Widening Participation in Higher Education in Ghana and Tanzania: Developing an Equity Scorecard

An ESRC/DFID Poverty Reduction Programme Research Project

Working Paper 2

Country Profiles for Ghana and Tanzania: Economic, Social and Political Contexts for Widening Participation in Higher Education

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Acronyms

BECE	Basic Education Certificate Examination (Ghana)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CWIQ	Core Welfare Indicators Questionnaire
EMIS	Education Management Information System
ERP	Economic Recovery Programme
FCUBE	Free and Compulsory Universal Basic Education (Ghana)
GDI	Gender-related Development Index
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GER	Gross Enrolment Ratio
GNI	Gross National Income
GPI	Gender Parity Index
HDI	Human Development Index
HIPC	Heavily Indebted Poor Countries
HPI	Human Poverty Index
IMF	International Monetary Fund
MDG	Millennium Development Goal
NER	Net Enrolment Ratio
ODA	Overseas Development Assistance
PEDP	Primary Education Development Plan (Tanzania)
PSLE	Primary Schools Leavers' Exam (Tanzania)
SEDP	Secondary Education Development Plan (Tanzania)
TANGO	Tanzanian Association of Non-Governmental Organisations
UN	United Nations
UNDP	United Nations Development Programme

Glossary

Absolute Pro-poor Growth

Economic growth is pro-poor in an *absolute* sense when the poor benefit from economic growth. Growth is still 'pro-poor' in an absolute sense when growth rates are higher for rich people than for poor people. (See Relative Pro-Poor Growth)

Absolute Poverty

Absolute poverty refers to levels of income that make meeting basic needs not fully possible. In 1985 The World Bank chose the benchmark of **$1 a day** (Purchasing Power Parity) as the absolute minimum standard of living. At 1993 prices, the absolute poverty line is in fact $1.08, although it is still known as '$1 a day'. There is considerable debate about where the benchmark should be drawn. Taking nutritional demands into account the line could be drawn at $1.22, and because of inflation many people living on less than $1.50 per day may well be living in absolute poverty (Kakwani and Son, 2006).

Gross Domestic Product

Gross Domestic Product (GDP) is the market value of all the goods and services produced by labour and property in a region, usually a country.

Gross Domestic Product per capita

Gross Domestic Product (GDP) per capita is the total value of goods and services produced within a country, divided by the total population.

Gender-Related Development Index

The Gender-Related Development Index (GDI) measures human development in the same dimensions as the Human Development Index (see below) but adjusts for gender inequality. It is a composite measure of

- life expectancy (male and female),
- adult literacy rate, and combined GER primary, secondary tertiary (male and female), and
- income (male and female).

A penalty is awarded for inequality. The GDI goes down when achievement levels fall for both men and women, or when the disparity between them increases.

Gender Empowerment Measure

The Gender Empowerment Measure (GEM) provides a measure of women's agency in their lives. It captures gender inequality in three main areas;

- women's political participation and decision-making,
- economic participation and decision-making, and
- power over economic resources.

In a society in which men and women have equal agency and access to resources, the GEM would be 1. No country on earth has a GEM of 1.

Gender Gap Index

The Gender Gap Index measures the size of the gender gap by quantifying gender equality in four domains:

- economic participation and opportunity
- educational attainment

- health and survival
- political empowerment

The Index collates several indicators in each domain.

Gender Parity Index The Gender Parity Index (GPI) is the ratio of female-to-male values of any given indicator. A GPI of 1 indicates parity between sexes.

Gini Index The Gini Index measures levels of inequality in income within a society. A value of 0 represents perfect equality; a value of 100 represents extreme inequality.

Gross Enrolment Ratio The number of children in a given level of education regardless of age, expressed as a percentage of the population of official age for the same level of education

Human Development Index The Human Development Index (HDI) is a composite measure of three dimensions of well-being:

- living a long and healthy life,
- being educated, and
- income.

These dimensions are measured respectively by:

- life expectancy;
- adult literacy and enrolment at the primary, secondary and tertiary level; and by
- purchasing power parity income.

Human Poverty Index The Human Poverty Index (HPI) is a composite measure of three dimensions of poverty, in terms of social and economic deprivation:

- not surviving,
- exclusion from education, and
- denial of a decent standard of living.

The HPI has two forms. HPI-1 for 'developing countries' measures the dimensions of poverty respectively by:

- the likelihood of *not* surviving to age 40,
- the percentage of adults who are illiterate,
- the proportion of the population without access to safe water and the level of malnutrition amongst children under 5.

HPI-2 for 'developed' countries includes a measure of social exclusion, in addition to the dimensions of HPI- 1.

Incidence of Poverty The incidence of poverty in a country is often measured in terms of the proportion of the population that lives on less than the income denoted by the chosen poverty line (*e.g.* less than '$1 a day, or below the national poverty line).

Income Poverty In countries where most people have low and fluctuating cash incomes, 'income poverty' is more accurately calculated from expenditure patterns, and household consumption. The term 'income poverty' is used, but it is measured by 'consumption'.

Net Enrolment Rate	The number of children enrolled in a level of education who are of the official age for that level, expressed as a percentage of the total population in that age group.
Purchasing Power Parity exchange rates	The Purchasing Power Parity (PPP) exchange rates allow international comparisons of costs of living in different countries. They are used to calculate internationally comparable poverty lines because PPP exchange rates take into account the local prices of goods and services that are not traded internationally.
Relative poverty	Relative Poverty refers to the differential income and wealth between people (or countries). Many high-income countries with low levels of absolute poverty have relative poverty associated with differential distribution of income within their society.
Relative Pro-poor Growth	Economic growth is pro-poor in a *relative* sense when the poor benefit disproportionately more from growth. Rates of growth are higher for the poorest people. (Note that *absolute inequality* may still increase when rates of growth are higher for the poor).
Survival rate	The percentage of children entering a phase of education who reach a given grade (year).
Working poor	Employed, but living on less than $1 a day.

Note about the statistics used in this report.

This paper draws on statistics published by national and international agencies mandated to collect and publish such information. It also draws on analysis of public statistics published by researchers. The authors acknowledge that collecting and collating statistics to describe poverty and well-being in Ghana and Tanzania is problematic, and international and national data may be contested.

Country Profiles for Ghana and Tanzania: Economic, social and political contexts of widening participation in higher education

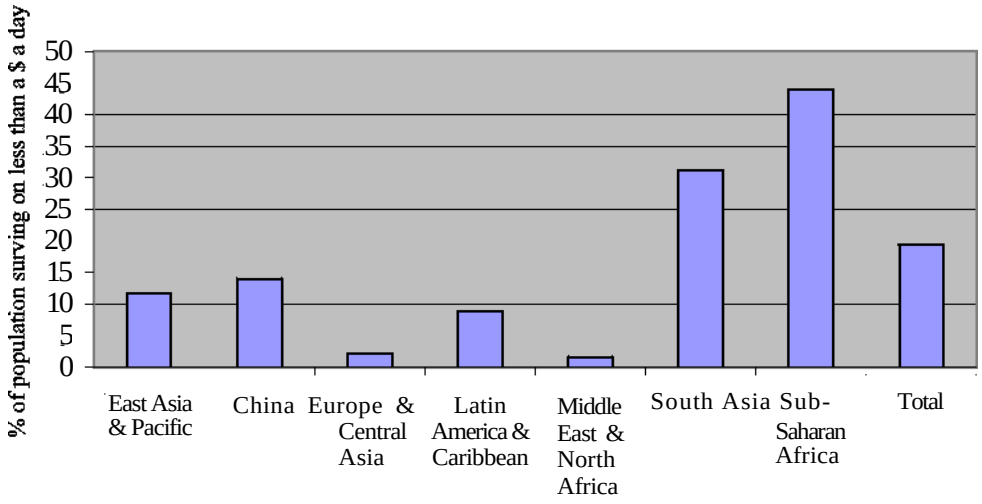
1. Introduction

This paper provides profiles for Ghana and Tanzania that describe key features of the economic, social and political contexts in which the project on Widening Participation in Higher Education is being implemented, and to which it responds. In describing each national context, the paper focuses on characteristics that are captured, measured and monitored through the Millennium Development Goals (MDGs). The eight MDGs provide a global framework for development and benchmarks for global and national reform directed to the needs of the world's poorest. They include targets that tackle key dimensions of poverty, including access to income, health, education, water and sanitation, gender equality and environmental sustainability. Locating the project within these national contexts is essential to the project's concern with understanding the role of universities - and of widening participation in education - for poverty reduction and in achieving the MDGs. The paper begins with a brief description of poverty in Sub-Saharan Africa. It then considers aspects of human well-being in the Sub-Saharan region measured by the United Nations' (UN) Human Development Index (HDI) before examining poverty and well-being in the specific contexts of first Ghana and then Tanzania.

1.1 Poverty in Sub-Saharan Africa

The MDGs set out to halve world poverty by 2015. Half way to the target date the goal remains remote. Over one billion people in the world, 21 percent of the global population, live in absolute poverty surviving on less than $1 a day (UNDP, 2006:268). A third of the world's poorest people live in Sub-Saharan Africa. Indeed, Sub-Saharan Africa has the highest levels of absolute poverty of any region in the world. Forty-four (44) percent of people in Sub-Saharan Africa live on less than $1 a day (UN, 2006).

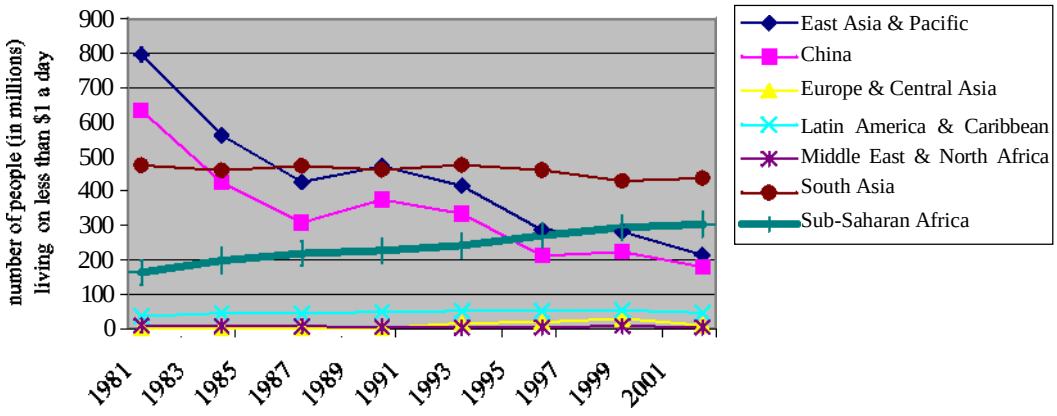
Figure 1: Incidence of absolute poverty across the globe, by region



Source: World Development Indicators (World Bank, 2006: Table 2.7a.)

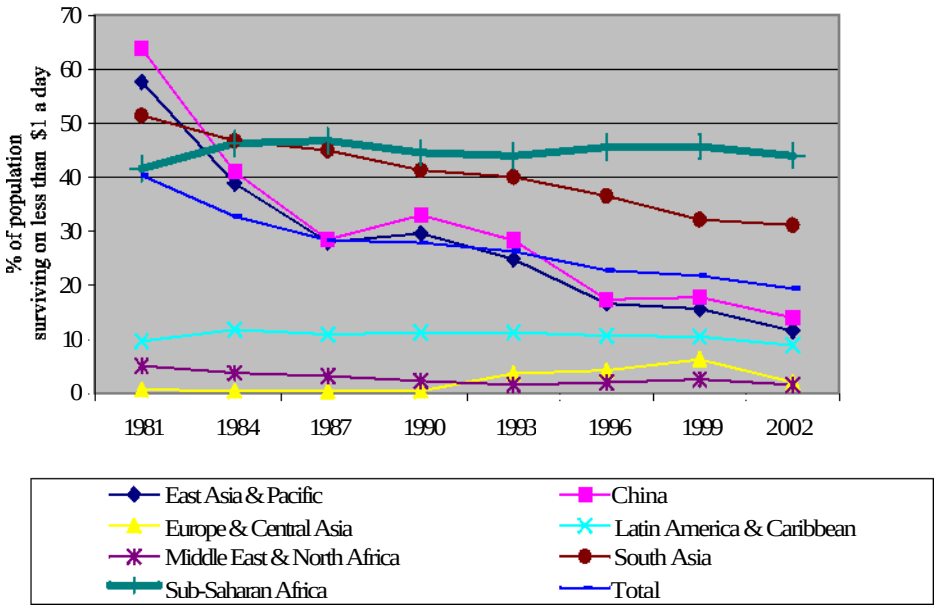
Sub-Saharan Africa is the only region in the world that has experienced an increase in absolute poverty since 1990 - both in terms of the actual number of people (see Figure 2 below), and in terms of the proportion of the population (see Figure 3 below), living in absolute poverty. Elsewhere in the world, regional levels of absolute poverty are decreasing (UNDP, 2006). Regions of the world that had significantly higher incidences of absolute poverty than Sub-Saharan Africa in the 1980s, such as China, East Asia and South Asia, have experienced dramatic reductions in the proportion of their populations living in absolute poverty during the past two decades. Today, these regions have a much lower incidence of absolute poverty than Sub-Saharan Africa (see Figure 3 below).

Figure 2: Numbers of people living in absolute poverty across the world between 1981 and 2002



Source: World Development Indicators. (World Bank, 2006: Table 2.7a.)

Figure 3: The changing incidence of poverty across the world since 1980



Source: World Development Indicators (World Bank, 2006: Table 2.7a.)

1.2 Human Development in Sub-Saharan Africa

The UN introduced the concept of 'human development' in 1990 to broaden the discussion of a nation's development beyond simply economic development [measured through Gross Domestic Product (GDP)] and encompass important dimensions relating to the quality of life. The Human Development Index (HDI) is a composite measure of three dimensions: health, education and income. These elements of development were subsequently expanded upon in the Millennium Development Goals.

At present, Sub-Saharan Africa has the lowest life expectancy, the lowest combined enrolment rates for primary, secondary and tertiary education and the lowest GDP per capita of any region in the world (see Table 1 below). Consequently, Sub-Saharan Africa has the lowest HDI value of any region in the world (see Figure 4).

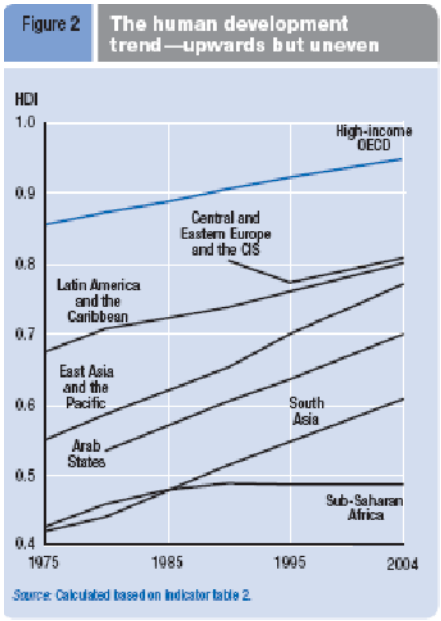
Table 1: Human Development in Sub-Saharan Africa and the rest of the world

		Dimensions of HDI				
	HDI value	**Life expectancy at birth** (years) 2004	**Adult Literacy Rate** (% ages 15 and older) 2004	**Combined gross enrolment ration for primary, secondary and tertiary school**(%) 2004	**GDP per capita** (PPP US$) 2004	**Estimated adult HIV prevalence rate** (% of adults aged 15+ years) end 2005
Sub-Saharan Africa	0.472	46.1	63.3	50	1,946	6.1
Arab States	0.680	67.3	69.9	62	5,680	0.2
East Asia & Pacific	0.760	70.8	90.7	69	5,872	0.2
Latin America & Caribbean	0.795	72.2	90.2	81	7,964	0.6
South Asia	0.599	63.7	60.9	56	3,072	0.7
Central, Eastern Europe & CIS	0.802	68,2	99.2	83	8,802	0.6
OECD	0.923	77.8	--	89	27,571	
World	0.741	67.3	--	67	8,833	1.0

Source: Human Development Index (UNDP, 2006: 286) and HIV incidence (UNICEF, 2006:117)

Human Development is not only low in Sub-Saharan Africa; it is not improving. The UNDP has calculated an HDI for as many countries as data are available, each year since 1990 (UNDP, 2006). Recent analysis has shown that whilst human development trends have been increasing in almost all regions, progress has stagnated in Sub-Saharan Africa (see Figure 4 below). The stagnation in HDI values in Sub-Saharan Africa is partly because of economic reversal but also as a result of the impact of HIV/AIDs on life expectancy (See Table 1, above).

Figure 4: The human development trend - Sub-Saharan Africa is being left behind



Source: Human Development Index. (UNDP, 2006. *Human Development Report 2006*: Figure 2: 265).

The UN ranks all countries in terms of their HDI score and groups them into three categories. Countries with an HDI score of over 0.8 belong to the 'high human development' group, those with a score between 0.5 and 0.799 are countries with 'medium human development', and those with a score of less than 0.5 are 'low' human development countries. No country in Sub-Saharan Africa has an HDI score greater than 0.799, so there are no 'high human development' countries in Sub-Saharan Africa. With an HDI score of 0.653, South Africa has the highest HDI score of any country in the region (see Table 2 below). Most of the countries defined as 'low human development countries' are in Sub-Saharan Africa - 28 of the 31 countries of the world with a national HDI score of less than 0.5 are in Sub-Saharan Africa, with the result that the regional HDI average is 0.472 (UNDP, 2006:265).

Table 2: Human Development Index for countries in Sub-Saharan Africa

Country	**HDI Score**
Medium Development	0.5 to 0.799
South Africa	0.653
Gabon	0.633
Namibia	0.626
Ghana	0.532
Congo	0.520
Uganda	0.502
Low Development	below 0.5
Togo	0.495
Kenya	0.491
Sub-Saharan Average	0.472
Nigeria	0.448
Tanzania	0.430
Mozambique	0.3 90
Sierra Leone	0.335
Niger	0.311

Source: Human Development Indicators (UNDP, 2006:285-6)

Ghana and Tanzania fall either side of the boundary between countries ranked as 'medium' or 'low' in terms of human development. With an HDI score of 0.532, Ghana is ranked as a country with 'medium' human development, and Tanzania, with a score of 0.430, is ranked within the group of countries defined as 'low' human development nations (UNDP, 2006). Factors contributing to the different HDI values for Ghana and Tanzania will be discussed in the next two sections of this paper.

The Gender-related Development Index (GDI) measures human development in the same dimensions as the HDI but adjusts for gender inequality. The lower a country's GDI compared to its HDI, the greater the gender disparity in basic capabilities (UNDP, 2006). When HDI scores for Ghana and Tanzania are adjusted for gender equity, both countries maintain their position in the GDI tables, indicating that Ghana and Tanzania perform as well as other countries with similar levels of human development in terms of gender equity.

The UN developed the Human Poverty Index (HPI) to capture different dimensions of poverty, not just insufficient income. The HPI for 'developing countries' uses the

same measurements of human development as the HDI but in terms of social and economic deprivation. It measures three dimensions of deprivation: not surviving, exclusion from education, and denial of access to safe water and nutrition (UNDP, 2006).

Table 3 considers the HPI for the same countries in Sub-Saharan Africa as Table 2 (HDI), in the order ranked by HDI. Some countries have an HPI that would rank them higher in HPI tables than in HDI tables, for example Congo and Tanzania. Levels of social deprivation are lower in these countries than might be expected from their incomes.

Table 3: Human Poverty Index for countries in Sub-Saharan Africa

Country	**HPI Score (%)**
Medium Development	
South Africa	30.9
Gabon	27.3
Namibia	32.5
Ghana	33.1
Congo	27.9
Uganda	36.0
Low Development	
Togo	39.2
Kenya	35.5
Nigeria	40.6
Tanzania	36.3
Mozambique	48.9
Sierra Leone	51.9
Niger	56.4

Source: Human Poverty Index (UNDP, 2006:293-4)

Poverty and well-being in Ghana and Tanzania are described below in terms of the dimensions captured by the UN's notion of human development, and some of the MDGs. The country profiles describe the nature of income and poverty, and patterns of access to health and education.

2 Country Profile: Ghana

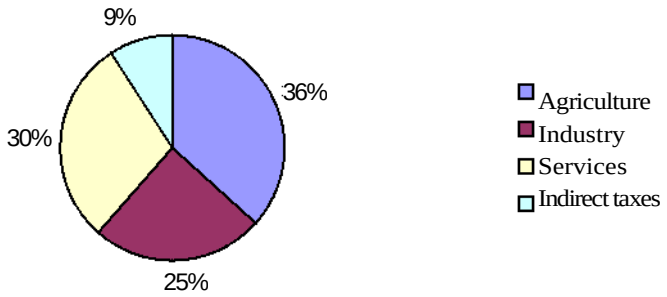
Ghana lies on the West Coast of Africa. It is divided into ten administrative and commercial regions, with Accra as its capital. Ghana's population is estimated to be 22.1 million people (World Bank, 2006), of which about 45.9 percent are under the age of 18 (UNICEF 2007). Ghana's people include several different ethnic groups; the Akan 44%, Moshi-Dagomba 16%, Ewe 13%, Ga 8%, Gurma 3% and Yoruba 1%. About 1.5% of the population are not African (Intute, 2007a). Forty-five percent (45%) of Ghanaians follow traditional beliefs, 43% are Christian, and 12% are Muslim (GoG, 2007).

Today, Ghana is a multi-party democracy. It gained independence from Britain in 1957, having been a Crown Colony since 1897. Its post-colonial history has included a series of military coups and extended periods of military rule, interspersed with brief periods of civilian government. Democratic governance was restored in 1992 with a new constitution, and Jerry Rawlings, who had been Ghana's military leader since 1981, was elected President. Since then, the country has held four, consecutive elections, broadly considered to be 'free and fair'.

21 Ghana's Economy

Three sectors account for most of Ghana's economy: agriculture, industry and services. As can be seen from Figure 5 below, the agriculture sector dominates the Ghanaian economy. Nearly 40 percent of GDP and 50 percent of all employment are derived from agriculture (Aryeetey and Kanbur, 2005).

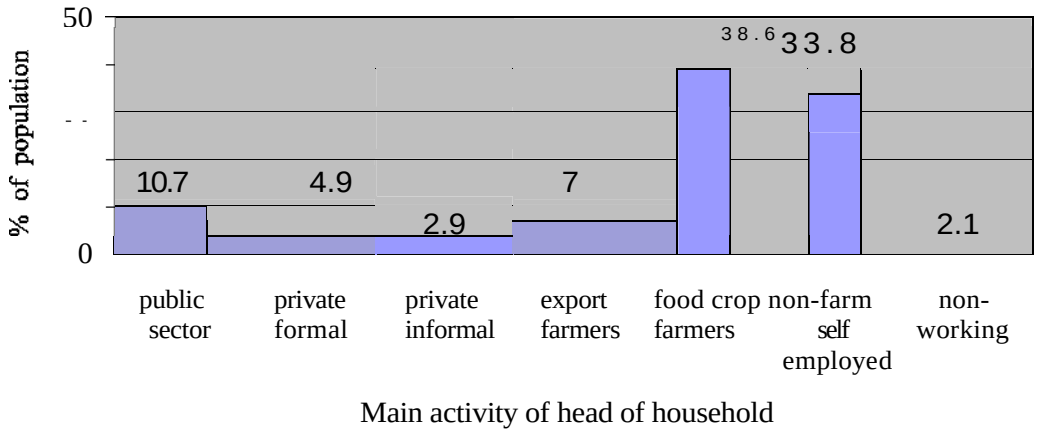
Figure 5: Ghana's GDP by sector in 2004 (% of total)



Source: Bank of Ghana Statistical Bulletin (Aryeetey and Kanbur, 2005:12)

The predominance of agricultural activity as the source of household income in Ghana is evident in Figure 6 below.

Figure 6: Main economic activity of households in Ghana in 1998/99



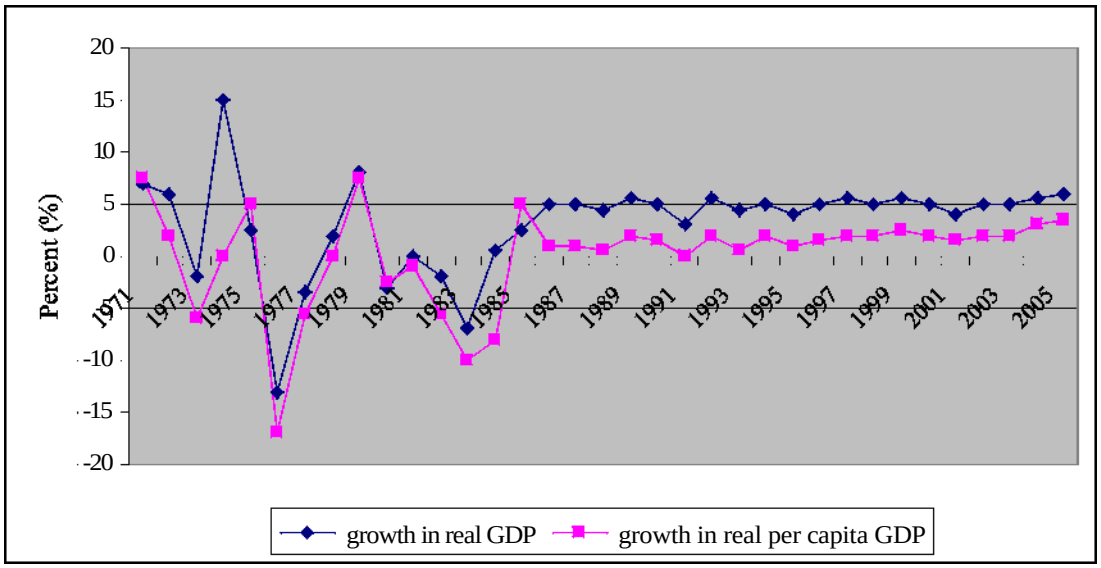
Source: Ghana Living Standards Survey 1989/99. (McKay and Aryeetey, 2004: 19. Table 6).

Agriculture has always been important to Ghana. A booming cocoa industry underpinned economic prosperity during the early part of the twentieth century. However, in 1965/6 the cocoa market collapsed, exposing Ghana's vulnerability as a mono-crop economy (GoG, 2005a). Between 1965 and 1983 Ghana experienced considerable macro-economic instability and poor growth. Inconsistent application of centrally managed interventionist economic policies, changes in government and major policy reversals contributed to this turbulence (McKay and Aryeetey, 2004). During the 1980s, in response to the economic crisis and whilst still under military rule, guided by the World Bank and International Monetary Fund (IMF) Ghana implemented a series of structural adjustment programmes through an Economic Recovery Programme (ERP) (GoG, 2005a). Although the composition of the economy remained largely unchanged, the twenty years after the economic reforms witnessed average GDP growth of 4.9 percent and average per capita GDP growth of 2.9 percent (Aryeetey and Kanbur, 2005).

With the transition to democracy in the 1 990s, however, Ghana became plagued by rising deficits which, largely financed from domestic sources, led to a crippling debt burden (McKay and Aryeetey, 2004). Ghana was compelled to 'seek relief' through the World Bank's Heavily Indebted Poor Countries (HIPC) initiative (GoG, 2005a: iv). As a condition of funding, the HIPC creditors required the adoption of safety net budgetary policies, a monetary regime that would fight inflation, and progress in the implementation of the country's Poverty Reduction Strategy. The Millennium Development Goals (MDGs), to which Ghana had subscribed voluntarily at the UN, became a mandatory framework for economic policy (GoG, 2005a). By 2004, Overseas Development Assistance (ODA) inflow accounted for 16 percent of Gross National Income (GNI)(UNICEF, 2006).

Although the macro-economic environment experienced some turbulence at each of the elections during the 1 990s (GoG, 2005 a), since 2000 Ghana has sustained economic stability and an average annual growth in GDP of around 5 percent (Aryeetey and Kanbur, 2005). In 2006, the Bank of Ghana recorded 6.2 percent growth (Bank of Ghana, 2007).

Figure 7: Ghana's real GDP and real per capita GDP growth (1970-2004)



Source: Bank of Ghana Statistical Bulletin (Aryeetey and Kanbur, 2005:8)

Good governance is a central pillar in Ghana's Growth and Poverty Reduction Strategy (GoG, 2005a). Whilst governance has many facets, dealing with corruption has been one of the government's concerns. Transparency International, a global coalition against corruption, measures corruption using national surveys. The Corruption Perceptions Index relates to perceptions of the degree of corruption as seen by business people and business analysts. It ranges from 10 (highly clean) and 0 (highly corrupt). In 2006, Ghana was ranked 70 out of 163 countries, with a score of 3.3, indicating 'moderate' levels of corruption (Transparency International, 2006).

2.2 Income Poverty in Ghana

The majority of people in Ghana live in poverty - in spite of sustained GDP growth in recent years. Almost forty-five percent of the nation survives on less than $1 a day and 78.5 percent on less than $2 per day (UNDP, 2006). The World Bank estimates that average national income (GNI) per capita in Ghana is only $450, compared to a World average of $6,987 and a Sub-Saharan regional average of $746.0 (World Bank, 2006, Atlas method).

Table 4: Population living below income poverty line (%) in Ghana

Income poverty line	percent of population living below this line
$1aday	44.8
$2aday	78.5
National poverty line	39.5

Source: Human Poverty Index (UNDP, 2006: 292-294)

There are issues of wealth distribution in Ghana. Inequality in the distribution of wealth is reflected in the Gini Index. Based on GLSS data from 1998-1999, the UN calculated a Gini Index for Ghana of 40.8 (UNDP, 2006). This inequality is starkly revealed by inequitable distribution of income within the Ghanaian population; 46.6 percent of the nation's income/expenditure is enjoyed by the richest 20 percent of the population, whereas the poorest 20 percent have access to only 5.6 percent of national income/expenditure (UNDP, 2006:337).

There is also a question of regional distribution of wealth. Some parts of the country have substantially higher levels of deprivation than others. Studies using different methods of poverty assessment all show substantially higher levels of poverty in Ghana's northern savannah region compared to the south. In 1998/1999 only 20.6 percent of the overall population lived in the northern savannah, but 42.2 percent of the poorest households were located in this area (McKay and Aryeetey, 2004). Patterns of poverty are complex, though, with important variations within localities. Using information on household expenditure available from the Ghana Living Standards Survey (GLSS 4, conducted in 1998/9) and the Census 2000, Coulombe developed estimates of income poverty at district and council level. He revealed that a number of poor districts in the coastal south have poverty levels comparable to many of the northern districts (Coulombe, 2005).

Deprivation in Ghana is substantially higher in rural areas than in urban districts (Coulombe, 2005). In 1998/9, 66.8 percent of the population lived in rural areas, but nearly 84 percent of the poor were rural dwellers (McKay and Aryeetey, 2004). For the majority of the rural poor, small-scale agriculture is their main economic activity and even for those primarily engaged in non-farm activity (who tend to be less poor on average) agriculture is an important secondary activity (McKay and Aryeetey, 2004). The risk of poverty is highest amongst agricultural workers (Heintz, 2005).

Poverty is also gendered. In Ghana, women's participation in income-generating employment is high, nearly equivalent to that of men. The ratio of female to male participation in the labour market is 0.94 (Hausmann *et al*, 2006). However, poverty rates among working women remain above those of working men. Women are disproportionately represented in precarious forms of employment, and the types of employment where poverty risks are high. For example, 85.8 percent of unpaid family workers in informal agricultural work are 'working poor'. Women are far more likely to be unpaid family workers than men; 21.2 percent of women work as unpaid family workers, but this is the case for only 1.7 percent of men (Heintz, 2005). Men are also trapped in poverty. 47.5 percent of men are self-employed in the informal agricultural sector and 73.5 percent of self-employed workers in the informal agricultural sector earn less than $1 a day (Heintz, 2005). Whilst poverty affects both men and women, women's higher risk is driven by the dual segmentation of Ghana's labour market by employment status and industry sector (Heintz, 2005).

Although poverty levels remain high, commentators have argued that levels of poverty in Ghana have fallen in the past ten years (McKay and Aryeetey, 2004). Focusing their analysis on data from the GLSS surveys in 199 1/2 and 1998/9, McKay and Aryeetey revealed increasing income and declining poverty in Ghana during the 1990s (see Table 5 below).

Table 5: Changes in income poverty and inequality, national level in Ghana

	1991/92	1998/9	Changes, 1991/92 to 1998/99
Average value of income standard of living (millions of cedis per person per year)	1.44	1.78	3.1 % p.a.
Change in real consumption per capita (national accounts)			2.9 % p.a.
Poverty headcount index (percent)	51.7	39.5	-12.2

Source: GLSS survey data and national accounts data (McKay and Aryeetey, 2004: 14).

Although national levels of poverty may be declining, close examination of patterns in poverty data reveal that the poorest have not benefited (McKay and Aryeetey, 2004). Using the Ghana GLSS data, McKay and Aryeetey have shown that the decline in income poverty at the national level was concentrated in two locations: the Accra metropolitan area and the rural forest zone, each of which experienced large, statistically significant reductions in poverty, both in terms of incidence and severity (McKay and Aryeetey, 2004). Accra benefited from external inflows of aid and of remittances, and experienced rapid economic growth during the 1990s. Key export commodities from the rural forest zone - cocoa, gold and timber - grew rapidly in this period, contributing to lower levels of poverty in this region (McKay and Aryeetey, 2004).

Analysis of poverty data by economic sector revealed larger poverty reductions in the industrial and services sector than in agriculture. Within industry, the most significant changes were amongst those working in trading activities; transport, storage and communications; public services; and manufacturing (McKay and Aryeetey, 2004). Differences in poverty reduction were also evident when households were classified according to the main economic activity. McKay and Aryeetey show that the largest rates of poverty reduction between 199 1/2 and 1998/9 were experienced by export farmers, wage earners, and to a lesser extent, non-farm self employed. Significant poverty reduction amongst food crop farmers only occurred for those living in the forest zone (McKay and Aryeetey, 2004).

It appears that the poorest in Ghana have been excluded from the benefits of poverty reduction associated with economic growth. McKay and Aryeetey (2004) analysed growth rates at different income percentiles, for each of Ghana's geographical regions. This involved ranking households from the poorest to the richest for each of the two years being compared (1991/2 and 1998/99). Annualised growth rates were plotted at each percentile point, comparing the later distribution with the earlier. The growth incidence curve revealed the distributional pattern of growth. Table 6 below indicates the rates of annualised growth at the national poverty line, at the 20th percentile, and at the mean.

Table 6: Annualised rates of pro-poor growth: percentage changes in welfare measure between 1991/2 and 1998/9 at different points

	pro-poor growth rate at poverty line	**pro-poor growth rate at 20th percentile**	**Growth rate at mean**
Ghana	2.1%	1.3%	3.2%
By locality			
Accra	7.6%	7.6%	7.3%
Other urban	0.9%	0.8%	2.3%
Rural Coastal	0.7%	0.1%	2.0%
Rural Forest	5.0%	4.6%	4.8%
Rural Savannah	-0.6%	-0.1%	1.2%

Source: GLSS 199 1/2 and 1998/9 (McKay and Aryeete 2004:22)

Growth is pro-poor in a relative sense when the poor benefit disproportionately more from growth. When this happens, rates of growth at the poverty line, and/or at the 20th percentile are higher than rates at higher percentiles, or at the mean. The figures in Table 6 reveal that growth is pro-poor in both an absolute and relative sense in Accra, and - for those at the poverty line - in the rural forest areas, only. In all other regions, rates of growth are lower for poorer people; the poor are being left behind and inequity is expanding. For those in the rural Savannah region who experienced negative growth the situation is deteriorating - the poorest are getting poorer.

23 Measures of Human Development and Social Deprivation in Ghana

Ghana performs better in measures of human development than most Sub-Saharan countries (as we have seen in Table 2 above, and with more detail in Table 7 below). This is partly due to higher average per capita income for the nation as a whole, but also longer life expectancy. Even though Ghana is ranked as a 'medium development country' in terms of its HDI score, it falls below the average of this group of countries, and its HDI is more in keeping with the average for low-income countries.

Table 7: Ghana's Human Development Index

	HDI value	**HDI indicators**				
		Life Expectancy at birth (yrs)	**Adult Literacy rate** (% ages 15 and older)	**Combined gross enrolment ratio for primary, secondary and tertiary schools** (%)	**GDP per capita** (PPP US$)	**GDP per capita (PPP US$) rank minus HDI rank**
	2004	2004	2004	2004	2004	
Ghana	0.532	57	57.9	47	2,240	-9
Sub-Saharan Africa	0.472	46.1	63.3	50	1,946	
Medium human development	0.70 1	67.3	80.5	66	4,901	
Low income countries	0.556	58.7	62.3	54	2,297	
World	0.741	67.3		67	8,833	

Source: Human Development Index. (UNDP, 2006. Table 1 p283-7).

Levels of social deprivation in Ghana are less severe than many low income countries. With a Human Poverty Index (HPI) of 33.1, Ghana ranks 58 out of 102 countries for which the HPI-1 has been calculated (UNDP, 2006). The negative value for the HPI rank minus the income poverty rank (see Table 8 below) indicates that Ghana performs better in terms of human poverty than in terms of income poverty.

Table 8: Human Poverty Index for Ghana

	Human Poverty Index (HPI-1)		**HPI-1 Indicators**				
			Probability at birth of not surviving to age 40 (% of cohort) 2000-05	**Adult illiteracy rate** (% ages 15 and older) 2004	**Population without access to improved water source** (%) 2004	**Children under weight for age** (% under age 5) 1996-2004	**HPI rank minus income poverty rank**
	Rank	Value					
Ghana	58	33.1	27.7	42.1	25	22	-18

Source: Human Poverty Index (UNDP, 2006: Table 3 p292-294).

In spite of the fact that social deprivation in Ghana is not as severe as might be expected, a significant proportion of Ghanaians are excluded from even the most basic capabilities that make for well-being; sufficient income, nutrition, and access to water, health and basic education.

2*4* Gender Equity in Ghana

Ghana is a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (1979). Yet, it's GDI score indicates that life chances are not equal for men and women in Ghana. Although women have slightly longer life expectancy than men, men have much greater access to education and to higher average incomes than women.

Table 9: Ghana's Gender-related Development Index

	GDI		**Life expectancy at birth (yrs)**		**Adult Literacy rate (% ages 15+)**		**Combined GER primary, secondary, tertiary (%)**		**Estimated earned income (PPP US $)**		**HDI rank minus GDI rank**
	Rank	Value	F	M	F	M	F	M	F	M	
Ghana	101	0.528	57.4	56.5	49.8	66.4	44	50	1,860	2,611	1

Source: Gender-related Development Index. (UNDP, 2006. Table 24:page 363-6.)

The Gender Empowerment Measure (GEM) provides a measure of women's agency in their own lives. Insufficient data are available to calculate the GEM for Ghana, but data on some indicators of gender empowerment are available.

Women are represented in political life in Ghana, although their participation is far from equitable. Women received the right to vote in Ghana in 1954, and the first woman was elected to Parliament in 1960. However, women hold only 10.9 percent

of parliamentary seats and only 11.8 percent of Ministerial appointments (UNDP, 2006:369). There has never been a female Head of State in Ghana.

As noted earlier, Ghanaian women participate in the economy at levels that are similar to men; female to male participation is 0.94 (see Table 10 below). However, women do not share in an equal access to economic resources. On average, women have access to income earnings that are 71 percent of those earned by men (UNDP, 2006:369). This is not simply because women are concentrated in areas where earnings are lower; McKay and Aryeetey note that men in Accra engaged in non-farm self-employment earn around 50 percent more than females employed in the same sector, a pattern that has not changed over the 1 990s (McKay and Aryeetey, 2004).

The World Economic Forum has recently begun to calculate a Gender Gap Index to measure the size of the gender gap in each country of the world (Hausmann *et al*, 2006). The Index quantifies gender equality within four categories (see Table 10 below), some of which are similar to those used in the UN's GEM. On the basis of the Gender Gap Index the World Economic Forum has ranked Ghana 58 out of 115 countries, with an Index score of 0.6652 (equity would be 1.0).

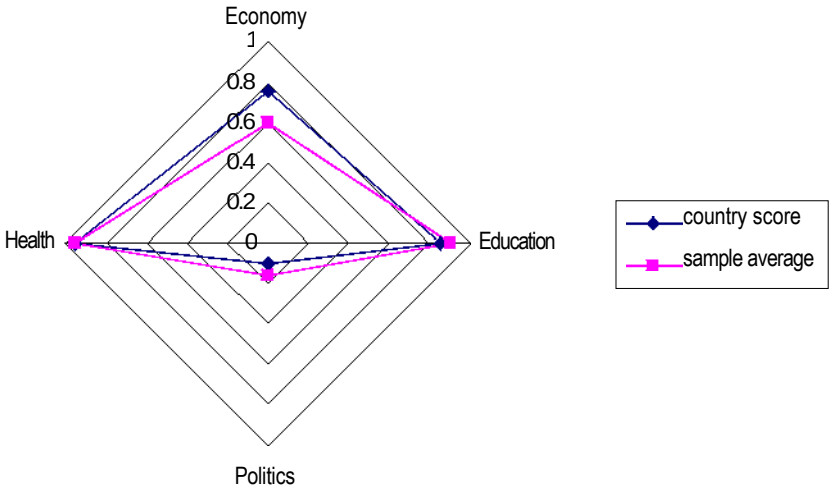
Table 10: Gender gap sub-indexes for Ghana, 2006.

Sub-indexes	**Female to male ratio**
Economic Participation and Opportunity	
Labour force participation	0.94
Wage equality for similar work	-
Income (PPP US$)	0.75
Legislators, senior officials, managers	0.52
Professional and technical workers	-
Educational Attainment	
Literacy rate	0.75
Enrolment in primary education	1.01
Enrolment in secondary education	0.91
Enrolment in tertiary education	0.48
Health and Survival	
Sex ratio at birth (female/male)	0.97
Healthy life expectancy	1.02
Political empowerment	
Women in parliament	0.12
Women in Ministerial positions	0.13
Years with female head of state (last 50)	0.0

Source: Gender Gap Index (Hausmann *et al*, 2006: 68)

The spider's web diagram constructed by the authors of the Gender Gap Report compares Ghana's score for each sub-index with the average score for the 115 countries covered by the report (see Figure 8 below). It shows that whilst Ghanaian women have greater participation in the economy than many women in the world, their participation in political life is lower than the low global average.

Figure 8: Gender Gap Index, Ghana, 2006



Scale
0.00= inequity
1.00= equity
Source: Gender Gap Index (Hausmann *et al*, 2006: 68)

Although Ghana has raised the legal age of marriage to 18 years of age, 39 percent of rural women, and 18 percent of urban women enter into marriage before they are 18 (UNICEF, 2006:134). Harmful traditional practices such as genital cutting are outlawed, and yet 5 percent of Ghanaian women are still subjected to this practice (UNICEF, 2006).

25 Access to Health in Ghana

The impact of poverty is evident in Ghana's mixed performance in terms of health. At present, more than one in four people do not survive to 40 years of age (UNDP, 2006, see Table 8 above), and more than one in ten children dies before their fifth birthday (UNDP, 2006: see Table 11 below). However, infant and child mortality are lower in Ghana than in much of the Sub-Saharan region.

Table 11: Indicators of health in Ghana

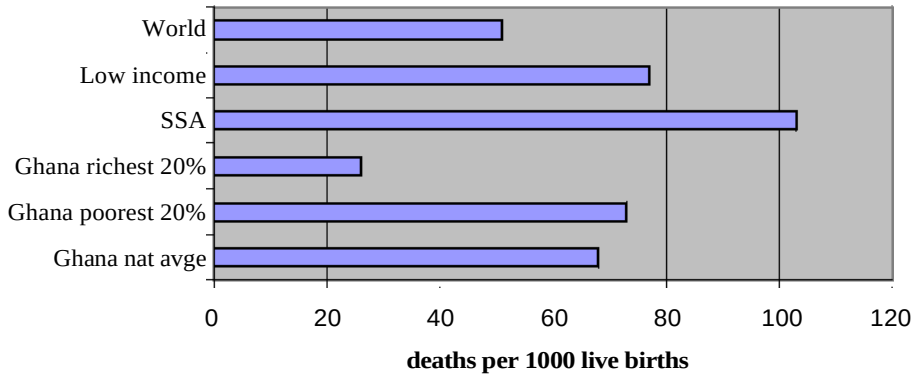
	Life expectancy at birth (years)	**Infant mortality rate** (per 1,000 live births)	**Under-five mortality rates** (per 1,000 live births)	**Probability at birth of surviving to age 65** (% of cohorts)		**Maternal mortality ratio** (per 100,000 live births)	
	2000-05	2004	2004	Female 2000-05	Male 2000-05	Reported by national authorities 1990-2004	Adjusted by UN agencies 2004
Ghana	56.7	68	112	52.9	50.4	210	540
Sub-Saharan Africa	46.1	103	174	37	33		
Low income	58.3	77	117	58.5	52.6		
World	67	51	75	73.1	64.5		

Source: Human Development Indicators (UNDP, 2006: Table 10 p3 15-318).

Life expectancy in Ghana is currently 57 years, which is higher than the average life expectancy in Sub-Saharan Africa, now 46.1 years (UNDP, 2006). Ghana's better life expectancy is thought to be due to lower HIV/AIDS prevalence rates. HIV/AIDS prevalence in Ghana is estimated at 2.3 percent of the population compared to the Sub-Saharan regional average of 6.1 percent of the population aged 15 to 49 years (UNDP, 2006:313). HIV/AIDS prevalence rates have fallen from a peak of 3.7 percent in 1999, and the Government of Ghana reports steady progress in addressing the pandemic (GoG, 2005b). However, young women continue to be at greater risk of HIV than men; 1.3 percent of women aged 15 to 24 years are HIV positive compared to only 0.2 percent of young men. In Accra, 3.9 percent of pregnant young women are HIV positive (UNICEF, 2006:115). TB prevalence is also relatively low, with prevalence of 376 per 100,000 people compared to an average of 540 per 100,000 people in Sub-Saharan Africa (UNDP, 2006).

Ghana's performance on health indicators is mixed. Life expectancy has stagnated; it has been around 57 years since 2000 (McKay and Aryeetey, 2004; Van der Poel *et al*, 2006). Whilst infant mortality has declined over the past 15 years, falling from 75 per 1000 births in 1990 to 68 per 1000 births in 2005, (UNICEF, 2006), it has not shown any significant change in recent years (Van der Poel *et al*, 2006). Children in the poorest homes are also far less likely to survive their first year than those in richer homes (see Figure 9 and Table 12 below).

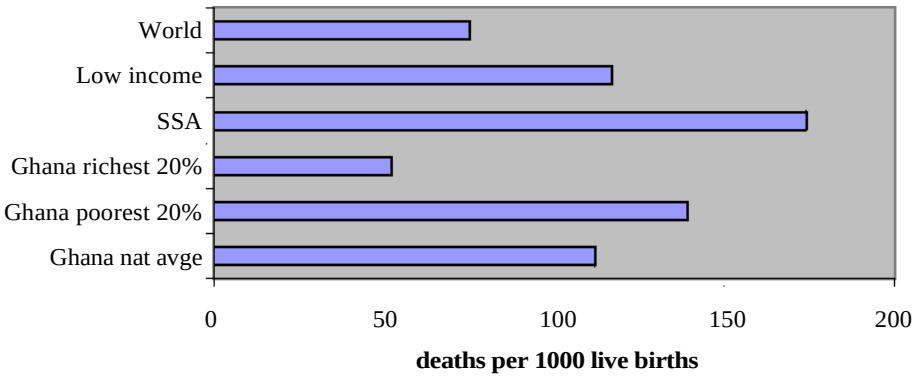
Figure 9: Infant mortality in Ghana



Source: Human Development Indicators, 2004. (UNDP, 2006: Table 8 p309 & Table 10 p3 15)

The under-five mortality rate has declined since 1990, falling from 122 per 1000 live births in 1990 to 112 per 1000 live births in 2005 (UNICEF, 2006: 139). This 8 percent drop in child mortality falls far short of what will be needed if the MDG target of two thirds reduction in child mortality is to be met by 2015 (UNICEF, 2006). Under-five mortality is also higher for children in poorer homes than those in wealthier households (see Figure 10 and Table 12 below). Indicators of malnourishment suggest that at least a quarter of children suffer from hunger. Twenty-two percent of Ghanaian children under the age of five are underweight for their age (UNDP, 2006), and 30 percent of children have moderate to severe stunting of growth (UNICEF, 2006). Children from poorer homes are more likely to be malnourished than those from more wealthy homes (see Table 12 below).

Figure 10: Under-five mortality in Ghana



Source: Human Development Indicators, 2004. (UNDP, 2006: Table 8 p309 & Table 10 p3 15)

Maternal mortality has remained largely unchanged in Ghana for a decade; 215 out of 100,000 women die in childbirth (UNDP, 2006: 315). Ghanaian women have a 1 in 35 lifetime risk of dying in childbirth; this is twice the average risk for the world as whole (1 in 74), but lower than the risk for many women in the Sub-Saharan region where the average risk is 1 in 16 (UNICEF, 2006:133). Nationally, a skilled health

care worker attends 47 percent of births in Ghana. This national average hides significant differences between levels of health care to poor and rich women. Skilled personnel are in attendance at only 18 percent of births of the poorest 20 percent of women, compared to 86 percent of births for the richest 20 percent of women (see Table 12). Although maternal mortality has not improved, fertility rates are falling. In 1990 the fertility rate in Ghana was six children per woman. On average, Ghanaian women now have 4.1 children (UNFPA, 2007).

Ghana has a critical shortage of health care workers (WHO, 2006), with only 0.15 doctors and 0.92 nurses per 1000 people. According to the WHO, this level of workforce density makes the coverage of essential interventions including those necessary to meet the health-related MDGs unlikely (WHO, 2006:6). The ratio of population to health care workers is highest in the northern region, where use of health care services is also lowest (Van der Poel *et al*, 2006). Malaria accounts for 40 percent of all cases treated at outpatient departments around the country (IRIN, 2005).

Table 12: Inequalities in maternal and child health in Ghana

	Births attended by skilled personnel (%)		**One-year olds fully immunized (%)**		**Children under height for age (% under age 5)**		**Infant mortality rate (per 1000 live births)**		**Under-5 mortality rate (per 1000 live births)**	
	poorest 20%	richest 20%	poorest 20%	richest 20%	poorest 20%	richest 20%	poorest 20%	richest 20%	poorest 20%	richest 20%
Ghana	18	86	50	79	20	9	73	26	139	52

Source: Ghana DHS survey 1998. (UNDP, 2006: Table 8 p309-31 0)

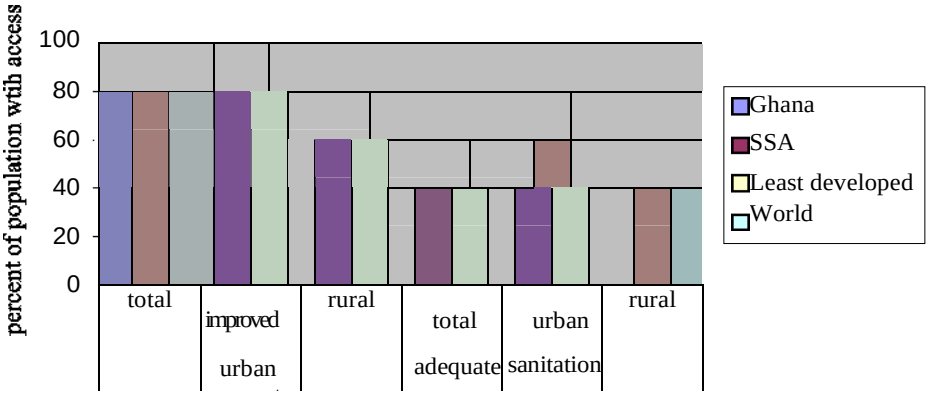
Whilst access to water is better in Ghana than much of the region, access to sanitation is poor. Only 18 percent of people have access to adequate sanitation facilities, and this falls to 11 percent in rural areas (see Table 13 and Figure 11 below). Poor sanitation has severe implications for health.

Table 13: Access to improved drinking water and adequate sanitation facilities

	% of population using improved drinking water sources 2004			**% of population using adequate sanitation facilities 2004**		
	total	urban	rural	total	urban	rural
Ghana	75	88	64	18	27	11
Sub-Saharan Africa	55	81	41	37	53	28
Least developed countries	59	79	51	36	55	29
World	83	95	73	59	80	39

Source: UNICEF, WHO, Multiple Indicator Cluster Surveys and DHS (UNICEF 2006:11 1& 113)

Figure 11: Access to improved water and adequate sanitation in Ghana



Source: UNICEF, WHO, Multiple Indicator Cluster Surveys and DHS (UNICEF, 2006: Table 3. p111-113)

26 Access to Basic Education in Ghana

In addition to a decent standard of living, and a long and healthy life, a life free from poverty includes being able to access education. The right to a basic education has a long history in Ghana. Following independence, an earlier commitment to six years of free and compulsory primary education was extended to ten years under the 1961 Education Act (Addae-Mensah, 2000). In 1987 Ghana's education system was restructured and basic education was redefined as nine years of free and compulsory schooling; six of these years to be spent in primary schooling and three in junior secondary schooling. In 1995 the Free and Compulsory Universal Basic Education (FCUBE) reforms set two important goals: universal primary education by 2005 and increased enrolment for girls (Akyeampong *et al*, 2007). More recent reforms announced in 2004 extended basic education to eleven years, starting with two years in kindergarten, six years in primary school and three years in junior secondary schooling. From 2007, formal basic education for Ghanaian children begins at four years of age and ends at 15 (GoG, 2004).

Access to basic education has existed as policy since 1951, but this has not been the case in practice. Many children did not attend school or complete a basic education with the result that only 57.9 percent of adults in Ghana are literate (UNDP, 2006). This literacy rate is very much lower than other countries considered to be of medium human development. In respect of access to basic education, Ghana is similar to countries with 'low human development' (see Table 14 below).

Table 14: Adult literacy rate in Ghana

	Adult literacy rate (% ages 15 and older) 2004
Ghana	57.9
Sub-Saharan Africa	63.3
Medium Human Development	80.5
Low Human Development	57.9
Low income	62.3

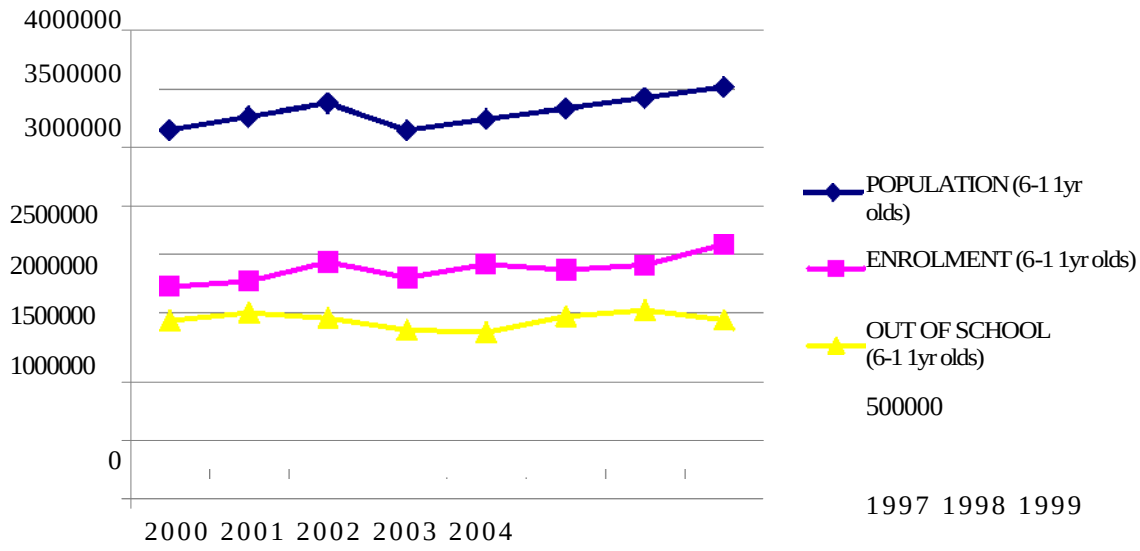
Source: Human Development Indicators. (UNDP, 2006:285-6)

Access to education is increasing in Ghana. The youth literacy rate is significantly higher than the rate for the adult population as a whole; 71 percent of young people aged 15 to 24 are literate (UNESCO, 2006). Enrolment rates at primary school are also rising. In 1999, 57 percent of children of primary age were enrolled in primary school, but by 2004 this figure had risen to 65 percent (UNESCO, 2006).

The most rapid increase in primary school enrolment occurred after 2004 when the government introduced capitation grants. These make provision for funding to schools based on enrolment rates, and the elimination of all kinds of school fees. In the year after the introduction of capitation grants, basic school enrolments increased by 17 percent (Akyeampong *et al*, 2007). Recent Education Management Information System (EMIS) data from Ghana suggests that the Gross Enrolment Rate is approaching 90 percent (Akyeampong *et al*, 2007:33)

Although actual numbers of students enrolled in primary school are increasing, net enrolment rates remain well below the goal of Education for All, or net enrolment of 100 percent. UNESCO estimates that in 2004 the net enrolment ratio for primary education in Ghana was 65 percent (UNESCO, 2006). Recent estimates based on data from the Core Welfare Indicators Questionnaire (CWIQ) suggest that NER may have increased to 70 percent in Ghana (Akyeampong *et al*, 2007:29). Figure 12 below illustrates the size of the challenge as the gap between the population of primary aged-children, and the number enrolled in school. This gap has only recently started to close, coinciding with the introduction of capitation grants.

Figure 12: Difference between the population of 6 to 11 year olds in Ghana, and their enrolment in primary school



Source: Based on data from Ghana EMIS (Akyeampong *et al*, 2007: 42)

Although greater numbers of children are enrolling in primary school, completion rates are still problematic. Only 63 percent of children that enroll in primary school survive to the fifth year, an indicator used to measure the achievement of the MDG for primary education (UNESCO, 2006). This means that 37 percent of children do

not complete a primary education. The survival rates to grade 5 are slightly higher for girls than for boys (see Table 15 below).

Table 15: Participation in primary schooling in Ghana, 2004

Indicator	Definition	M/F	2004
Enrolment in primary schools			2,929, 536
		% F	48
		% private	21
Gross enrolment ratio	The number of children enrolled in primary school regardless of age expressed as a percentage of all children of official primary school age	MF	88
		M	90
		F	87
	Gender Parity in gross enrollment	GPI	0.96
Net enrolment rate	The number of children enrolled in primary school who are of the official age, expressed as a percentage of all children of official primary age	MF	65
		M	65
		F	65
	Gender Parity in net enrollment	GPI	0.99
Survival rate to primary grade 5	The percentage of children entering primary school who survive to grade 5	MF	63
		M	62
		F	65
Gross primary graduation ratio	Children completing primary education, expressed as a percentage of all children of official primary age. Due to lack of completion data, enrolment rates in the final year are used, net of repeaters	MF	58
		M	61
		F	55
	Gender Parity for completion	GPI	0.95

Source: Primary Enrolment (UNESCO, 2006: Tables 3&4)

Access to secondary school in Ghana depends on the attainment of the Basic Education Certificate Examination (BECE). The majority of children who complete primary school and pass the BECE make the transition to junior secondary. Akyeampong *et al* (2007) indicate that transition rates are over 90 percent (Akyeampong *et al*, 2007). Furthermore, the majority of children who begin junior secondary school complete this phase too. Howwever, entry to the senior secondary phase, or post-basic education, is low. Fewer than half of those who complete their junior secondary schooling make the transition to senior secondary school (Akyeampong *et al*, 2007). Thus, most young people in Ghana end their schooling before reaching senior secondary school. Overall, only 37 percent of young people of secondary age are enrolled in secondary school (UNESCO, 2006).

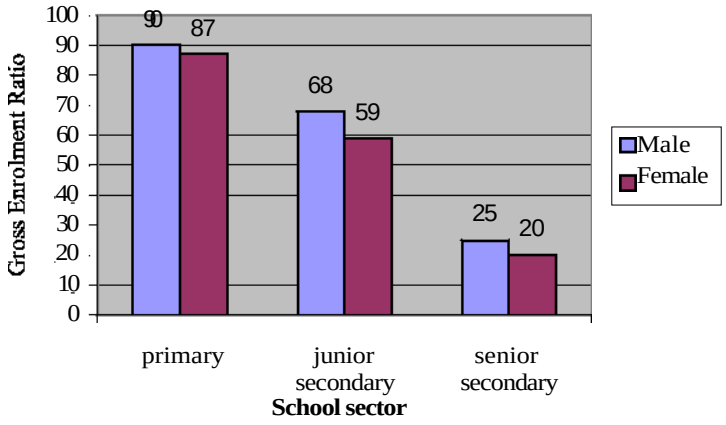
Table 16: Participation in secondary schooling in Ghana, 2004

Indicator	Definition	M/F	2004
Enrolment in secondary schools, all levels			1,350,410
		% F	45
		% private	14
Gross enrolment ratio Lower secondary	The number of children enrolled in lower secondary school regardless of age expressed as a percentage of all children of official lower secondary school age	MF	64
		M	68
		F	59
	Gender Parity in gross enrollment	GPI	0.88
Gross enrolment ratio Upper secondary	The number of children enrolled in upper secondary school regardless of age expressed as a percentage of all children of official upper secondary school age	MF	23
		M	25
		F	20
	Gender Parity in gross enrollment	GPI	0.78
Gross enrolment ratio All secondary	The number of children enrolled in secondary school regardless of age expressed as a percentage of all children of official secondary school age	MF	44
		M	47
		F	40
	Gender Parity in gross enrollment	GPI	0.85
Net enrolment rate Total secondary	The number of children enrolled in secondary school who are of the official age, expressed as a percentage of all children of official secondary age	MF	37
		M	39
		F	35
	Gender Parity in net enrollment	GPI	0.9

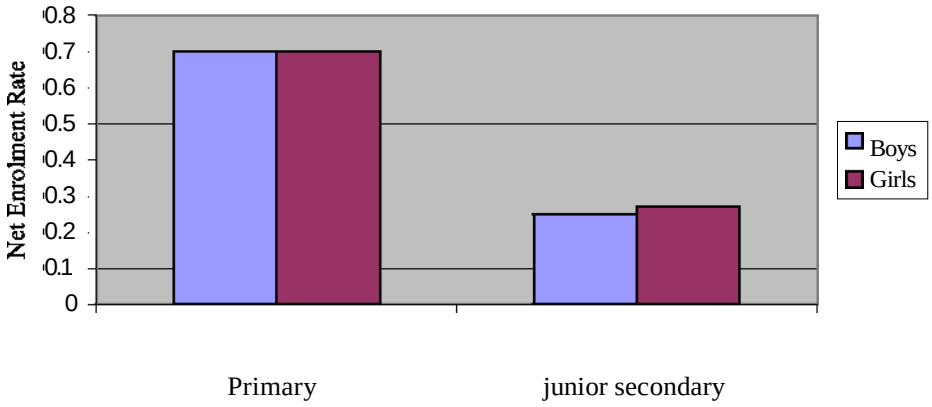
Source: Secondary Enrolment (UNESCO, 2006: Tables 3&4)

Although Ghana's achievements in terms of enrolment in primary education are significant, completion of a basic education continues to be a challenge.

Figure 13: Decreasing participation in education in Ghana



Source: Gross Enrolment Ratio (UNESCO, 2006: Tables 3&4)

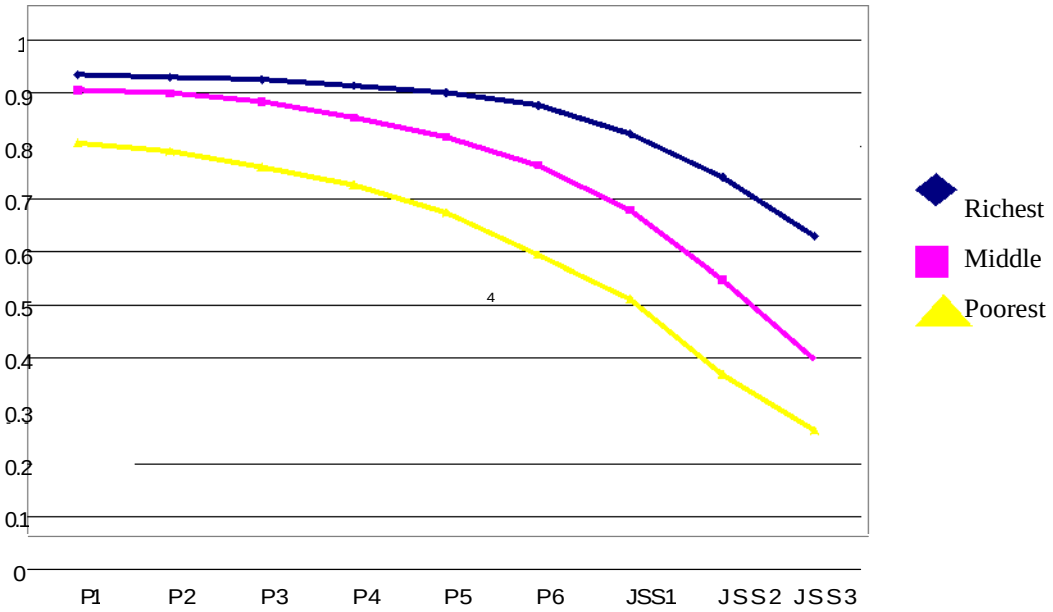


Source: Ghana Statistical Service, Core Welfare Indicators Questionnaire, 2003. (Akyeampong *et al*, 2007).

In spite of the fact that girls show slightly better survival rates in primary school than boys, their participation in secondary school is lower, and decreases through the system. At lower secondary, gender parity is 0.88 but by upper secondary it falls to 0.78 (UNESCO, 2006). Gendered access to education is evidenced for those who have had least access to education; 58 percent of the illiterate population are women, and only 65 percent of young women (aged 15-24) are literate compared to 76 percent of young men (UNESCO, 2006).

Children in rural areas, and children in poor households are less likely to participate in, and complete, a basic education (Akyeampong *et al* 2007). Figure 15 below shows participation in school grades disaggregated by household income. Children in poorer homes drop out of school earlier, drop out in greater numbers, and fail to make the transition to junior secondary school compared to their peers in richer homes.

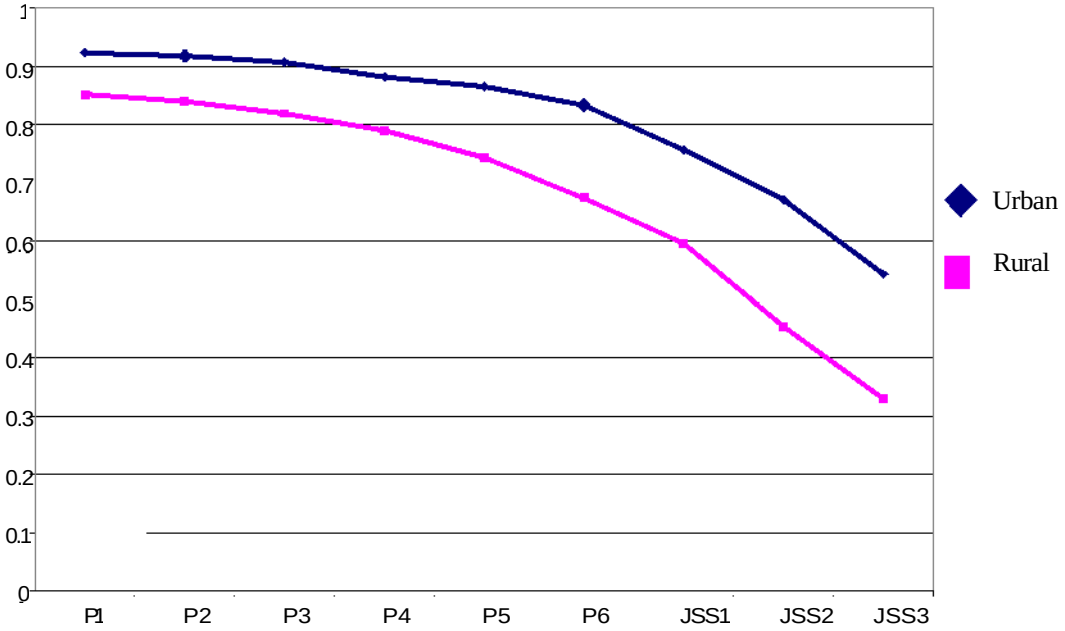
Figure 14: Participation by grade by household income



Source: Ghana Demographic and Health Survey (2004). (Akyeampong *et al* 2007:44).

Likewise, as Figure 16 reveals below, children living in urban areas enjoy greater access to basic education than children in rural areas. Furthermore, whilst children in rural areas show similar survival rates for the first four years of basic education as urban children, their rate of attrition increases in advance of their urban counterparts.

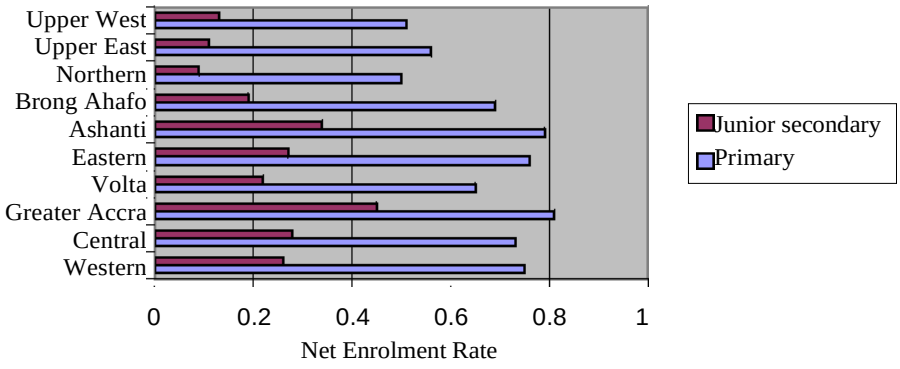
Figure 15: Participation by grade by urban and rural



Source: Ghana Demographic and Health Survey (2004). (Akyeampong *et al* 2007:44).

Regional differences are also evident in participation in basic education, as Figure 17 shows. Approximately half of children in the Northern regions have access to primary education, compared to 80 percent of children in Ashanti and Greater Accra regions. Enrolment in secondary education is also very much lower in these regions, with 10 to 15 percent of children enrolling in junior secondary school.

Figure 16: Net enrolment in primary and junior secondary education in Ghana, by region

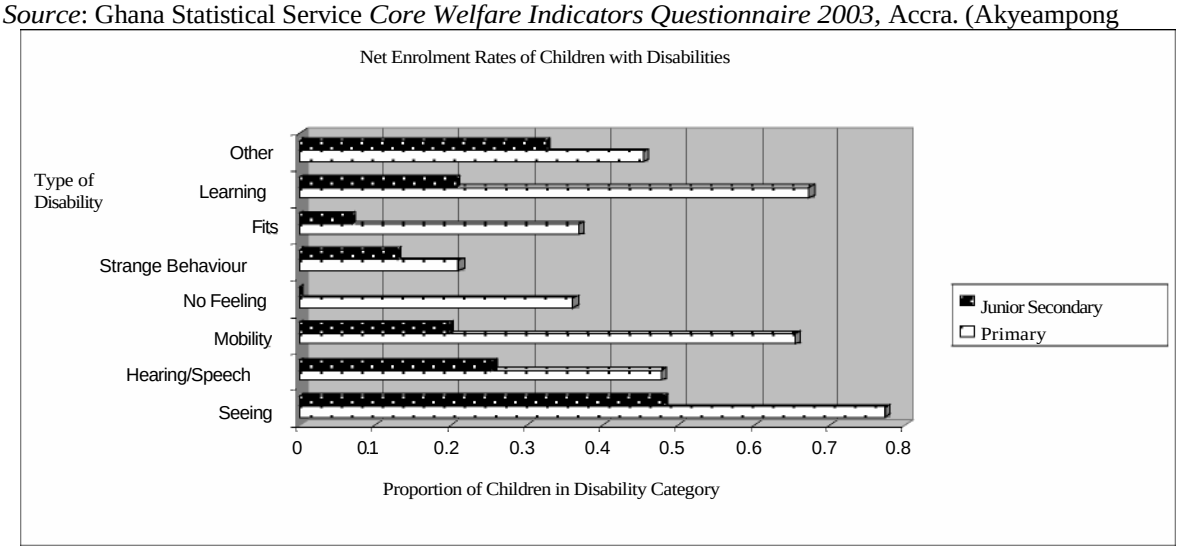


Source: Ghana Statistical Service, Core Welfare Indicators Questionnaire 2003. (Akyeampong *et al* 2007:31)

Participation in school for disabled children depends to a large extent on the circumstances of the child, the nature of their disability, and the level of schooling. Akyeampong *et al* (2007) note that net primary enrolment for children with slight disabilities is about 77 percent, whereas access for children who have fits is much lower, about 36 percent (Akyeampong *et al*, 2007). However, net junior secondary enrolment rates are significantly lower than net primary enrolment rates for all categories of disability (see Figure 18 below).

Figure 17: Net enrolment for children with disabilities

Source: Ghana Statistical Service *Core Welfare Indicators Questionnaire 2003*, Accra. (Akyeampong



et al, 2007: 32)

Children in school in Ghana have better access to a teacher than many in Sub-Saharan Africa, where the average pupil-teacher ratio in primary school is 42 to 1 (UNESCO, 2006:85). In Ghana, each child shares its teacher with 32 others. However, only 58 percent of primary teachers are trained. In contrast to many other parts of the world, teachers at all levels in the education system in Ghana are predominately men. Whilst female teachers make up 31 percent of the primary teaching workforce, the majority of female primary teachers (78 percent) are trained, compared to 49 percent of male primary teachers (see Table 17 below).

Table 17: Availability of teachers at different levels of the education system in Ghana

	Number of teachers	**%F**	**% teachers trained**			**Pupil/teacher ratio**
			MF	M	F	
Primary	89,278	31	58	49	78	33
Junior secondary	55,958	20				18
Senior secondary	15, 805	14				22

Source: UNESCO, 2006: Tables 3&6

27 Ghana's Progress towards the Millennium Development Goals

Ghana submitted a report on national progress towards the MDGs in December 2003. Table 18 below summarises Ghana's progress; the fight against hunger, securing access to basic education and improving women's health remain pressing concerns.

Table 18: Ghana's progress towards the Millennium Development Goals

	MDG Goal	Will MDG be reached[1]	State of Supportive Environment[2]
1	Eradicate extreme poverty and hunger		
	Poverty	Probably	Strong
	Hunger	Unlikely	Fair
2	Achieve universal primary education	Probably	Fair
3	Promote gender equality and empower women		
	Equal access to primary & junior secondary schooling	Unlikely	Fair
	Equal access to senior secondary schooling	Potentially	Fair
4	Reduce Child Mortality	Potentially	Strong
5	Improve Maternal Health	Unlikely	Fair
6	Combat HIV/AIDS, malaria and other diseases		
	HIV/AIDS	Potentially	Fair
	Malaria	Lack of data	Weak but improving
7	Ensure environmental sustainability	Potentially	Weak but improving
	Halve the proportion of people without access to safe drinking water	Probably	Fair
8	Develop a global partnership for development	Potentially	Strong

Source: Ghana MDGs Report (GoG, 2003)

1 The UN report has four categories: Probably, Potentially, Unlikely, Lack of Data

2 The UN report has four categories: Strong, Fair, Weak but improving, Weak

3 Country Profile: Tanzania

Tanzania is situated on the East Coast of the African continent, and includes the islands of Zanzibar. It comprises 26 administrative regions. The population of 38.3 million people (World Bank, 2006) includes over 120 different ethnic groups (Intute, 2007b). About 45 percent of Tanzanians are Christian, 45 percent are Muslim and 10 percent follow indigenous belief systems. Reflecting the island's historical association with Arabian colonisers, about 97 percent of Zanzibar's population are Muslims (URT, 2007).

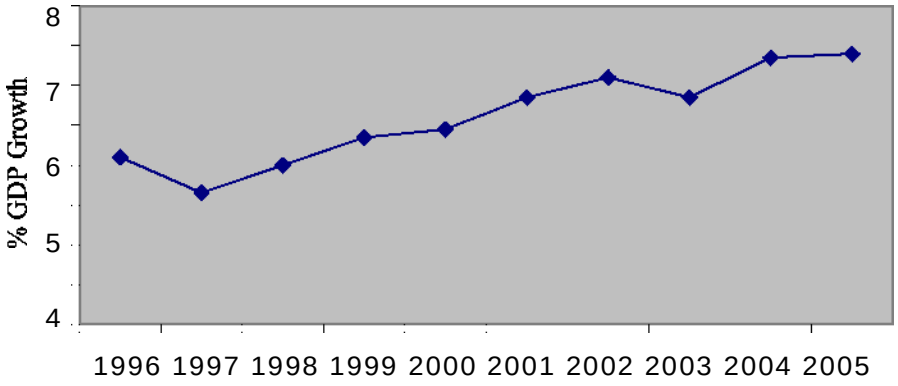
The United Republic of Tanzania was formed in 1964 when mainland Tanganyika merged with Zanzibar shortly after independence from Britain. Julius Nyerere became President of the new republic, and his post-independence Arusha Declaration in 1967 laid the foundations for Tanzania's national development based on egalitarianism, socialism and self-reliance. These values were given effect through the nationalisation of business and collectivisation of agriculture. A new secular national identity was forged under the banner of African socialism, with *Kiswahili* as the national language (Campbell, 1999). Tanzania continued to be a one-party state until political reforms which brought in multi-party political elections in 1995.

31 Tanzania's Economy

As a result of economic crisis in the 1 970s, Tanzania initiated a series of home grown economic reforms in 1981 with support from more like-minded bilateral donors (mostly Nordic countries) (Tsikata, 2001). During the 1980s, the Tanzanian government was persuaded to approach the IMF and World Bank for advice and funding with the result that between 1982 and 1986 further economic reforms were introduced through a Structural Adjustment Programme. These involved devaluation of the Tanzanian schilling to boost exports, partial liberalisation of prices, and reduction in government expenditure (Tsikata, 2001). After Nyerere stood down in 1985, an IMF-supported Economic Recovery Programme was introduced, including further liberalization of the economy and monetary tightening. (Indeed, such was the break with Nyerere' s socialist tradition that the introduction of a free market economy is often associated with Nyerere's successor, President Mwinyi.) During the 1990s further institutional reforms were undertaken, in particular to the civil service and the privatisation of state-owned companies (Tsikata, 2001). The 1990s also witnessed reforms in the political realm, and Tanzania's first multi-party elections were held in 1995. In 2000, Tanzania's commitment to economic reform ensured its eligibility for debt relief under the World Bank's HIPC initiative, and substantial donor inflows. By 2004, ODA inflow was 15 per cent of GNI (UNICEF, 2006).

Following the macro-economic reforms of the 1 980s and 1 990s, economic growth in Tanzania improved. Between 1987 and 1992, real GDP growth averaged 3.5 percent (Tsikata, 2001). Although this was still weak, given that population growth was higher than economic growth (URT, 2005), it was double the average growth of the previous decade (Tsikata, 2001). During the 1990s, modest growth continued, at an average 3.7 percent (Tsikata, 2001). Since the late 1990s, GDP growth has continued to climb, and in 2005 reached 6.8 percent (URT, 2006).

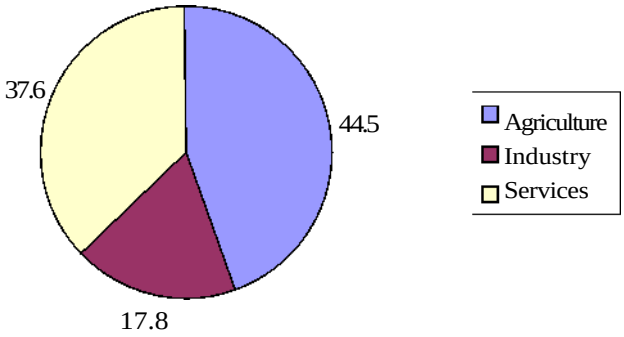
Figure 18: GDP growth in Tanzania, 1996-2005



Source: Economic Surveys (URT, 2006: Table 1 p3)

The liberalisation of the Tanzanian economy has not changed its basic structure. Agriculture dominates the economy, providing 44.5 percent of GDP (URT, 2005). Most people earn their livelihood in agriculture; 70 percent of the employed work in this sector (URT, 2005).

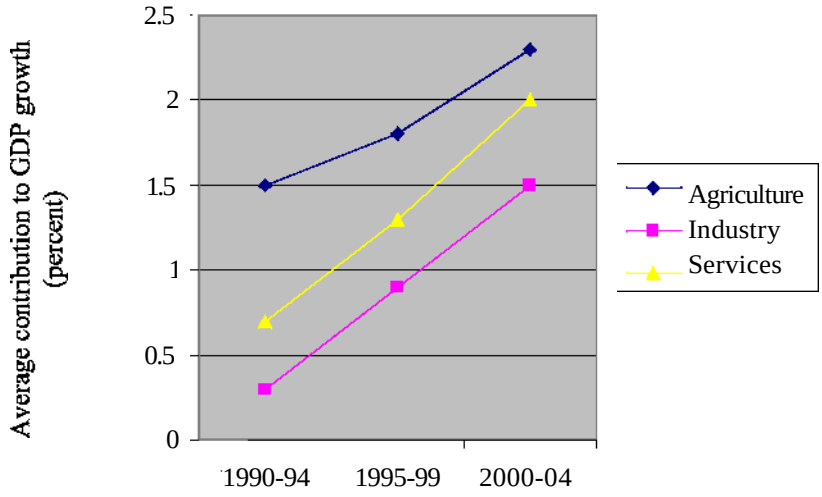
Figure 19: **Percent of GDP contributed by each sector of the Tanzanian economy**



Source: World Development Indicators (World Bank, 2006)

Although agriculture continues to make the largest contribution to the national economy, since 1990 growth has been lower in this sector than in others and its share in the contribution to GDP growth is falling. The importance of non-agricultural sectors is growing (see Figure 20 below).

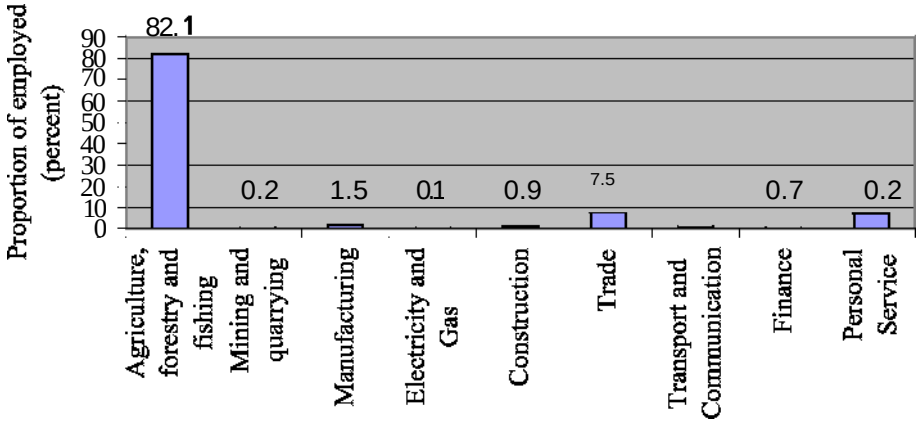
Figure 20: Average contribution to GDP growth for three sectors of the Tanzanian economy 1990-2004



Source: Government of Tanzania, Economic surveys (URT, 2005:4)

The importance of agricultural work for employment is evident in Figure 22 below. Agriculture, forestry and fishing account for over 80 percent of employment (NBS, 2002).

Figure 21: Employment on the Tanzanian mainland, 2000/2001



Source: Integrated Labour Force Survey 2000/1 (NBS, 2002)

The political, social and economic reforms in Tanzania during the 1 990s led to proliferation of civil society organisations. The Tanzanian Association of Non-Governmental Organisations (TANGO), which was established in 1988 with 22 founder members, now has a membership of 1500 NGOs (TANGO, 2007). The organisation seeks to build a vibrant civil society that supports people-centred development, based on justice, peace, human rights gender equity and good

governance. Good governance is a concern not only for TANGO. Tanzania has a national anti-corruption strategy and a Minister for good governance. Tanzania's progress in terms of reducing corruption is evidenced in the increase in Transparency International's Corruption Perception Index scores, from 1.9 in 1998, (when Tanzania was ranked 81 out of 85 countries) rising to 2.9 in 2006 (when Tanzania was ranked 93 out of 163 countries) (Transparency International, 2007). In 2004, 57 percent of cases of corruption sanctioned for prosecution by the Director of Public Prosecutions led to convictions. This represented a dramatic rise from previous years where conviction rates were between 32 and 38 percent of cases brought to prosecution (URT, 2006:35).

3.2 Income Poverty in Tanzania

Whilst there are those who proclaim Tanzania to be a success story in the making - 'Africa's sleeping giant' (Ambali, 2005:1) - it remains one of the poorest countries in the world. In spite of rising economic growth, the percentage of households living below the poverty line hardly changed between 1991 and 2001, falling by only 3 percent (URT, 2005). Today, more than half of the population lives in absolute poverty; 57.8 percent of Tanzanian people survive on less than $1 a day and 89.9 percent live on less than $2 a day (UNDP, 2006:294). Average per capita income is very low, estimated to be $340 per year, compared to a World average of $6,987 and a Sub-Saharan regional average of $746.0 (World Bank, 2006. Atlas method).

Table 19: Population living below income poverty line in Tanzania

Income poverty line	Percent of population living below this line in 200
$1aday	57.8
$2aday	89.9
National poverty line	35.7

Source: Household Budget Survey data (UNDP, 2006. Table 3)

Eighty-one percent of those living below the poverty line are in households where the main activity of the head of the household is agriculture (URT, 2005). Many of those living below the national poverty line earn their income through sale of agricultural products, as Table 20 illustrates below.

Table 20: Distribution of poverty by main source of cash income in mainland Tanzania

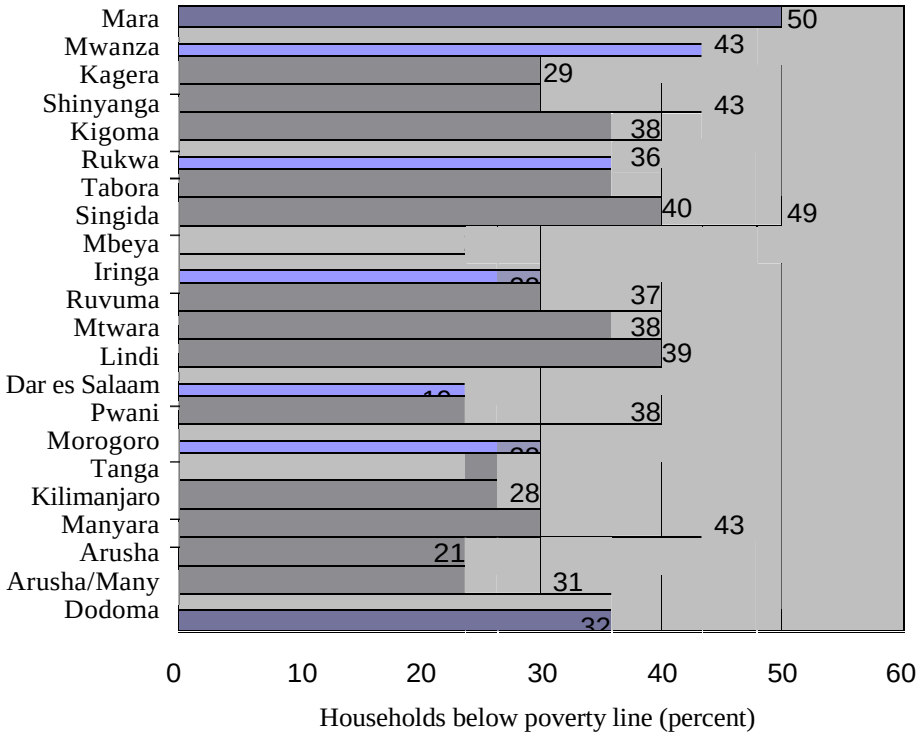
	% of the poor
Sales of food crops	46.9
Sales of livestock	7.2
Sales of livestock products	1.4
Sales of cash crops	20.5
Business income	8.4
Wages or salaries in cash	3.6
Other casual cash earnings	4.9
Cash remittances	2.3
Fishing	1.5
Other	3.3

Source: NBS Social and demographic statistics (NBS, 2007).

Regions and districts differ in the incidence of poverty, although poorer areas tend to

be clustered. Better off areas are more scattered, and tend to be located in and around urban centres (URT, 2005). 80 percent of the poor live in rural areas (URT, 2005). Poverty maps constructed for Tanzania combine Household Budget Survey data with Census data to derive more accurate estimates of income poverty. Figure 23 below illustrates the regional distribution of poverty in Tanzania, as revealed by the poverty map constructed for Tanzania (URT, 2005).

Figure 22: Incidence of poverty, by region, 2000/2001



Source: HBS 2001 and Kilma et al. (URT, 2005:55)

Several regions have levels of poverty that outstrip the national average of 35.7 percent of the population living below the national poverty line. Regions with the highest levels of poverty are Mara, Mwanza and Shinyanga which are in the far north of Tanzania, on the lakes of Lake Victoria, Singida in the centre and Manyara towards the north east. The regions with the lowest levels of poverty include important urban centres; Dar es Salaam, Arusha and Mbeya.

Although the reduction in the incidence of poverty has been small nationally, growth has had an impact on poverty levels in regions that were less poor to start with. Dar es Salaam experienced a larger decrease in poverty than other regions with 18 percent of people living below the national poverty line in 2001/2 compared to 28 percent in 1991/2 (URT, 2005).

As the proportion of people living in absolute poverty has changed very little in Tanzania, in a context of gradually increasing economic growth inequality has increased. The Gini Index has risen from 0.34 in 1991/2, to 0.35 in 2000/1 (URT, 2005) to 0.36 in 2004 (UNDP, 2006). The relatively low value of the index reflects

the widespread nature of poverty across the nation. So too does the low and unchanging Gini Index for rural Tanzania at 0.33 (URT, 2005). Inequality has increased in the regions that have benefited most from economic growth. In Dar es Salaam the Gini Index rose from 0.30 in 1990/9 1 to 0.36 in 2000/1 (URT, 2005). Analysis of changes in poverty in Dar es Salaam has shown that those who were not poor benefited more from growth in the city's economy than those who were (URT, 2005). Inequality is also evident in the distribution of income: the richest 20 percent of the population enjoy 42.4 percent of the nation's income whereas the poorest 20 percent have access to only 7.3 percent of national income (UNDP, 2006).

33 Measures of Human Development and Social Deprivation in Tanzania

Tanzania has a Human Development Index (HDI) of 0.43 and is currently ranked 162 out of the 177 countries[3] (UNDP, 2006). This HDI is lower than the average HDI for the Sub-Saharan region, and also below the averages for low income countries, and other countries categorised as 'low human development' (see Table 21 below). Tanzania's low HDI reflects the country's low levels of per capita income, and the severe challenges faced in terms of access to health and education (which will be discussed in more detail below).

Table 21: Tanzania's Human Development Index

	HDI value	**HDI Indicators**				
		Life Expectancy at birth (yrs)	**Adult Literacy rate** (% ages 15 and older)	**Combined gross enrolment ratio for primary, secondary and tertiary schools** (%)	**GDP per capita** (PPP US$)	**GDP per capita** (PPP US$) **rank minus HDI rank**
	2004	2004	2004	2004	2004	
Tanzania	0.430	45.9	69.4	48	674	13
Sub-Saharan Africa	0.472	46.1	63.3	50	1,946	
Lowhuman development	0.472	45.8	57.9	46	1,113	
Low income countries	0.556	58.7	62.3	54	2,297	
World	0.741	67.3		67	8,833	

Source: Human Development Index. (UNDP, 2006: Table 1: page 283-7).

In spite of very high levels of income poverty, Tanzania performs better in terms of measures of social deprivation than other countries with similar levels of income. It has a Poverty Index of 36.3 and is ranked 64 out of 102 developing countries (UNDP, 2006). Tanzania's relatively good performance on social deprivation in spite of such high levels of poverty is evidenced by the negative value for the difference between HPI rank and poverty rank (see Table 22 below). Yet, the impact of poverty on well-being is clear. Almost 45 percent of Tanzanians do not survive to their 40th birthday, and 22 percent of children are malnourished.

[3] Due to insufficient data the HDI was not calculated for 17 countries (UNDP, 2006)

Table 22: Human Poverty Index for Tanzania

	Human Poverty Index (HPI-1)		**HPI Indicators**				
			Probability at birth of not surviving to age 40 (% of cohort) 2000-05	**Adult illiteracy rate** (% ages 15 and older) 2004	**Population without access to improved water source** (%) 2004	**Children under weight for age** (% under age 5) 1996-2004	**HPI rank minus income poverty rank**
	Rank	Value					
Tanzania	64	36.3	44.4	30.6	38	22	-19

Source: Human Poverty Index. (UNDP, 2006: 292-294. Table 3)

34 Gender Equity in Tanzania

Tanzania is a signatory to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979), but its GDI score reveals that equal access to well-being is not shared by men and women. Tanzanian women have lower levels of access to literacy, to formal education, lower levels of income and reduced life expectancy compared to men. However, Tanzania's static position in the GDI tables suggests that it is no more unequal than other countries with similar levels of human development.

Table 23: Gender-related Development Index for Tanzania

	GDI		**Life expectancy at birth** (yrs)		**Adult Literacy rate** (% ages 15+)		**Combined GER primary, secondary, tertiary** (%)		**Estimated earned income** (PPP US $)		**HDI rank minus GDI rank**
	Rank	Value	F	M	F	M	F	M	F	M	
Tanzania	123	0.462	46.2	45.6	62.2	77.5	47	49	569	781	0

Source: Gender-related Development Index (UNDP, 2006: 3 63-6)

Tanzania performs relatively well in some measures of gender equity that include indicators of political and economic participation. It has a relatively high Gender Gap Index of 0.703 8, and is ranked 24 out of 114 countries (Hausmann *et al*, 2006:9).

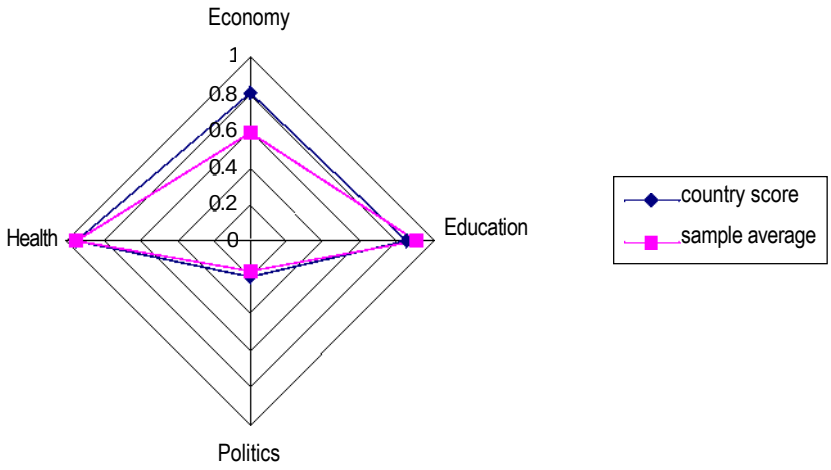
Table 24: Gender gap sub-indexes for Tanzania, 2006

Sub-indexes	Female to male ratio
Economic Participation and Opportunity	
Labour force participation	0.95
Wage equality for similar work	0.85
Income (PPP US$)	0.71
Legislators, senior officials, managers	0.96
Professional and technical workers	0.47
Educational Attainment	
Literacy rate	0.8
Enrolment in primary education	1.04
Enrolment in secondary education	
Enrolment in tertiary education	0.41
Health and Survival	
Sex ratio at birth (female/male)	0.97
Healthy life expectancy	1.02
Political empowerment	
Women in parliament	0.44
Women in Ministerial positions	0.18
Years with female head of state (last 50)	0

Source: Hausmann *et al*, 2006: 129

The spider web diagram in Figure 23: Gender Gap Index, Tanzania, 2006 below illustrates the size of the gender gap on four sub-indexes, for Tanzania and for the average of all the countries included in the World Economic Forum survey. It shows that globally, women are marginalised from equitable political participation and in many countries are also excluded from economic participation. Tanzanian women participate in economic life to a greater extent than the global average, and participate in political life to a slightly greater extent than women in many other parts of the world. Women in Tanzania have almost the same opportunities for health and education as men in their country. The opportunities are comparable to those of the sample average.

Figure 23: Gender Gap Index, Tanzania, 2006



Scale
0.00=inequality
1 .00=equality
Source: Gender Gap Index (Hausmann *et al*, 2006:129)

Tanzania also performs relatively well amongst the small number of countries for which the UN is able to calculate the Gender Empowerment Measure (GEM), a measure of equity in agency. Tanzania has a GEM score of 0.597, and is ranked 36 out of the 75 countries for which the GEM can be calculated (See Table 25 below) (UNDP, 2006).

Table 25: Gender Empowerment Measure for Tanzania

	GEM		**Seats in parliament held by women** (% of total)	**Female legislators, senior officials, and managers** (% of total)	**Female professionals and technical** workers (% of total)	**Ratio of estimated female to male earned income**
	Rank	Measure				
Tanzania	36	0.597	30.4	49	32	0.73

Source: Gender Empowerment Measure (UNDP, 2006:3 70)

Women's participation in public life is relatively high in Tanzania. Women have been able to vote since 1959, and today women hold 30.4 percent of seats in Parliament, and 15.4 percent of Ministerial portfolios. In 2006, Dr. Asha-Rose Migiro became Tanzania's first woman to serve as foreign minister, and in January 2007 was appointed as the first black woman, and first African, to hold the position of deputy UN secretary-general (BBC, 2007). Nationally, 49 percent of legislators, senior officials and managers, and 32 percent of professional and technical workers are female (UNDP, 2006).

Women's access to economic resources remains below that of men. On average, women in Tanzania earn 73 percent of what men earn (UNDP, 2006). Where women and men are engaged in similar work, women's earnings are 85 percent those of men (Hausmann *et al*: 129).

Women's agency over their lives may be more constrained than the gender indexes reveal. UNICEF figures indicate that 49 percent of rural women and 23 percent of urban women are married before they are 18 years old, and 15 percent of Tanzanian women have been mutilated through genital cutting practices (UNICEF, 2006: 135). In spite of progressive political practices, social attitudes towards women continue to militate against women's security from domestic violence. The Government of Tanzania reports that 60 percent of women and 42 percent of men agree that a husband is justified for hitting his wife for a specific reason (URT, 2006:36).

35 Access to Health in Tanzania

High levels of poverty are associated with limited opportunities to enjoy a long and healthy life in Tanzania (see Table 26 below). The challenge of health is particularly evident in falling life expectancy in Tanzania. In 1990 life expectancy in Tanzania was 54 years, (UNICEF, 2006). By 2004 it had fallen to 45.9 years (UNDP, 2006).

Table 26: Indicators of health in Tanzania

	Life expectancy at birth (years)	**Infant mortality rate** (per 1,000 live births)	**Under-five mortality rate** (per 1,000 live births)	**Probability at birth of surviving to age 65** (% of cohorts)		**Maternal mortality ratio** (per 100,000 live births)	
	2000-05	2004	2004	Female 2000-05	Male 2000-05	Reported by national authorities 1990-2004	Adjusted by UN agencies 2004
Tanzania	46	78	126	35.8	33.4	580	1,500
Sub-saharan Africa	46.1	103	174	37.0	33.8		
Low human development	45.6	106	178	36.7	34.0		
Low income	58.3	77	117	58.5	52.6		
World	67	51	75	73.1	64.5		

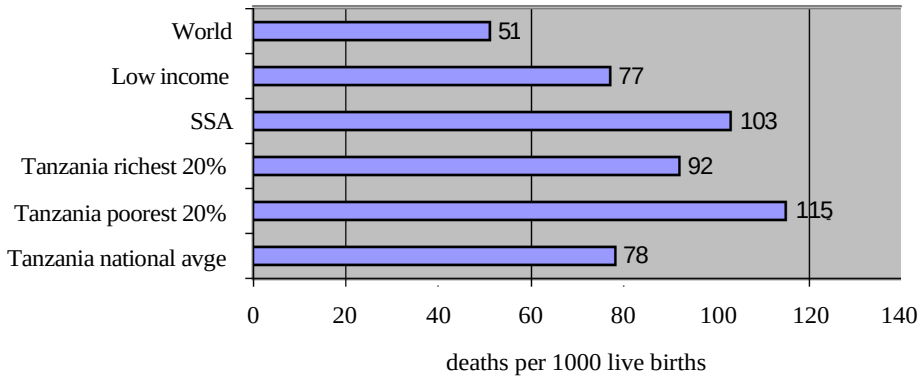
Source: Human Development Indicators (UNDP, 2006:315-318. Table 10).

Falling life expectancy is likely to be associated with HIV prevalence rates, which are similar to the average for Sub-Saharan Africa. UNAIDS estimates suggest an HIV/AIDS prevalence of 6.5 percent of people aged 15 to 49 years in Tanzania compared to 6.1 percent for the region (UNDP, 2006). For young people between the ages of 15 and 20, and for adults of all ages, HIV/AIDs is the major cause of death (WHO, 2006). Women are at greater risk than men. HIV/AIDS prevalence amongst young men in Tanzania, aged 15 to 24 years, is 2.8 percent, whereas it is 3.8 percent

for women of the same age. In the capital city, this figure rises to 8.2 percent of pregnant women of this age (UNICEF, 2006: 116).

Infant and child mortality rates remain high in Tanzania. Infant mortality is 78 per 1000 live births; over 7 percent of all babies will not survive to their first birthday (UNDP, 2006). As Figure 25 demonstrates, infant mortality rates are highest for the poorest households, outstripping the regional averages for low-income countries, and for Sub-Saharan Africa.

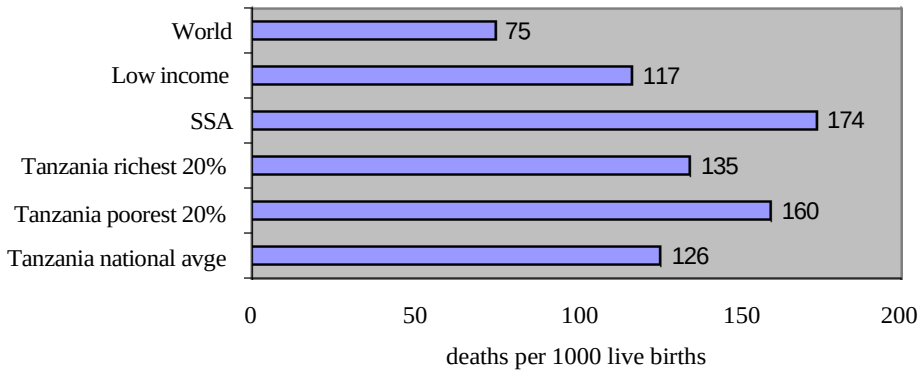
Figure 24: Infant mortality in Tanzania



Source: Bars 1-3 &6: DHS data (UNDP, 2006:Table 10). Bars 4&5 :Unicef & WHO data (UNDP, 2006: Table 8). Note: Discrepancy in national average with richest/poorest data may be due to different data sources/adjustments by agencies.

Child mortality has fallen over the past three decades, but not enough to be on track to achieve the MDG goal (URT, 2001). In 1990, 161 in 1000 children died before reaching the age of five. By 2004 that figure has fallen to 122 children in every thousand (UNDP, 2006). The present child mortality rate means that one in eight children do not survive to their fifth birthday. As Figure 26 shows, child mortality is highest for the poorest families, although not as high as the regional average. The major causes of child deaths are malaria, pneumonia, diarrhoea and HIV/AIDS (WHO, 2006).

Figure 25: Under-five mortality in Tanzania



Source: Bars 1-3 & 6: DHS data (UNDP, 2006: Table 10). Bars 4&5, Unicef& WHO data. (UNDP, 2006: Table 8). Note: Discrepancy in national average with richest/poorest data may be due to different data sources/adjustments by agencies.

Regional differences in access to health facilities contribute to differences in infant and child mortality between rural and urban areas. The government has shown that lower under-five mortality is associated with higher concentrations of health facilities per square kilometre (URT, 2005). Infant and child mortality is higher in rural areas, where access to health facilities is limited.

Table 27: Rural/urban differences in child mortality in Tanzania

	Deaths per 1000 live births	
	urban	**rural**
Infant mortality	78	99
Under-five mortality	123	162

Source: 2002 census (URT, 2005)

Although malnutrition in children has recently shown a small improvement in Tanzania - the prevalence of stunting in children fell from 44 percent in 1999 to 38 percent in 2004 – levels of malnutrition are still high (URT, 2005). Furthermore, children from the poorest 30 percent of households have not shown improvement in nutrition; indeed stunting in this group has got worse (URT, 2005).

Maternal mortality remains very high and has not improved in the past twenty years (URT, 2005). Women in Tanzania have a one in ten lifetime-chance of maternal death, which is higher than the regional risk of one in 15 (UNICEF, 2006). Risks of maternal mortality are higher when health professionals are not present at a birth. In Tanzania, only 46 percent of births are attended by skilled personnel (UNDP, 2006). Furthermore, the poorest women have the lowest levels of health care. Fewer than one in three of Tanzania's poorest women are attended by skilled health workers during childbirth, in contrast to over 80 percent of the nation's wealthiest (see Table 28 below) (UNDP, 2006).

Table 28: Inequalities in maternal and child health in Tanzania

	Births attended by skilled personnel		**One-year olds fully immunized**		**Children under height for age** (% under age 5)		**Infant mortality rate** (per 1000 live births)		**Under-5 mortality rate** (per 1000 live births)	
	poorest 20%	richest 20%	poorest 20%	richest 20%	poorest 20%	richest 20%	poorest 20%	richest 20%	poorest 20%	richest 20%
Tanzania	29	83	53	78	29	16	115	92	160	135

Source: DHS survey 1999 (UNDP, 2006: 309-3 10 Table 8)

Regional differences in access to health services are reflected in the likelihood of skilled attendance during childbirth. Urban women are twice as likely as rural women to have a health provider in attendance during delivery. In the northern-most regions of the country, only 30 percent of women are attended during childbirth, compared to 90 percent in Dar es Salaam (URT, 2005).

Different patterns between wealth and health are found in the incidence of HIV/AIDS. The wealthy are more at risk of HIV/AIDs than the poor. HIV prevalence rates are

estimated to be 3.4 percent in the poorest quintile and 10.5 percent in the least poor in Tanzanian society (URT, 2005:32). Whilst some regions of Tanzania have HIV/AIDS prevalence of 2 percent, Dar es Salaam has a prevalence of 10.9 percent, higher than the national average of 6.5 percent. The risk of HIV infection is twice as high for urban residents than for rural (URT, 2005).

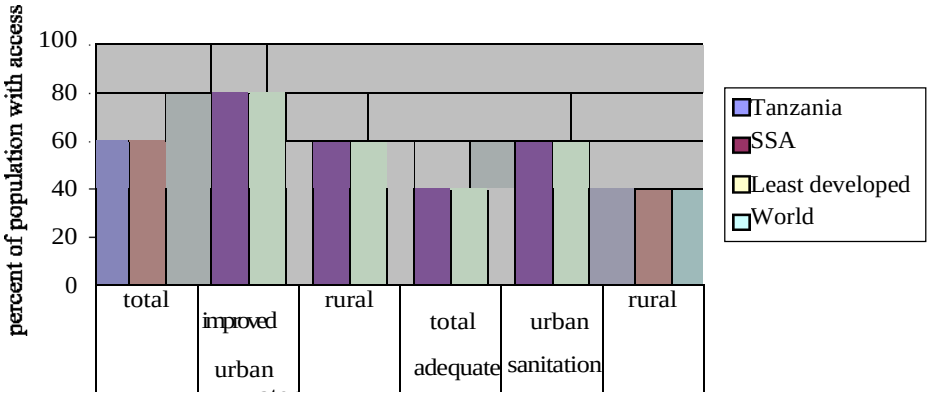
Ensuring access to health services, clean water and sanitation remains a significant challenge for Tanzania. With 0.02 physicians and 0.37 nurses per thousand people, Tanzania experiences a critical shortage in health workers (WHO, 2006). Access to improved sanitation is greater in urban areas, but in over a third of districts in Tanzania, less than one percent of households has an improved toilet (defined as flush toilets or improved ventilated pit latrines) (URT, 2005). There is also a significant difference between rural and urban areas in access to improved water sources. While 85 percent of urban homes have access to improved water sources this is the case for only 49 percent of rural homes (UNDP, 2006). In some districts with very low population densities less than 10 percent of rural households have access to improved water sources (URT, 2005). Yet, as Figure 27 below demonstrates, Tanzania is performing better in terms of access to water and sanitation in rural areas than much of the rest of the region.

Table 29: Access to improved drinking water and adequate sanitation facilities

	% of population using improved drinking water sources 2004			% of population using adequate sanitation facilities 2004		
	total	**urban**	**rural**	**total**	**urban**	**rural**
Tanzania	62	85	49	47	53	43
Sub-Saharan Africa	55	81	41	37	53	28
Least developed countries	59	79	51	36	55	29
World	83	95	73	59	80	39

Source: UNICEF, WHO, Multiple Indicator Cluster Surveys and DHS. (UNICEF 2006:11 1& 113)

Figure 26: Access to improved water and adequate sanitation in Tanzania



Source: UNICEF, 2006: Table 3. p111-113

36 Access to Basic Education in Tanzania

Tanzania's post-independence commitment to basic education for all is reflected in a relatively high adult literacy rate; 69.4 percent of adult Tanzanians are literate (UNDP, 2006). This is higher than for much of the Sub-Saharan region, and higher than other countries with similar levels of income or human development (see Table 30 below).

Table 30: **Adult literacy rate in Tanzania**

	Adult literacy rate (% ages 15 and older) 2004
Tanzania	69.4
Sub-Saharan Africa	63.3
Medium Human Development	80.5
Low Human Development	57.9
Low income	62.3

Source: UNDP, 2006:286

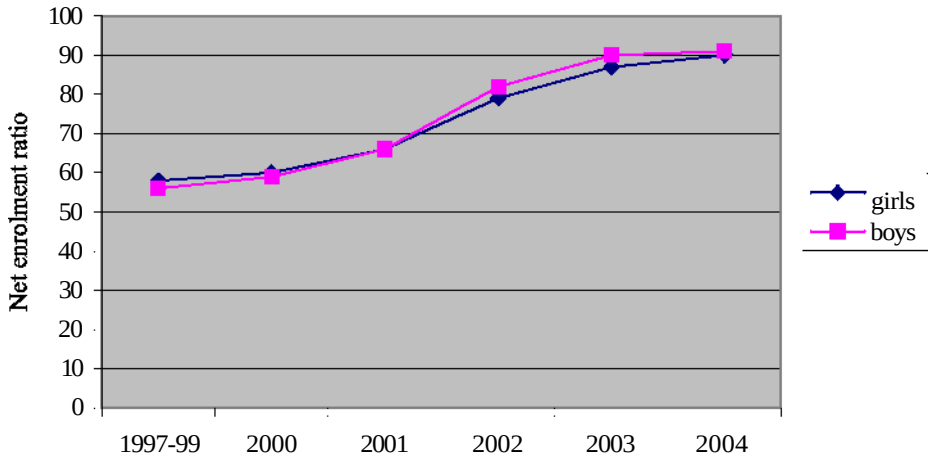
Increasing access to education in more recent years is evident in the higher literacy rates amongst younger people. 78 percent of youth aged 15 to 24 are literate. Furthermore, literacy rates for women are similar to those of men: 76 percent of young women are literate, compared to 81 percent of young men, giving a Gender Parity Index of 0.94 (UNESCO, 2006:174).

Access to primary education has exploded in Tanzania since the year 2000, and the implementation of the Primary Education Development Plan (PEDP) (URT, 2005), as shown in Figure 28 below. According to the government, in 1999 the net enrolment rate for primary education was 57 (URT, 2005)[4]. By the year 2004, net enrolment in primary school had reached 91 percent (UNESCO, 2006)[5]. Recent government figures indicate that net enrolment in primary education has reached 96.1 (URT, 2006:15). Although access to primary education was slightly accelerated for boys, Tanzania has almost achieved gender equity in primary education, with a gender parity ratio for net enrolment of 0.98 (UNESCO, 2006:84).

[4] UNESCO figures state that in 1999 Primary NER in Tanzania was 48 (UNESCO, 2006).

[5] UNESCO and Government of Tanzania estimates for net enrolment in 2004 are equal (UNESCO, 2006).

Figure 27: **Increasing enrolment in primary education in Tanzania, 1997-2004**



Source: Net Enrolment Rates (URT, 2005: 11)

Table 31: **Participation in primary schooling in Tanzania, 2004**

Indicator	**Definition**	**M/F**	**2004**
Enrolment in primary schools			7,541,208
		% F	49
		% private	1
Gross enrolment ratio	The number of children enrolled in primary school regardless of age expressed as a percentage of all children of official primary school age	MF	106
		M	108
		F	104
	Gender Parity in gross enrollment	GPI	0.96
Net enrolment rate	The number of children enrolled in primary school who are of the official age, expressed as a percentage of all children of official primary age	MF	91
		M	92
		F	91
	Gender Parity in net enrollment	GPI	0.98
Survival rate to primary grade 5	The percentage of children entering primary school who survive to grade 5	MF	76
		M	76
		F	76
Gross primary graduation ratio	Children completing primary education, expressed as a percentage of all children of official primary age. Due to lack of completion data, enrolment rates in the final year are used, net of repeaters	MF	54
		M	53
		F	54
	Gender Parity for completion	GPI	1.01

Source: Enrolment Rates (UNESCO, 2006: Tables 3&4)

Despite almost complete enrolment in primary education, actual attendance at school and completion of five years of primary education suggest that the goal of Education For All may still be some way off. Census data indicated that attendance rates were lower than the official figures provided through routine data: in 2002, the net attendance rate was 68, as against an official figure for net enrolment of 81 (URT, 2005). In 2004, the completion rate for primary education was 76 percent (UNESCO, 2006). In the same year, only 48 percent of children leaving primary school passed the Primary School Leavers' Exam (PSLE), so achievement rates were substantially lower than completion rates (URT, 2006:15). Achievement in primary school is improving, however. In 2005, 61.8 percent of students passed their primary school leaving exam (URT, 2006:15). Although primary survival rates are similar for boys and girls (see Table 31 above), throughout the period 1998 to 2004 boys' performance in the PSLE exams exceeded that of girls by about 15 percent (URT, 2005:16).

Poor attendance at school and failure to complete five years of primary education may have many determinants, but poverty remains key. In spite of free primary education for all children, the cost of keeping a child in primary school is considerable for a poor family. This often results in poor attendance of students (Msechu and Mtenga, 2005, cited in URT, 2005:13). Other factors limiting children's access to education include distance to schools, too few schools and schools of poor quality (URT, 2005). Children with disabilities are also marginalised from school, with their attendance being much lower than that of able-bodied children. Only about 25 percent of disabled children aged 7, and only 50 percent of disabled children aged 11, are in school (URT, 2005).

Overage enrolment and repetition of grades means that many children in primary school are older than primary age (hence gross enrolment ratios of over 100 seen in Table 31 above). 2002 Census data suggests that three quarters of 14 year olds attending school that year, and almost a quarter of 17 year olds, were at a primary school (URT, 2005:12).

Tanzania continues to face challenges in providing an enabling environment for learning. Pupil to teacher ratios are high, with one teacher for 56 children (UNESCO, 2006), five children to each desk, and one classroom for every 73 children (URT, 2005:11). Whilst figures available from UNESCO suggest that all teachers in Tanzania are trained, government figures indicate that only 69.2 percent have the required qualifications (URT, 2006:15). Tanzania has almost achieved gender equity within the primary profession: 48 percent of primary teachers are female (UNESCO, 2006).

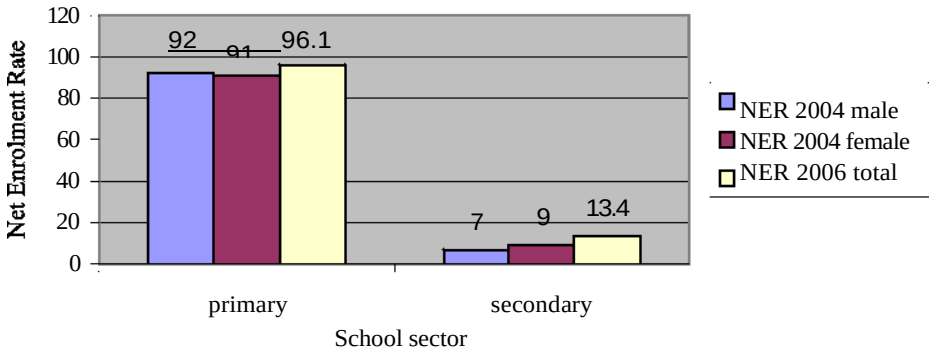
Table 32: **Primary teachers in Tanzania**

	Number of teachers	**%F**	**% teachers trained**			**Pupil/teacher ratio**
			MF	M	F	
Primary schools	135,013	48	100	100	100	56

Source: UNESCO, 2006: Table 3

In contrast to high levels of participation in primary education, access to secondary education is extremely limited in Tanzania. Whilst there are seven million children in primary school, there are only just over half a million in secondary school (UNESCO, 2006). In 2004 only eight percent of young people of secondary age were enrolled in secondary school, although this figure is rising (UNESCO, 2006). In 2006, net enrolment for secondary school reached 13.4 percent (URT, 2006).

Figure 28: **Net enrolment at primary and secondary school, by gender 2004, and total 2006**



Source: Net Enrolment Rates (URT, 2005: Table 7 p11, URT, 2006: Table 3p1 5)

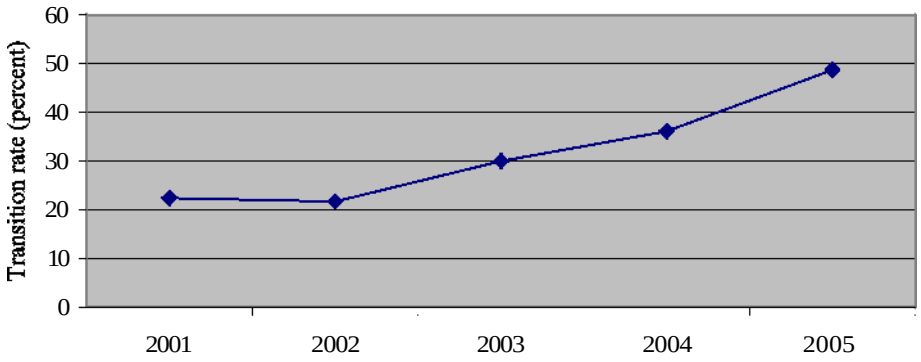
Table 33: **Participation in secondary schooling in Tanzania, 2004**

Indicator	**Definition**	**M/F**	**2004**
Enrolment in secondary schools, all levels			524, 325
		% F	47
Gross enrolment ratio All secondary	The number of children enrolled in secondary school regardless of age expressed as a percentage of all children of official secondary school age	MF	12
		M	13
		F	11
	Gender Parity in gross enrollment	GPI	
Net enrolment rate All secondary	The number of children enrolled in secondary school who are of the official age, expressed as a percentage of all children of official secondary age	MF	8
		M	7
		F	9
	Gender Parity in net enrollment	GPI	

Source: Secondary Enrolment Rates (UNESCO, 2006: Table 5); NER (URT, 2005: Table 7)

A key 'bottleneck' for access to secondary education in Tanzania results from the inadequate number of secondary schools (URT, 2005:18). In response, the government introduced its Secondary Education Development Plan (SEDP) in 2003/4, which attempted to increase the number of places available. This has led to rising transition rates between Standard VII (the final year of primary school) and Form I (the first year of secondary school) (see Figure 30 below).

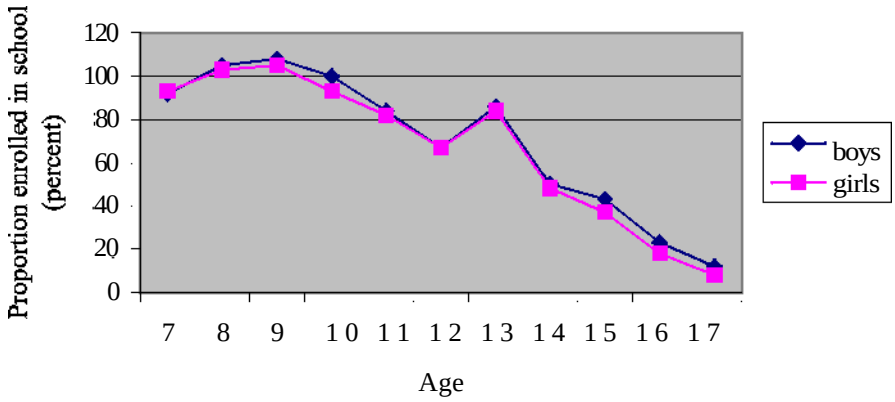
Figure 29: **Increasing transition rates from primary to secondary school, 2001 - 2005**



Source: Ministry of Education (URT, 2006: Table 3 p15)

Yet, in spite of increasing access to secondary schools, failure to complete a primary education and inadequate access to secondary schools continue to prevent access to a secondary education. As Figure 31 below shows, more than 50 percent of 14 year olds are excluded from school (URT, 2005).

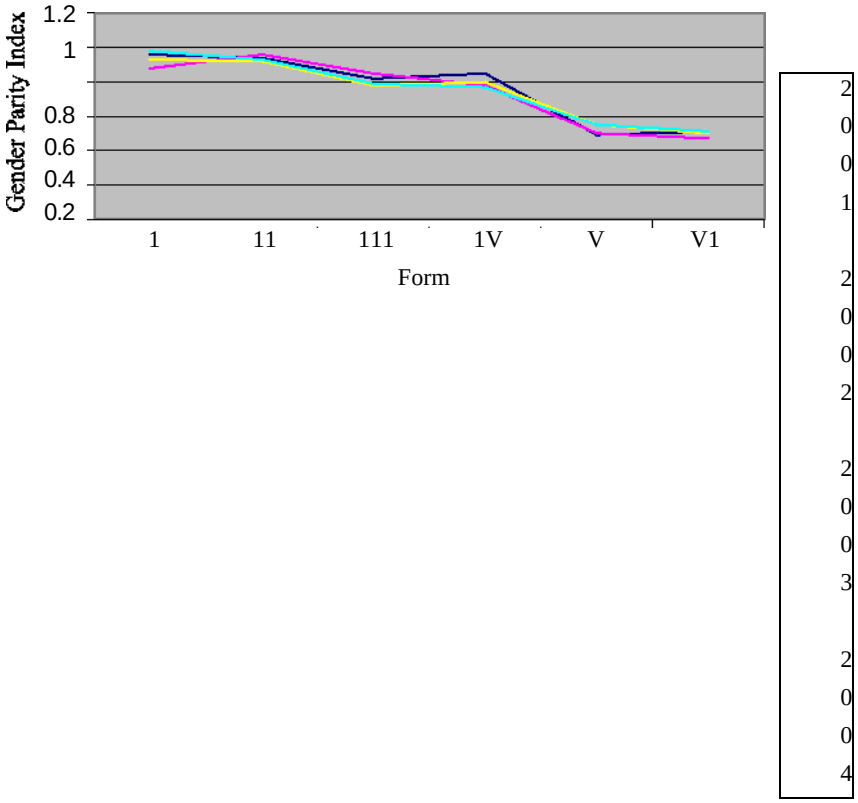
Figure 30: **Proportion of children enrolled in school, by age, in 2004**



Source: Ministry of Education and Culture Basic Statistics and NBS Census 2002. (URT, 2005: Table A.3 p100)

Although enrolment at entry level for secondary school is similar for girls and boys, retention drops off significantly for girls. As a result gender equity in enrolment falls rapidly during secondary education, as shown in Figure 32 below. By Form VI, the final year of lower secondary education, the ratio of boys to girls is 2 to 1 (GPI is 0.5) (URT, 2005).

Figure 31: Increasing gender inequity in secondary school enrolment due to greater attrition for girls



Source: Ministry of Education and Culture statistics (URT, 2005:Table A.7 p102).

3.7 Tanzania's Progress towards the Millennium Development Goals

In 2001, Tanzania submitted a report to the UN on national progress towards the MDGs (URT, 2001). It was one of the first countries to do so. Table 34 below summarises Tanzania's progress against each of the MDG goals, as reported in 2001. The 'Note' column highlights where changes in progress have occurred more recently. The most pressing challenges for Tanzania lie in reducing poverty and hunger, and addressing women's and children's health.

Table 34: **Tanzania's progress towards the Millennium Development Goals**

	MDG Goal	Will MDG be reached[6]	State of Supportive Environment[7]	Note
1	Eradicate extreme poverty and hunger			
	Poverty	Potentially	Weak but improving	
	Hunger	Unlikely	Fair	
2	Achieve universal primary education	Unlikely	Weak but improving	Significant progress has been made recently, and this goal may be reached.

6 The UN report has four categories: Probably, Potentially, Unlikely, Lack of Data

7 The UN report has four categories: Strong, Fair, Weak but improving, Weak

	MDG Goal	Will MDG be reached[6]	State of Supportive Environment[7]	Note
3	Promote gender equality and empower women			
	Equal access to primary & secondary schooling	Probably	Weak but improving	
4	Reduce Child Mortality	Unlikely	Weak but improving	
5	Improve Maternal Health	Unlikely	Weak but improving	
6	Combat HIV/AIDS, malaria and other diseases	Potentially	Weak but improving	
7	Ensure environmental sustainability	Potentially	Weak but improving	
	Halve the proportion of people without access to safe drinking water	Lack of data	Fair	
8	Develop a global partnership for development	Not reported		

Source: Tanzania's MDG Report (URT, 2001).

4 Concluding Remarks

Ghana and Tanzania share similar challenges in addressing poverty and ensuring human well-being. For both, the national struggle for development can be traced to the movements that secured independence 50 years ago. Since the 1980s, these have been reframed through World Bank structural adjustment policies, HIPC strategies and most recently, the MDGs and poverty reduction strategies. For both countries, the struggles against hunger, and to improve maternal health remain the most testing development goals. The challenges presented by the MDGs are perhaps greater for Tanzania. A high incidence of absolute poverty and relatively high HIV/AIDs prevalence rates undermine well-being. In spite of this, Tanzania outperforms Ghana in primary enrolment and survival rates and in adult and youth literacy rates, while Ghana's performance in secondary education exceeds that of Tanzania.

In the past decade, Tanzania and Ghana have made significant progress in reducing poverty, in improving access to primary education, in making access equitable for girls and boys and in the provision of water and sanitation. Even so, both nations continue to face daunting challenges if poverty reduction includes those that are poorest, if access to basic education is to mean completion of primary education and participation in secondary school, and if equity is to be achieved throughout the education system.

Table 35: **A summary to compare measures of development in Ghana and Tanzania**

Indicator	**Ghana**	**Tanzania**
Human Development Index	0.532	0.430
Gender-related Development Index	0.528	0.462
Human Poverty Index	33.1	36.3
Gini Index	40.8	36
Gender Empowerment Measure	n/a	0.5 97
Gender Gap Index	0.665	0.7038
Population	22.1 million	38.3 million
Proportion under the age of 18 years	45.9%	49.8%
Proportion of population living on less than $1 a day	44.8%	57.8%
Proportion of population living on less than $2 a day	78.5%	89.9%
Proportion of population living below the national poverty line	39.5%	35.7%
Gross National Income per capita	$450	$340
GDP growth in 2005/6	6.2%	6.8%
Income (PPP) female:male	0.75	0.71
Labour force participation (female:male)	0.94	0.95
Wage equality for similar work (female:male)	n/a	0.85
Proportion of GDP contributed by agriculture	36%	44.5%
Proportion of employment in agriculture	50 %	70%
Life expectancy	56.7 years	46 years
HIV/AIDs prevalence rate (15-49 years)	2.3%	6.5%
Adult Literacy Rate	57.9%	69.4%
Youth Literacy Rate	71%	78%

Indicator	Ghana	Tanzania
Net primary enrolment rate	65%	96%
Primary survival rate	63%	76%
Net secondary enrolment rate	37%	13.4%
Transition rate to secondary		50%
Gender Parity Index (Net Primary Enrolment)	0.99	0.98
Gender Parity Index (Lower Secondary)	0.88	~0.8
Gender Parity Index (Upper Secondary)	0.78	0.5

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