjective multidimensional view of poverty has raised serious questions about the adequacy of this method. For example, can the varied experiences of poverty as perceived by people be captured through an impersonal structured

interview? Are the statistical techniques that deal primarily with numerical data appropriate for analysing subjective experiences? Will the standard methods suffice to form an integrated ("holistic") view of poverty that takes into consideration people's experiences along a multiplicity of dimensions? Questions such as these have raised doubts over the adequacy of the standard quantitative methods and have given rise to a new genre of methodologies that has come to be known as the qualitative method of poverty assessment (Osmani, 2003).

3.3.2.   *Qualitative method*

This method has been defined as one "that typically uses purposive sampling and semi-structured or interactive interviews to collect data – mainly, data relating to people's judgements, attitudes, preferences, priorities, and/or perceptions about a subject and analyses it through sociological or anthropological research techniques (Carvalho and white 1997). The rationale behind the emergence of this new method is understandable enough. But the claims about its superiority over the quantitative method are often vitiated by confusion about what exactly are the distinguishing features of this method and where exactly its superiority lies. The confusion arises from a number of sources.

3.3.3.   *Issues with the two methods*

First, the literature tends to tie quantitative methods uniquely with the unidimensional view of poverty, as reflected in the estimation of poverty – line income, and qualitative methods with a multidimensional view of poverty (Sen, 2001). But there is actually no strict one-to-one relationship that exists with the rich tradition of estimating subjective poverty – line income by seeking information on people's perception of their own well-being through methods that resemble closely the qualitative methods currently in vogue. On the other hand, many dimensions of a multidimensional view of poverty can, in principle, be captured through quantitative methods; for example, hunger by estimation of calorie intake, health by anthropometrics and clinical measurements and education by literacy.

Second, qualitative methods are sometimes characterised as numerical and non-statistical in contrast to quantitative method, which invariably use numbers, and analyses them with statistical methods. This characterisation seems misleading because it reflects a basic misunderstanding about the nature of numbers. Numbers can be of various types. Some are cardinal (both differences and levels of these numbers are comparable), some are ordinal (differences are not comparable but levels are) and some categorical (neither levels or differences are comparable).

The quantitative methods, which measure such variables as income and consumption, generate cardinal numbers. By contrast, the quantitative methods often generate a type of information – such as people's preferences over various alternatives or the reasons for acting in one way rather than another – that cannot be assigned cardinal numbers, and there are well-known statistical methods for analysing such numbers in a systematic way (Simon, 1999).

Third, a spurious superiority of the quantitative method is sometimes claimed on epistemological grounds. It is suggested that this method is based on the assumption that there are multiple realities whereas the quantitative method assumes a single reality, and because the assumption of multiple reality is presumed to be more valid than that of single reality, the qualitative method is said to be superior. Whether reality is multiple or single is a complex philosophical question that remains deeply divisive. But regardless of how this question is resolved, the claim that the qualitative method captures multiple realities refers to possibility that one may arrive at diverse evaluation of the status of the same individual depending on the perspective of evaluation. If some method were to capture multiple realities in this sense, then it would probably fail to classify a given person uniquely as either poor or non poor or to rank different individuals uniquely in terms of severity of poverty. But the qualitative methods of poverty assessment do classify individuals as poor versus non-poor and they do rank the poor uniquely. This is not consistent with the claim of capturing diversity among the poor who do not all experience poverty in the same way. But to capture the diversity of experience is not the same thing as capturing multiple realities.

3.3. 4. *Participatory Method of Poverty Assessment*

An important element of current thinking about how to reduce the number of the poor individuals across the world is the involvement of primary stakeholders in the activities of the development interventions (Burkey, 1993; chamber, 1993; Chamber, 1997; McGee and Norton, 2000; Stiefel and Wolfe, 1994). Several studies have shown that participation is a critical component in irrigation, livestock, health, water, sanitation, and Agriculture projects (Pretty et al, 1995). The belief is that there is a direct relationship between active people's participation and project success (Oakley, 1991). Gow and Vansant (cited in Botchway, 2001) summarise the relevance of participation in four affirmations; 'people organise best around problems they consider most important, local people tend to make better economic decisions and judgements in the context of their own environment and circumstances; voluntary provision of labour, time, money and materials to a project is a necessary condition for breaking patterns of dependency and passivity; and the local control over the amount, quality and benefits of development activities helps make the process self-sustaining".

Consequently, an increasing number of development agencies are adopting participatory approaches in

their interventions. Shepherd (1998) gives some examples of this popularity. In agriculture research and extension farmers are being involved in participatory research and farming systems with good results in Ethiopia. In resource conservation communities have shown they are capable of developing a longer-term view and management role. In forestry community like Buabeng-Fiema in Ghana, forestry organisations have been in fashion. In primary health care, rural water supply and sanitation, participation is well recognized. In micro finance user-controlled credit unions and saving and credit groups have successfully provided resources for income generations activities.

Due to this widespread utilisation, the term 'participation' has presented different meanings for different people. Participation has been defined in several different ways, partly reflecting the differences in the objectives for which participation may be used by development agencies. One view argues that 'participation' is primarily about making policies more sensitive to needs of the poor. The 'political' school of participation, in contrast, sees 'participation' as a way to facilitate political change in favour of the dispossessed (Blackburn and Holland, 1998). Another form of understanding is to categorise participation as a 'means' used to achieve some predetermined goals or objectives or an 'end'- Participation as a process of strengthening the capabilities of people in order to control their own development (Nelson and Wright, 1995) participatory development and participation in development are different (Rocha, 2002). Participatory development essentially means conventional project practise in a more participatory and sensitive manner. Participation in development, on the other hand, concerns efforts to bring the vast majority of people within the ambit of local and national development initiates (Oakley, 1991).

Notwithstanding, these different meanings, there are great expectations of the contributions of participation to poverty reduction (Karl, 2000). It is hypothesised that participation can improve the quality and increase the effectiveness, efficiency, accountability and sustainability of pro-poor interventions (Rocha 2002). Participation can also benefit the poor, building their capacity and leading to self-reliance and empowerment (ibid). In this way, participation would be simultaneously a 'means' and an 'end' that would contribute to more effective achievement of poverty reduction strategies. Correspondingly, the World Bank Learning Group on Participatory Development States: "there is significant evidence that participation can, in many circumstances, improve the quality, effectiveness and sustainability of projects, and strengthen ownership and commitment of governments and stakeholders' (Rudqvist and Woodford-Berger, 1996) The growing acceptance of the importance of participation has shaped the demand for a clearer and more concrete interpretation of its impacts on poverty reduction.

3.4.   Empirical Review

The persistence of poverty in many parts of sub-Saharan Africa, despite quite impressive economic progress in the last half century, has revived interest in the empirical literature. The revival of interest has spawned a rapidly growing literature in the last decade or so that is markedly different from the poverty dialogue of a few decades ago (Saddiqur, 2003). Kyei (2000) in Ghana contended that for many decades poverty has been defined and categorized by those who have never been affected by it. Agreeing with Chambers and Conway, (1992:4), the architect of these policy makers (planners) apply top-down schemes to elicit data that fit into preset boxes. These concepts and measurements usually fail to capture the complex and diverse realities of rural life, and account for the many failures of intervention programmes.

Oyebola's 20 years of review of poverty reduction activities identified poverty, as either a plague or cause of other specific under development ailments, afflicts Nigeria as it does other Nations of the World (EZEKIEL, 2003). Lustig's paper centered on measuring the incidence of poverty in Mexico using the 1984 Income-Expenditure Survey and concluded that there are at least two important reasons why the selection of the appropriate poverty index should be of practical concern. The use of the head-count ratio suggests that government resources should be allocated to those just below the poverty line so as to reduce the head-count ratio at the fastest pace. On the contrary, using the FGT, the optimal allocation would call for resources to be given to the poorest of the poor. Younger (2000) focused on Uganda's progress on poverty reduction when poverty is measured in multiple dimensions. Montgomery, Burk, and Parades (2000), Filmer and Pritchett (2001), Sahn and Stifel (2000), and Stifel and Sahn (2002) have all shown that it is possible to construct a welfare variable from Demographic Health Survey (DHS) data whose statistical properties are comparable to the standard household expenditure variable. All of these authors use either principal components or factor analysis to generate an index of household assets – including durable consumer goods, productive assets, and household education levels. In this paper, factor analysis was used to create an index based on consumer durables that the household owns and the household head's years of education (Sahn and Stifel, 2000). Overall, the data supported the argument that multidimensional poverty fell significantly in Uganda during the 1990s, a conclusion that eased concerns about improvements in non-income dimensions of well being.

Another dimension of the empirical literature has to do with efforts geared at finding the synergies around the Millennium Development Goals (MDG) and Poverty Reduction Strategy Programme (PRSP).

Review has shown that many of the MDGs do resound in national priorities expressed in PRSPs, and that the targets laid out in PRSPs are often at least as ambitious as the international commitments set by the MDGs (Makiko et al, 2003). A major challenge lies in translating the MDGs for 2015 into medium-term goals, which by their very nature are still subject to significant uncertainty. The challenges faced by many countries in setting and implementing poverty policies has been lack of coordination and collaboration between actors, overlapping responsibilities, and delays in the flow of monitoring information.

The empirical literature also identifies considerable variation in the nature and extent of gender inequality across countries, making it difficult to generalize the disparities between women and men are systematically larger below the poverty line (Lampietti and Stalker, 2000, & IFAD, 2011). Resolving such issues usually revives the complexity involved in the poverty discourse.

4. Conceptual Framework

Based on the preceding literature the study adopted two broad dimensions of poverty with respect to data collection and analysis. These are the qualitative and quantitative aspect of poverty measurements.
The qualitative or the social indicators of poverty adopted included the following:
- Access to health care delivery.
- Access to safe water and sanitation.
- Access to education.
- Methods of tackling poverty.
- Involvement of primary stakeholders.

The quantitative aspect of poverty measurement was purposely adopted to ascertain whether or not poverty reduction strategies were impacting on the beneficiaries of the selected districts. This leans on the ideas of Binayak Sen as reported by Ahmed (2003). This approach identifies the poor in terms of households' deprivation in income or consumption expenditure relative to a particular standard or poverty line. Simply put, measuring poverty this way then becomes contingent on carrying out surveys that provide information on households' income or consumption expenditure and examining that in the context of a poverty line (Ahmed, 2003).

This measure is often referred to as the poverty incidence or the headcount ratio (HCR). For the purposes of this research, the international absolute poverty line of $1 (dollar) a-day was used as the poverty line. In this regard, Foster, Greer and Thorbecko (1984) class of decomposable poverty measure approach was employed. It is specified as:

$$FGT = \frac{1}{n}\sum_{i=1}^{m}\left(\frac{Z-y_i}{Z}\right)^{\varepsilon} \qquad (1)$$

Where y_i = Consumption or income of ith poor
Z = Poverty line ($1 a day)
m = Number of poor
ε = parameter that reflects the society's weight given to the poverty problem.

The research goes further to use the poverty gap index approach (PGI). Unlike the poverty incidence above, this method gives a sense of how poor the poor are and reflects the depth of poverty. It is equivalent to the shortfall of consumption below the poverty line per head of the total population, and is expressed as a percentage of the poverty line (Ravallion et al 1991). The poverty gap is a useful statistic to assess how many resources would be needed to eradicate poverty through cash transfers perfectly targeted to the poor.

$$PGI = \frac{1}{n}\sum_{i=1}^{m}\frac{Z-y_i}{Z} \qquad (2)$$

With the PGI the ε is the parameter that reflects the society's weight given to the poverty problem. With the PGI the weight given is one (1).

To ascertain the severity of poverty among the poor in the selected regions, the study also made use of the squared poverty gap index. In that case, the ε is considered as 2. This adds the dimension of inequality among the poor to the poverty gap index and is said to reflect the severity of poverty. For a given value of the poverty gap index, population with greater dispersion of incomes or expenditures among the poor will show up with a higher value for the squared poverty gap index (Panda and Rath, 2004). The calculation takes the form of:

$$S P I = \frac{1}{n} \sum_{i=1}^{m} \left(\frac{Z - y_i}{Z} \right)^2 \qquad (3)$$

4.1.   Data, Procedure and Technique

Since data is the life-wire of an empirical study, this section presents the structural framework, which deals with generation of data. The methodology was specifically carved to meet the research objectives and to address data gathering problems eminent in a research of this nature in Ghana. A less restrictive strategy was employed which permitted modification as the research progressed. The result that is presented in this study is based on primary and secondary data collected on stakeholders responsible for poverty reduction in Ghana and Opinions from the beneficiaries within the two selected regions of study (Upper East region and Brong Ahafo region). The study was basically exploratory that had fact finding mission. The approach was therefore grounded in non-monotonic logic development and the findings were Malleable, thus gave room for the additions of subsequent findings to reflect new revelation (Hannan et al, 2002).

The research design is the framework that guided the process of collecting, analysing and interpreting the observations in this research. In actual fact, it revealed inferences concerning causal relations and defined the domain of generalisability. Three separate questionnaires were designed and targeted at different unit variables. Five percent of the questionnaires were pre-tested to ascertain the appropriateness or otherwise of the questionnaires. The difficulty or the anomaly that was envisaged during the pre-test process was rectified before the data gathering process commenced. The pre-test sample was selected from Moshie Zongo-an impoverished suburb of Kumasi, and efforts was made to get the respondents who are similar to and satisfies the sampling techniques. Moshie Zongo was taken for such test because; it is a place that has a convergence of people of various practices and low financial status.

The questionnaires were administered to the beneficiaries to the various programmes undertaken by the Government through her agencies and Non- governmental organizations/Associations. All questionnaires were coded to ensure proper field control. Anonymity option was provided to facilitate honesty on the part of the respondent. Where there was difficulty in the release of information, an informal tool was used to get the relevant data as far as it was ethical to do so. The data was analysed using statistical packages including SPSS. Simple percentages, tables and graphs were the major form of analysis. On the metric aspect of poverty, the poverty line of one dollar a day converted in Ghana cedi was used to assess the level of poverty in the study area[1].

5.   Presentation and Discussion of Results

The three dimensions of assessing poverty were used in this study, namely, the income dimension method, the social services approach and the participatory approach.

5.1.   Income/Expenditure dimension method

The study brings a lot of revelations to bear when it comes to rural poverty in Ghana. Among the districts studied in the Upper East region, the study revealed that Bolgatanga Municipality has the largest population followed by the Kasena Nankana district and then the Builsa district. The poorest among the three districts studied is the Kasena Nankana district with 81% poor. The Bolgatanga Municipality follows this with about 79% of its population sampled being poor.

In the Brong Ahafo region, Techiman district has the highest population and the lowest number of poor individuals among the population surveyed. This is followed by Wenchi district with about 166,641 people but Nkoranza district is comparatively having more people being poor than that of Wenchi district and Techiman district. Making comparison of all the districts studied in the two regions and with reference to the 2000 population Census by the statistical services department, it is clear that Builsa district has the least population. This is followed in ascending order by Nkoranza district, Kasena Nankana district, Wenchi district, Techiman district and Bolgatanga Municipality respectively. Among all the population (number) studied, Techiman district has the least poor population. This is followed by Nkoranza district, Wenchi district, Builsa district, Bolgatanga Municipality and Kasena Nankana district respectively. This result is summarised in table 3 as:

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[1] *The data was collected in 2010/2011.*
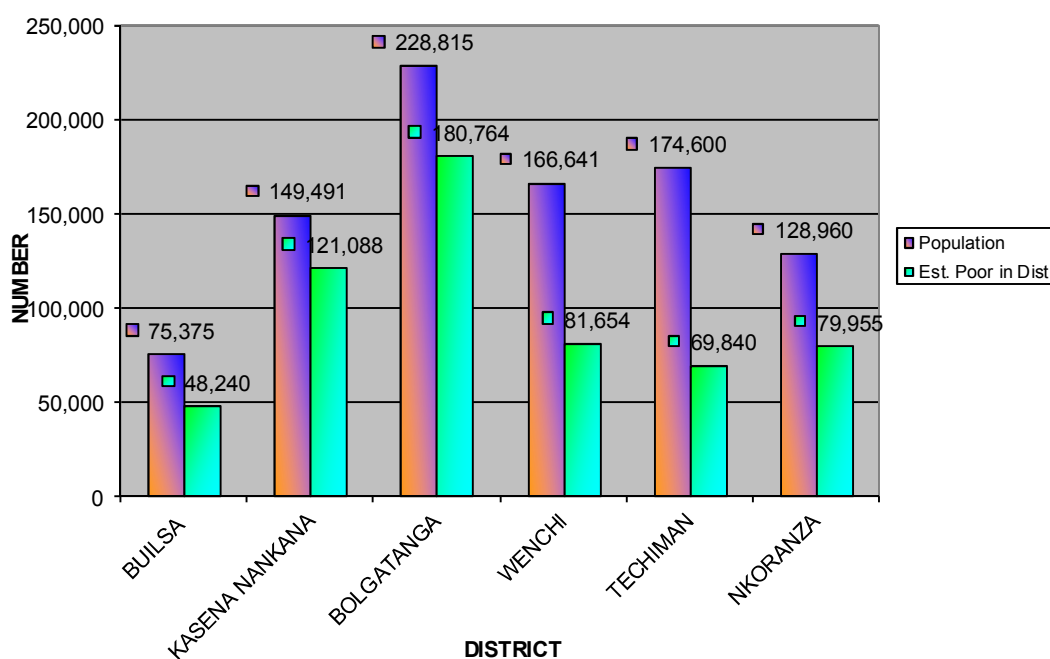
Table 3: **Estimated District and Regional poverty level.**

REGION	DISTRICTS	NO OF SAMPLED HOUSE HOLDS	NUMBER OF POOR IN SAMPLE	PROPORTION OF POOR	% POOR	POPULATION	ESTIMATED POOR IN ENTIRE DISTRICT
UPPER EAST	BUILSA	100	64	0.64	64%	75,375	48,240
	KASENA NANKANA	100	81	0.81	81%	149,491	121,088
	BOLGATANGA	100	79	0.79	79%	228,815	180,764
BRONG AHAFO	WENCHI	100	49	0.49	49%	166,641	81,654
	TECHIMAN	100	40	0.4	40%	174,600	69,840
	NKORANZA	100	62	0.62	62%	128,960	79,955

Source: Field Data, 2010

The study reveals that if the three districts sampled in each of the two regions are used as the representative of the poor, then, table 4 and figure 5 below shed some useful information. It reveals that Upper East region has about 77.2% of its population as poor where as that of the Brong Ahafo region have 51.4% of its population being poor. This conforms to the fact that Upper East region is one of three vulnerable regions in Ghana as stated in the Ghana poverty reduction document (**GPRSP, 2002-2005**).

The district disparities are shown on figure 5 as:

Fig 5: POPULATION AND ESTIMATED POOR IN RESPECTIVE DISTRICTS

Source: Field Data plotted by Author, 2010.

In terms of regional estimates, table four sheds more light as:

Table 4: Estimated Regional poverty level.

REGION	AVERAGE % OF POOR OF 3 SAMPLED DISTRICTS	POPULATION OF REGION	ESTIMATED POOR IN ENTIRE REGION
UPPER EAST	77.2%	920,089	710,005
BRONG AHAFO	51.4%	1,815,408	933,914

Source: Field Data, 2010.

If table 4 is transformed in to graph, a more appealing relationship between the two regions is obvious as seen in figure 6 as:

Figure 6:   POPULATION AND ESTIMATED POOR IN THE ENTIRE REGION
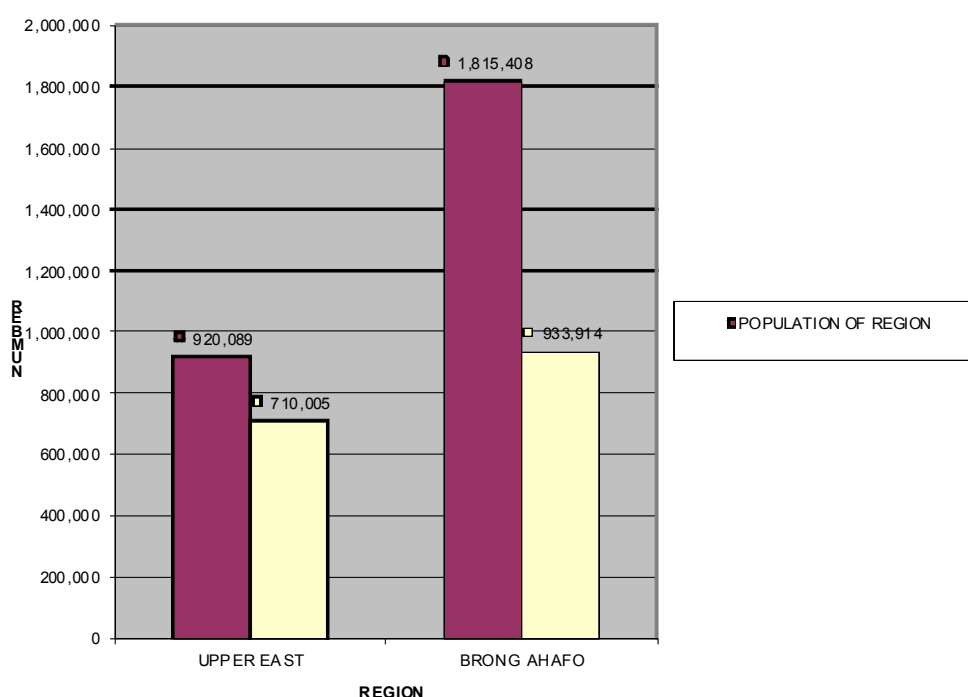
Source: Field data plotted by Authors, 2010

The population identified as poor could be used as representative of the other districts within the region in which case one would be able to estimate the poor population in that region. But that ends there for the Head count approach to poverty measurements so that any developmental activity that improves the status of the poor but not adequate enough to push them across the poverty line would not be considered as changing the poor in that particular area. Based on this, the additions of the other methods are usually very useful in poverty measurements. The poverty gap index, which was additionally used, offered a clearer understanding of how the poor were distant from the poverty line. It showed the depth of poverty among the poor and which made it easier assessing on average the incomes that are required to push poor persons out of poverty in the regions of reference.

The graph below portrays the Head count Ratio, the Poverty Gap Index and the Squared Poverty Gap (SPG). For the poverty gap index, the study revealed that **on average** fewer funds is needed to lift the poor from

poverty in the Techiman district than the rest of the districts studied. On average, the cash transfers needed to lift each poor from poverty in Techiman district is 13.3% of the poverty line (especially with the relative poverty line approach or of GDP). The study revealed that more cash transfers are needed to shift the poor in the Kasena Nankana district from poverty than any district in the two regions. Comparatively, the Upper East region need more cash transfers to lift the poor from poverty than the Brong Ahafo region (as depicted by Figure 7).

The SPG results reveal that Poverty is more severe in Kasena Nankana district and the Builsa district than the remaining four districts. The two districts have severity level of 0.1006 and 0.0812 for Kasena Nankana district and Builsa district respectively. This useful revelation is quite blurred when the other two measures of Head count and poverty gap index approach alone are used. The results further reveal that Techiman district and Wenchi district have almost the same severity level of poverty of 0.0637 and 0.0605 respectively but with a head count figures of 0.4900 and 0.400.Ironically, the level of severity of poverty in the Nkoranza district and that of Bolgatanga municipality are better than that of Kasena Nankana district. The regional figures reveal that poverty is more severe in the Upper East region than the Brong Ahafo region. This corroborates the information given in the poverty reduction document and the statistical services department. In general, therefore, the SPG enabled the determination of the severity level of poverty which otherwise will not be observed for policy purposes.

Figure 7: FGT DECOMPOSING MEASURE OF POVERTY
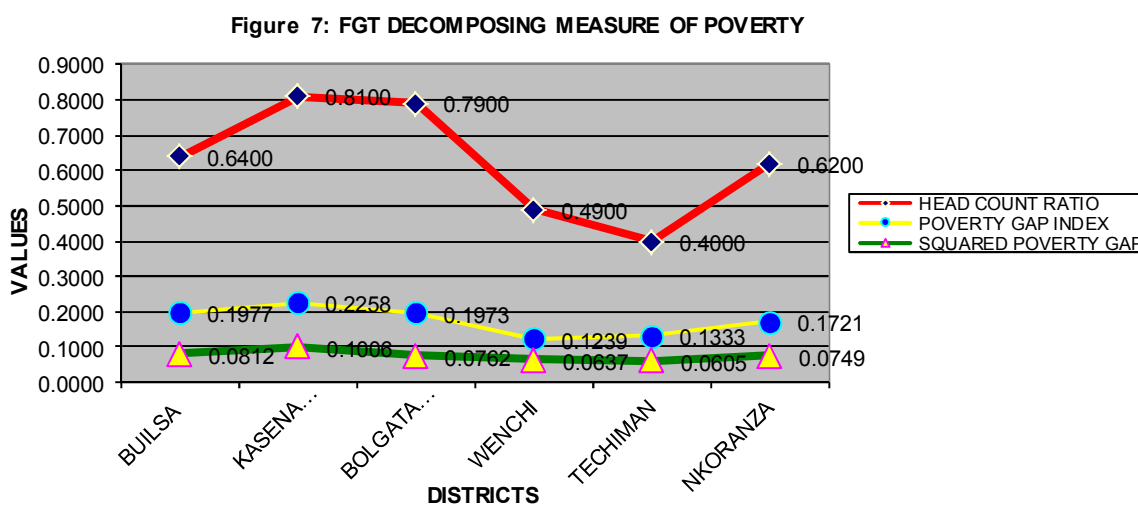
5.2.   The social Service Approach of measurement

Lack of access to clean drinking water leads to a lot of water bone diseases such as diarrhoea, guinea worm and other water related diseases. Given the preponderance of water borne diseases as an indicator of welfare or social dimension of poverty the study made coverage of access to clean drinking water in the selected districts. Figure 8 and 9 offer pictorial information on the responses given by beneficiaries. The study reveals that portable drinking water varies substantially across the districts studied. Table 4 reveals that out of the hundred respondents in each of the selected districts only Bolgatanga Municipality had the highest respondents claiming to be using pipe born water. This figure represents about 56% of total respondents within the municipality.
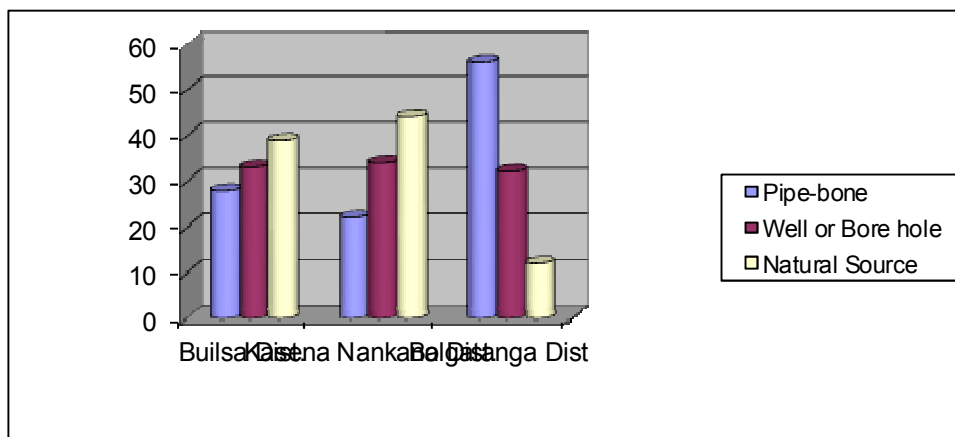

Figure: 8 Access to clean Water by respondents in Upper East region
Source: Field data, 2010

The Builsa district follows this with 28% of total respondents having access to pipe bone water. Kasena Nankana district has the least respondents having access to pipe bone water. This figure represents 22% of total respondent s within the district. Among the three districts studied, natural source of water seem to be the next alternative to pipe bone water. This represents 39%, 44% and 12% respectively for the Builsa district, Kasena Nankana district and the Bolgatanga municipality. Well, according to the study is the least patronized source of water in the Upper East region. These figures represent 33%, 34% and 32% for Builsa district, Kasena Nankana district and Bolgatanga Municipality respectively. A careful analysis of the source of water to the people of upper east region implies that source of safe water tends to diminish as one moves from the urban to rural. It is also evident from the table that natural sources of water were accorded more patronage than well water. The reason seems to be cost of digging well when one could get free flow of water from streams, river or pond.

Figure 8 corresponds to data responses for the selected districts of Brong Ahafo region. In terms of pipe bone water, Techiman district has the highest access. Followed by Techiman is Wenchi district. Nkoranza happens to be the district with the lowest access to safe water. Further, the table shows that well happens to be the next source of water in the Brong Ahafo region. Natural source of water is the least source of water in the three categories of water sources. Water being an indicator of poverty, the information from the data presupposes that poverty is a rural phenomenon. As one goes urban, indicators of poverty demonstrates signs of reduction in poverty. Comparatively, access to safe water tends to be low in the upper east region than in the Brong Ahafo region. The study also observed that households without access to piped water tend to rely on a variety of less reliable and unhygienic sources, including mobile water tankers and fixed vendors of water, shallow wells and deep wells, bore-holes, springs and commercially bottled water or sachet water. These facts agree with the 2000 report of the Ghana statistical service. (Population and housing census, pg 16.). Before this period, studies of water situation by Twumase et al in 1997 had found out that out of 136 households surveyed in rural Ghana, 88 had to walk for over 20 minutes to reach decent water. The current study in comparison shows an improvement in water situation in these districts.

Figure 9: Access to clean water by respondents in the Brong Ahafo Region

Source: Field Data. 2010

www.iiste.org
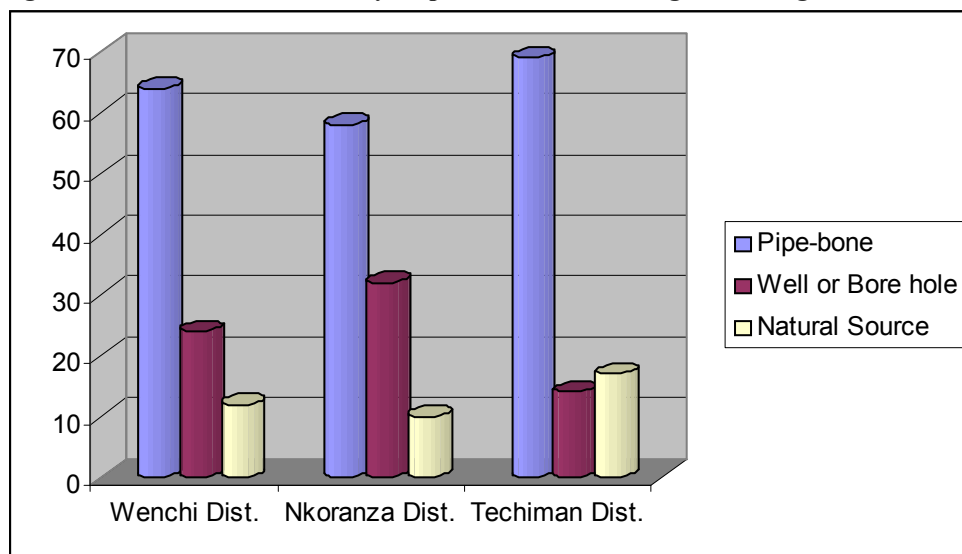
In terms of sanitation, the study went further to access the sources of waste disposal facilities in the selected districts of study. Table... summarizes the results of the findings as follows:

Table 5: Access to selected waste disposal facilities.

Upper East Region.			
Sources/District.	Builsa Dist.	Kasena Nankana Dist.	Bolgatanga Municipality
Water closet	14	9	17
KVIP/Public toilet	22	11	51
Pit latrine	57	42	28
Free ranged (bush)	7	28	4
Brong Ahafo Region			
Sources/District.	Wenchi Dist.	Nkoranza Dist.	Techiman Dist.
Water closet	19	12	21
KVIP/Public toilet	48	40	52
Pit latrine	20	42	23
Free ranged (bush)	13	6	4

Source: Field data, 2010

Overall, it is clear from the summary that access to decent waste disposal facilities increased with urbanization. In all the six districts studied Techiman had the highest access to water closet as revealed by beneficiary respondents. The figure is 21, three higher than the responses from Bolgatanga Municipality. Kasena Nankana was the district with the lowest access to water closet facility. KVIP/public toilet, which is the next decent toilet facility, happens to show high patronage with urbanization. From the table, 51 and 52 respondents respectively located KVIP/public toilet as their source of toilet facility in Bolgatanga and Techiman districts.

The table reveals further that, as one moves from urban to rural the level of patronage to decent toilet facility declines. Most respondents in Nkoranza, Builsa, Wenchi and Kasena Nankana located the pit latrine and free range (bush) as their major sources of toilet facilities. Several reasons have been cited as the cause of such patronage. They range from cost, time and accessibility (in some cases, no alternatives) as well as preventive measures. For instance, most rural women ironically preferred the locally dug toilet facility because one did not need money to patronage and that it saved them from certain diseases as ' White' which is commonly contracted from the use of public water closet. Also most of the people who patronise the free ranged toilet were farmers who found it convenient to ease themselves on their way to the farm. One of the respondents cited such facility as a form of manure (fertilizer) for farmers. It was also evident from the responses that there has been an increased provision of these facilities (especially public/KVIPs) in recent times and to them, this has reduced the time one needed to queue before having access to the facility. With respect to waste or garbage disposal, all the districts covered had access to such facilities. Paradoxically, the urban towns had problem with waste disposal in the form of garbage than the rural towns. The reasons were identified as cost of conveying and the population explosion as well as access to disposal fields. While literacy can be acquired through reading and private informal channels, the formal schooling system remains the best process for improving access to information and broadening the horizon of the people.

Table 6: Educational attainment of respondents.

Upper East Region.			
Type of Education	Builsa Dist.	Kasena Nankana Dist.	Bolgatanga Municipality
None	14	12	7
Primary	32	23	11
Middle/ JSS	33	26	39
Vocational/Technical	2	1	3
Senior Secondary	16	29	30
Post secondary	5	9	10
Brong Ahafo Region			
Type of Education	Wenchi Dist.	Nkoranza Dist.	Techiman Dist.
None	6	4	11
Primary	24	28	12
Middle/ JSS	10	13	22
Vocational/Technical	11	6	12
Senior Secondary	36	41	39
Post secondary	13	8	4

Source: *Field Data, 2010.*

Using education as an indicator of social dimension of poverty assessment, an attempt was made to collate information on the level of education in the selected districts of study. Table... sheds some useful information on the level of poverty in these districts.

The study revealed that only few individuals within the respondents had not enrolled into the formal education. These figures range from 6% to 14% with Builsa district having the highest respondents of illiterates. This is followed by Kasena Nankana district and Techiman district with 12% and 11% respectively. Nkoranza district has the lowest respondents being illiterates' among all the districts studied. The respondents' information further reveals that there is high proportion of the population that attained secondary school as the highest level of education in the Brong Ahafo region but middle school and junior Secondary school happens to be the highest in the Upper East region. The field data further reveals that, as education goes higher less people are able to continue. The reasons were cited among others as cost and this tallies with the study of 1995 dubbed 'Extended Poverty Study on access and utilisation of Basic Social Services by the poor in Ghana.. In general, the level of education among the beneficiary respondents denotes higher educational attainment for respondents in the Brong Ahafo region than in the Upper East region. The responses evidenced that educational attainment begins to have positive impact on behavioural and attitudinal patterns only after JSS. The pattern is true for both sexes and for the two regions. Over all, the study on educational attainment as an indicator of poverty reduction denotes an improvement in poverty situation in both regions. This truth becomes prevalent when the level of the national illiteracy of 49.9 (GSS, 2000) is compared to the field data.

The use of health facilities as indicator of poverty by the number of individuals seeking modern medical care following an illness or injury was very high during the period of the study and was on the increase. Table 4.9 (a) reveals that majority of the respondents have access to health care facilities. In the Upper East region Bolgatanga recorded the highest individuals who claim to use hospital facilities following an illness. This figure represents 62% of total respondents of the Bolgatanga Municipality. This is followed by 58% and 47% respectively for Builsa and Kasena Nankana districts. In the Brong Ahafo region Techiman district has the highest respondents who claim to have access to hospital facilities following an illness. Nkoranza and Wenchi districts figures of 68% and 47% follow this respectively. Comparatively, access to health facilities is higher in the Brong Ahafo region than in the Upper East region.

Table 7: Access to Health care delivery.

Health Facility/districts.	Upper East Region.		
	Builsa Dist.	Kasena Nankana Dist.	Bolgatanga Municipality
Hospital/Health post	58	47	62
Mobile Clinic	2	1	0
Traditional Clinic	4	8	1
Chemical Store	18	31	33
Self Medication	17	14	2
None/ Others	1	0	2
Brong Ahafo Region			
	Wenchi Dist.	Nkoranza Dist.	Techiman Dist.
Hospital/Health post	47	68	71
Mobile Clinic	0	6	0
Traditional Clinic	6	8	0
Chemical Store	40	15	22
Self Medication	3	2	7
None/ Others	1	0	0

Source: Field Data, 2010.

5.3.   The Participatory Approach of Measurement

The secondary sources of information revealed that, at the National level the following institutions were involved in the design of poverty reduction strategies. They include; the Interministerial Committee on Poverty Reduction (IMCPR), Technical Committee on Poverty (TCOP) and a cross section of local and international non-governmental organisations. At the district level, it is the District Planning Coordinating Units (DPCUS), and Policy, Planning, Monitoring and Evaluation Division (PPMEDs). As a result, these institutions were targeted during data collection. To the beneficiaries, the questions were asked to ascertain their involvements. The table below gives a picture of the responses of the district institutions involved in poverty reduction strategies for they are supposed to work in collaboration with the local communities.

Table 8: The Involvement of Primary Stakeholders in the design, implementation and monitoring of poverty reduction strategies (consultative perspective) .

Respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Known / No comment
Beneficiaries	115 (19.1%)	305 (50.2%)	63 (10.5%)	117 (19.5%)	1 (0.1%)
Governmental Agencies	2	2	0	0	0
Non-Governmental Organisations	12	4	2	1	0
Total Respondents (%)	129 (20.8%)	311 (50.2%)	65 (10.4%)	118 (19.0%)	1 (0.16%)

Source: Authors Filed Data, 2010.

50.2% and 20% respondents respectively agreed and strongly agreed that the designing of poverty reduction strategies is participatory while 10.4% and 19.0% for disagreed and strongly disagree respectively representing 29% of the total respondents. It is therefore clear from the survey that the poverty reduction strategies are designed in a participatory manner. Together 70.2% of the agencies and beneficiaries surveyed agreed to the statement that the strategies were drawn up in a participatory manner. This, they explained as involving tier of government, non-governmental organisations and the representatives of the poor. Another finding confirms that about the same percentage surveyed indicated that there is adequate representation of stakeholder consultation in designing and implementing poverty reduction programmes. Certain comments / responses made by the respondents during their presentation look like, the government and other agencies do not actually consult all of them before designing and implementing poverty reduction programmes but a cross examination revealed that key leaders of these communities usually called the unit committee are consulted and since they represent the people in terms of decision making, the ambiguity was cleared by agreeing that participation was adopted in a manner consistent with what the Ghana poverty reduction strategy paper portrays. Initially, a closer look seemed that it was either that the officials of the agencies were responding in such a manner as to protect their agencies or positions or that the beneficiaries are afraid of possible reprisals but these became cleared after the cross examination.

5.4.   Methods of tackling poverty in the selected districts- perspective of respondents

Individuals within the selected districts of study articulated methods for dealing with conditions of poverty as seeking alternative employment, working harder, mortgaging property, selling assets, reducing diet, taking children out of school to put to work, borrowing, begging, prostitution, and stealing. Overall, those in poverty make light of their condition, which obscures the level of hardship and suffering which such people, and sometimes, whole community, are forced to endure. Those in poverty and extreme poverty represent an under-class in society, which remains under-privileged, unrepresented and a prey to exploitation. This fact confirms the level of perception in attacking poverty in Ghana as indicated by the Ghana poverty reduction strategy. In the Brong Ahafo region, some sited migration to the urban towns and outside Ghana as a way of mitigating poverty. According some respondents, remittances from Libya has been a major source of augmenting their family's income.

6.   Conclusion and Recommendations

The study assessed poverty levels in some selected districts in Ghana to ascertain whether poverty reduction efforts have bearing on the population of the study area. It identified that most government and non-governmental activities are poverty reduction based. For instance, each ministry of the government has elements of poverty reduction embedded in their programmes/ projects. All the activities of the non-governmental organisations in Ghana directly or indirectly reduce poverty. Poverty has various dimensions such as lack of adequate food and shelter, education and health, natural disasters and economic dislocation as well as lack of voice in matters concerning them. The major poverty reduction efforts identified in the study area were micro credit, infrastructural provision, Health care delivery, capacity building, human resource development, Education, Water and Sanitation and skill training .The causes of poverty in rural Ghana were identified as inadequate understanding of poverty, migration, policy inconsistency and poor governance at the central and district levels, Seasonal distortions due to lack of food security (insurance) in most areas of Ghana, inadequate consultation with all stakeholders especially the primary stakeholders. Problems besetting effective implementation of poverty strategies in Ghana includes non participatory of primary stakeholders, lack of complementarities between and among poverty reduction agencies, untargeted programmes to the poor, inadequate funds, financial

indiscipline and poverty reduction strategies not addressing the multidimensional phenomenon aspect of poverty. Given the result of the FGT (comprising the head count, the poverty gap index and the squared poverty gap index), it is clear that poverty levels are not only unevenly distributed in rural Ghana but that they are worsening.

To address such problems it is suggested that until the adequate understanding of all the multidimensional nature of poverty is put into place and brought into play, all strategies may end up addressing only one dimension or at best, some dimensions of poverty. To be able to effectively achieve the objective of reducing poverty to a considerable low level, efforts or, strategies formulated and directed towards poverty reduction need to be holistic in nature. Poverty issues cannot effectively be addressed in isolation of social norms, values, and customary practices at different levels of the family, community, state, region or nation. The poverty reduction institutions of the government should be seen as an integral part of agencies responsible for the realization of good governance and provision of basic social amenities, especially enhancing security and providing means of cushioning vulnerability of citizens to external and mostly uncontrollable events such as violence, economic shocks, natural disasters, oil hikes and other forms of disasters. There should also be participatory approach to poverty reduction efforts. This method opens up the Pandora box that permits the poor to participate actively in the assessment and analysis of poverty, which as discussed, has many benefits for the poor and policy makers alike. Crop insurance could also be used as a way of supporting peasant (food crop) farmers to lift the transient poor from the poverty net.

A failure to engage with the issues identified in this research work and to respond positively and with some urgency to the reduction of poverty in Ghana will simply lead to an exacerbation of the problems for the poor. A dynamic and innovative approach now will be cost-effective in national development and the creation of a healthier, better educated, more socially stable and productive adult population in the future. Achieving this means going beyond the platitudes and rhetoric to the creation of meaningful, achievable and sustainable policies for the poor. It is axiomatic to suggest that the future of a nation lies with its children in particular and not addressing the current level of poverty will seem storing up a rising spiral of problems, which will have to be dealt with at a later stage.

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