



# Consultative Group Annual Partnership Meeting

## Delivering on Pillar II of GPRS II: Human Resource Development

Discussion Paper for CG Annual Partnership Meeting  
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# **DISCUSSION PAPER ON**

## **HOW TO DELIVER PILLAR II OF GPRS II**

### **1.0 Introduction**

1.1 The development of the human resources of the country is one of the three key pillars of the Growth and Poverty Reduction Strategy (GPRS II). The main goal is to ensure the development of a knowledgeable, well-trained, disciplined and healthy population with the capacity to drive and sustain the private sector-led growth strategy. An essential component of the strategy is to ensure the right to basic social services such as health care, education, safe drinking water and sanitation and decent housing that improve the well being of the population.

The strategy to develop human capital has the potential to contribute significantly to poverty reduction by raising the level of productivity and incomes within the economy, reduce overdependence on external assistance, promote creativity and enhance opportunities to create wealth in order to attain decent livelihoods for the citizenry thus reducing the overdependence on external assistance.

Key policies prioritized for action towards the attainment of this objective are the following: namely education, health (including HIV/AIDS control), population management, safe water and environmental sanitation.

1.2 This paper presents a review of the progress made towards attaining the goal of human resource development for accelerated growth based on:

- analysis of the current status of human capital formation and human resource development in Ghana;
- assessment of the efficacy of on-going programmes and plans, with reference to GPRS II and other interventions;
- assessment of the adequacy of the current strategy on human resource development (Pillar 2) in supporting the growth and poverty reduction agenda including the MDGs and the extent to which it addresses the trade-offs between public and private costs, medium and long-term actions and inter-relationships among sector policies;
- the implications of population growth and migration for the supply of human capital.

## **2.0 CURRENT STATUS OF HUMAN CAPITAL FORMATION AND HUMAN RESOURCE DEVELOPMENT IN GHANA**

Results obtained from Annual Reviews on the Implementation of GPRS I (2003-2005) provide a good reference point for analysing the current status of human capital formation and human resource development in Ghana.

### **2.1 Education**

A summary of current performance of the key indicators on human capital formation and development indicates an increase in gross enrolment rates at primary (86.3% to 93.7%), junior secondary school (70.2% to 77.4%), and post-basic education from 2003 to 2006. Survival and completion rates have also improved indicating a growing interest in schooling and a willingness to complete the full cycle of basic education. Secondary and Tertiary levels have had their admission numbers increase. Nonetheless there are over a million children in Ghana who have not accessed primary education who should be the target of other strategic interventions to ensure that Ghana is able to achieve MDG 2.

Ghana aims at a Gender Parity Index (GPI) of 1 for all levels of education and training both under the MDGs and the Education Sector Strategic Plan (ESSP). Female participation in education has improved remarkably over the period with the attainment of a gender parity index in primary education of 0.96 (2006/2007) from 0.93 (2003/2004). On the whole gender parity has improved more rapidly at the primary level than at junior and senior secondary school levels. In some cases direct transfers are made to girls in the form of cash or support in kind by both government and non-governmental organizations.

Policy interventions such as capitation grants following the abolition of school fees, expansion of the school feeding programme, albeit on a pilot basis, targeted support to promote girls' access to education and the Pilot Programmatic Scheme (PPS), World Bank assisted support under the Education Sector Project (EdSEP), have contributed to the improvements in the performance of the education sector.

The increases in the supply of textbooks, leading to the current pupil to textbook ratio of 1:1 has been attained. The introduction of a new system of assessment to monitor and measure pupil learning achievement and outcomes is progressively contributing to the quality of teaching and learning in schools. The National Education Assessment (NEA) and the School Education Assessment (SEA) programmes have already been implemented on a pilot basis.

The junior secondary school concept is widely regarded to be the major shortcoming of the 1987 educational reforms. In the vast majority of cases the system has not been able to prepare and graduate a reasonable calibre of JSS pupils, ready to take on basic and intermediate level training in practical industrial skills or to enter the job market. The evidence suggests however that transition at the JSS level is beginning to improve as indicated below:

- Gross Admission Rates at the JSS level were reported in 2006 from 76.6% in 2004/05 to 77.3% in 2005/06.
- Net Admission Rate at this level jumped from 12.2% to 25.3% in 2005/06.
- A positive trend has been established in the JSS completion rate with a sharp increase from 55% in 2004/05 to 74.7% in 2005/06.
- The percentage of pupils which obtained aggregate score of 6-30 at the BECE increased to 62.6% in 2006. The performance of female candidates (59.3%) closely matching that of the males (65.3%).

The imbalance in teacher deployment remains a challenge in spite of efforts being made to attain the recommended pupil to teacher ratio of 35:1. The persistence of this situation could undermine the positive gains made in enrolment as the quality of education is challenged by increasing workload on the few teachers at post. The unwillingness of many trained teachers to accept postings to deprived and rural areas poses an additional challenge to the attainment of quality education in those localities.

The decision to establish a model school in each district is being implemented rather slowly. Under the first phase a total of 31 schools have been completed but only two have been formally launched. A second phase is already underway for the completion of 21 more schools.

Since 2001 total enrolment at the university level has risen by 82%, while the polytechnics saw a more modest increase of 20%. Female participation also grew from 24% to 30.43%. A major issue is the declining enrolment in science and technology disciplines at the polytechnic level. This is a departure from the target of the Education Sector Strategic Plan (ESSP) to achieve a 60 / 40 enrolment balance in favour of science and allied disciplines. The balance in 2005/06 was 35 /65 in favour of humanities and arts. It is significant to note that less than 5% of the population has completed tertiary education.

The main focus of Non-Formal Education (NFED) now is the out of school youth and adults, with special attention on women and the rural poor. NFED is implementing the second phase of the National Functional Literacy Project in 15 Ghanaian languages. So far about one million learners had been recruited by 2005 most of whom are women. The target for adult literacy for 2007 is 64.5%.

Government's priority to reform the education sector has been accomplished with the launch of the New Education Reform Programme in April 2007. The Programme begins in September 2007. Key features of this programme include the following:

- a universal and compulsory basic education system comprising 2 years of Kindergarten, 6 years of primary, and first 3 years of High School (Junior High School) to occupy all of Ghana's children from age 4 till age 15
- the second cycle education will comprise an apprenticeship programme, including work-based and academic training
- linking schooling to world of work

- the entire eleven year basic cycle will be free and compulsory and will receive the highest priority of all sub-sectors.

Overall there have been quite important improvements in infrastructure with increases in both public and private school facilities. Gross enrolment ratios (GER) at the basic level have also gone up. But in spite of the positive trends the reforms did not dramatically shift gender, regional and rural urban disparities in enrolment across the different levels of education. The issue of funding education remains a critical one across all levels of education.

## **2.2 Health**

In the health sector, some progress has been recorded, although significant challenges persist in the sector. This includes, especially the high turnover of qualified health personnel within the past decade. It is estimated that attrition rate of qualified personnel in the health sector amounts to 30% in the decade up to 2003.

Efforts to bridge the equity gap in access to quality health services continue with the completion of 190 out of the 250 targeted Community Health Planning and Services (CHPS) projects. The inability to accelerate progress in the provision of CHPS centres is partly due to the reluctance of staff to accept posting to rural areas and the lack of ownership of the CHPS programme. Sixteen model health centres have so far been completed.

Under five mortality rate rose from 108 in 1998 to 111 deaths per 1000 live births in 2003. Maternal mortality rate per 1000 births also increased from 1.86 in 2004 to 2.05 in 2006. Other health indicators such as nutritional status, breastfeeding, and immunization show steady progress in coverage and access, but the use of iodated salt in households requires further intensive education. In the area of maternal control the number of Insecticide Treated Nets (ITN) distributed increased from 75,000 in 2002 to 2,100,000 in 2005-2006. Training programmes have been organised for 13,330 health providers and 18,000 Community Birth Attendants (CBAs) in intermittent preventive treatment for pregnant women.

A significant development in the health sector so far has been the introduction of the National Health Insurance Scheme (NHIS), which replaced the cash and carry system. As an intervention to ensure sustainable financial arrangement that protect the poor, the scheme has, since its introduction in 2005, increased its membership significantly and the number of District Mutual Health Insurance Schemes rose from 123 in 2005 to 142 in 2006. However the operations of the scheme appear to be challenged by a number of management problems including:

- the use of multiple identification systems by the different District Mutual Health Schemes renders coordination and management at national level difficult;

- virtual lack of accountability of the service providers to the Boards of the District Mutual Health Insurance Scheme makes it difficult to assess the quality of health care offered to members of the scheme;
- reported incidence of preferential treatment offered to cash paying patients over health insurance policy holders; and
- Management Boards of the District Mutual Health Insurance Schemes are not accountable to the Management of the National Health Insurance Scheme.

Activities to strengthen HIV/AIDS control produced mixed results. The national prevalence rate which stood at 3.6% in 2003 declined to 3.1% and 2.7% in 2004 and 2005 respectively. The current rate of 3.2% (2006) raises concerns about the effectiveness of the communication strategy as well as the coverage of the prevention campaign. Should this state of affairs continue, it is not likely the country would achieve the MDG target of reversing and halting the spread of the disease by 2015. The intensification of the ongoing campaign to reduce stigmatisation of infected and affected persons may help to encourage more disclosure in Ghana. There are only 243 public Voluntary Counselling Test (VCT) sites, 104 Prevention of Mother to Child Transmission (PMTCT) services across the country and 32 Highly Active Anti-retroviral therapy sites. These are inadequate and the provision of additional facilities will contribute to accelerating the prevention, treatment and care processes.

The Ministry of Health has in recent times conceded that the overemphasis on institution based medical care may be inadequate for a developing state like Ghana to cope with the myriad of health problems it faces. The country has pointed to its intention to re-launch the more holistic model for attacking the disease burden through directing more resources to the promotion, protection and restoration of good health. Key to this daunting task is the campaign for healthy lifestyles based on behavioural change. This is as essential for controlling HIV/AIDS as it is for managing water borne diseases and malaria. Besides sanitation good nutritional practices is central to the success of the holistic model. Nutrition carries a lot of benefit for learning ability and efforts are now being made to provide Ghanaian children with minimum requirements through micro-nutrient supplements (Vitamin A) and an iodisation policy. Malnutrition has been found to be high among children. This exposes them to the risk of low intelligence quotient (IQ), low absorptive capacity, stunting, wasting, obesity and ill health in adult life.

### **2.3 Population Management**

The adoption of efficient population management programmes is essential for sustainable socio-economic development. Fertility rate has reduced from 4.6% in 2000 to 4.2%, while contraceptive prevalence rate has increased from 28.5% in 2005 to 3.0% in 2006. Current coverage of birth registration for 2006 stands at 54% in 2006, but the rate of reporting and registering of deaths fell from 24% in 2004 to 23% in 2006. This has implications for disease control and governance and if it remains unchecked could have grave consequences for the country.

Though the targets set under GPRS I were largely achieved, effective management of Ghana's youthful population continue to pose serious challenges. Ghana's youth (15-24 years) constitute about 18% of the total population and 39% of the total active population. About 42% of the population is below the age of 15 years and as much as 60% is below 25 years of age. Ghana has experienced a high growth rate of the youth population over the last two decades. The youth population growth per annum almost doubled during the period of 2000-2005 compared to the period 1984-2000. The youth population increased by almost the same quantum of 1.1million in the last five years (2000-05) as the growth in the total population over the period between 1984 and 2000. The youth population bulge experienced over the last five years is likely to continue until 2010, after which the impact of declining fertility rates would be felt. In the short to medium term this will pose significant challenges to government, in terms the education budget and the ability to harness the increased human capital for economic growth.

## **2.4 Employment**

The estimated national rate of unemployment increased from 10.4% in 2002 to 12.2% in 2003. Unemployment is largely an urban phenomenon and it is predominantly found among the educated youth. The rapid urbanization trend in Ghana is further worsening the unemployment situation in the urban centres. Ghana's urbanization rate is estimated at 46% in 2004 compared to the Sub Saharan African (SSA) average of 33%, and substantially more than the 30% average rate for low-income countries<sup>1</sup>. Ghana is expected to cross the 50% urbanization mark by 2015. The key issue is that wage employment opportunities in the urban centres are not expanding fast enough to absorb the increasing number of the youth that join the urban labour market each year. Urban unemployment stood at 7.6% compared to a rural unemployment rate of 3.5% in 2004. There is however, a higher level of underemployment or disguised unemployment in rural areas because of the dominance of subsistence agriculture.

Meanwhile, the informal sector continues to grow as the leading source of employment in Ghana. The introduction of the National Youth Employment Programme (NYEP) has made it easier for some unemployed youth to find jobs in sectors such as, agriculture (13,069) education, forestry, resource mobilization (26,760) health (auxiliary nursing: 10,850), waste and sanitation (4,550) and internship (2,800). Sustaining the NYEP beyond the medium term however is a challenge.

## **2.5 Water and Sanitation**

The on-going community water and sanitation programme involving the state, development partners and non-governmental organizations has contributed immensely to improving safe water supply to households in Ghana. In addition, various poverty reduction programmes that are currently being implemented (e.g. GPRS I and II) and also on-going public health campaigns and non-formal education programmes, are expected to

help households to improve their hygiene and sanitation practices to reduce the incidence of water borne and environmentally-related diseases. By 2006 78% of the population had access to safe drinking water (including 91% of urban dwellers and 69% of rural dwellers). But regularity and quality of supply are not guaranteed especially in urban areas, due to frequent water shortage and storage in unhygienic containers.

An assessment of progress made towards improving sanitation is seriously compromised by the absence of adequate data. The most reliable data was sourced from the result of the 2003 Core Welfare Indicator Questionnaire (CWIQ) which indicate that only 55% of the population had access to adequate sanitation with marked regional variations. However data available on solid waste disposal indicate that three out of the four largest cities in Ghana namely Accra, Kumasi and Takoradi, exceeded target set for 2006.

In this direction there is the need to set up a system to collect adequate data on sanitation on a regular basis. Within this framework, a national study should be conducted to establish the necessary baseline data to support the assessment of the status of progress towards the provision of adequate sanitation in rural and urban communities.

### **3.0 EFFECTIVENESS OF ON-GOING PROGRAMMES AND PLANS**

In the Education sector, nine policies have been outlined to address the formation and development of human capital. These include increasing access and participation at all levels, bridging gender gap in access, improving the quality of teaching, promoting science and technology, and curriculum development. In connection with these some of the strategies identified include the inclusion of pre-school in basic education, removing barriers to enrolment, infrastructural development, promoting partnerships, introduction of new assessment programmes increasing funding for research and technology development and preparation of integrated curricular for schools that links school education to events taking place in society.

Programmes and plans in the Education Sector Strategic Plan 2003-2015 (ESSP, 2003-2015), the White Paper on Education Reform and the 10-year Education Plan are consistent with the objective of developing a knowledgeable, productive and skilled population with the capacity to drive and sustain the private sector- led growth strategy

The on-going programmes and plans include the following:

- Capitation grant
- School feeding programme
- Support to girls education
- Support to deprived districts (Pilot Programmatic Scheme (PPS))
- Model school concept
- Incentive packages for Teachers
- Support to Tertiary education (Teaching and Learning Innovation Fund (TALIF))

A number of issues relating to strengthening the institutional mechanism for programme delivery, especially ensuring the effective decentralisation of management and financing need to be addressed to promote strong ownership and sustainability of programmes and plans at the district and community level.

In the Health Sector, on-going programmes such as the National Health Insurance Scheme (NHIS), Immunisation and Malaria awareness weeks, and the Community Health Planning and Services (CHPS) are designed with strong elements of decentralization and community ownership for ensuring sustainability over the long term. They are consistent with the strategies of bridging the gaps in access to health care and nutrition services, ensuring sustainable financing arrangements for the poor and strengthening efficiency in service delivery.

The on-going programme to expand water facilities under the Community Water and Sanitation Agency has in-built decentralized institutional delivery mechanisms and community ownership which have the potential to sustain the initiative over the long-term. However the issues relating to efficient maintenance and servicing of these facilities have the potential to undermine the benefits and sustainability of the programme. The apparent resurgence of the incidence of guinea worm in some districts challenges the efficacy of the programme.

The implementation of programmes for eliminating all forms of child labour, human trafficking, abolition of harmful cultural practices and peace building efforts, are consistent with the strategy of addressing vulnerability and social exclusion as a contribution to enhancing the quality of life for all and contributing to human capital development.

The implementation of the National Youth Employment Programme is responsive to the problem of youth unemployment. However, the programme has a highly centralized mechanism of delivery with deconcentrated functions at the regional level. There is the need to ensure its sustainability through the decentralization of its management and financing to the district level.

In spite of the improvements made, there still remain wide geographical disparities in the development of the country's human resource and access to the basic services. This raises concern on equity and appropriate targeting of interventions.

Additionally the following key issues emanating from the review of programmes being implemented under Pillar II of the GPRS II need to be addressed so as to improve their efficient deliver and sustainability over the long term.

## **I. Education**

- The need to sustain on-going plans and programs beyond the medium term
- The impact of the declining rates in enrolments in science, technology and mathematics courses on the supply of skills required to accelerate growth.
- Poor quality of teaching, especially in the North and deprived areas.

- Implications of the currently low percentage (less than 5%) of the total population that has completed tertiary education on the attainment of quality human resources required to support accelerated growth.
- Inadequate infrastructure and other teaching and learning facilities.
- The inability to functionally integrate the management of education in the decentralised functions of the district assemblies.
- Sustaining the School Feeding Programme and the capitation grant scheme and decentralising its financing and management.
- Sustaining the Capitation grant scheme and decentralising its financing and management.
- Strengthening the link between education and skills development, and the labour. Formal training is mainly supply-driven, non-competency based and is largely incapable of adjusting quickly to the skill requirements of the labour market.
- Funding of technical and vocational education still remains low and constitutes only 1.2% of total educational sector funding. This has the potential to undermine the development and quality of manpower required to support private sector's role in leading accelerated growth.

## **II. Health**

- The design and implementation of measures to address the high rate of attrition (brain-drain) of qualified health personnel in the sector
- Sustainability of the national health insurance scheme
- The health sector wage policy and how it affects the quality of health care delivery.
- The over-emphasis on curative health care at the expense of preventive health care.
- The apparent surge in the prevalence rate of HIV/AIDS from 2.7% in 2005 to 3.2% in 2006.
- The apparent increase in under five and maternal mortality rates

## **III. Water and Sanitation**

- Regularity and quality of water supply especially in urban areas, due to frequent shortage and storage in unhygienic containers.
- How to deal with the management of plastic waste, particularly in the cities.
- The need to set up a system to collect adequate data on sanitation on a regular basis. In this direction a national study to establish baseline to support the assessment of the status of progress towards accelerating the provision of adequate sanitation in rural and urban communities.
- The apparent increase in Guinea worm cases.

## **IV. Employment**

- Sustaining the NYEP beyond the medium term and decentralising its financing and management.
- Expanding employment opportunities for the urban youth

- Enhancing the integration of the youth into the labour market in both the short and long term is therefore critical to the achievement of the objectives of growth and poverty reduction.

#### **V. Population Management**

- The lack of adequate data on population for planning and policy formulation.

#### **VI. Migration**

- The need to formulate a development-oriented migration policy that has the capacity to address the rural-urban and North-South components of internal migration.
- Integrating the positive aspects of international migration in the strategy for accelerated growth and poverty reduction (Priority areas include measures to counter the brain drain in Ghana's professional workers, especially health, education, etc.)

### **4.0 THE WAY FORWARD**

It is widely acknowledged, that human resource development is a long-term process. Many of the GPRS II programmes were however designed with a medium term perspective. While the on-going arrangements take cognizance of the long term nature of the key elements of human resource development, there is little indication that they effectively take into account the synergies and linkages which must exist among these key elements. This means that health, education, training programmes and job creation are inextricably linked.

With these perspectives in view, Government has recently initiated steps towards the preparation of a Comprehensive National Long-term Development Plan. The thrust of policy on human capital development under the plan is to develop the store of knowledge, skills and values acquired through education, work and social learning that raises productivity and enhances well-being. It is thus both a public good and a private good. It is known to reduce inequality while increasing the probability of achieving pro-poor growth.