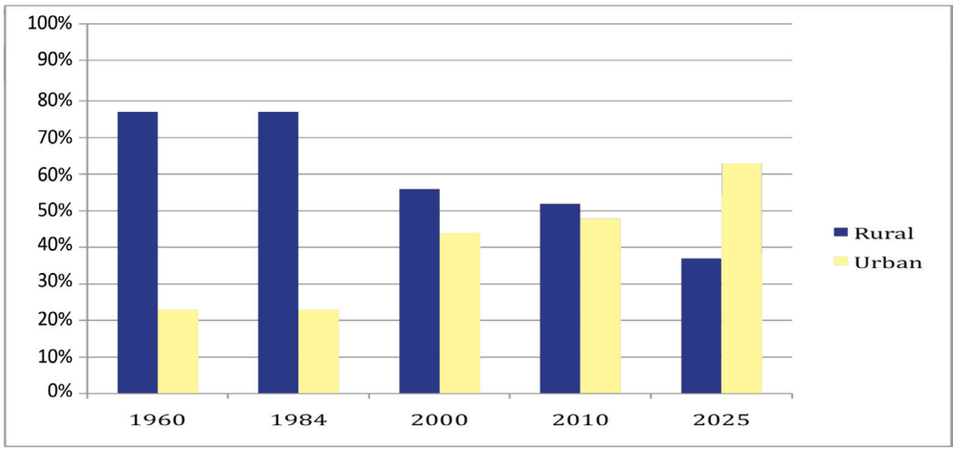
Summary Brief on Densely Populated Urban Areas using Urban MICS (2011)

"Today, an increasing number of children living in slums and shantytowns are among the most disadvantaged and vulnerable in the world, deprived of the most basic services and denied the right to thrive. Excluding these children in slums not only robs them of the chance to reach their full potential; it robs their societies of the economic benefits of having a well-educated, healthy urban population"
(Anthony Lake, UNICEF Executive Director, 2012)

The 2012 UNICEF report on the State of the World's Children (SOWC) suggests that urban populations are on the rise with over 50% of the world's population living in urban areas. This figure is estimated to reach 57% by 2025. Ghana's urban population growth is not very different - the proportion of the total population living in urban localities in Ghana increased from 23% in 1960 to 44% in 2000 (National Population Council, 2011). The latest Census estimates that Ghana's urban population reached over 52% in 2010, and will increase to 63% by 2025 (see figure 1 below).[1] Accra Metropolitan is the largest city in Ghana, with an estimated population of 2.7 million. Urban population density has also increased from 79 people per square kilometer in 2000 to 102 in 2010 (GSS: Population and Housing Census 2010).[2]

Figure 1: Growth of Urban Population in Ghana



(National Population Council, 2012)

Urban Poverty in Ghana

Migration from rural areas to towns and cities is a major driver of urban growth particularly for youth across the country. Several studies on urban poverty have explored the push and pull factors related to rapid urbanization in Ghana including: lack of employment opportunities and underemployment in the rural zones, increasing poverty rates among rural households, higher social mobility among rural children due to education opportunities, education system expansion and better opportunities/higher quality formal and informal skills training in the urban settings (UNICEF 2012; Casely-Hayford, 2010; Teal et al, 2007).[3]

Additionally, while Ghana is well on its way to meeting MDG1 – reducing the population living below the poverty line (from 51.7% in 1992 to 28.5% in 2006), and for those described as "extremely poor" (from 36.5% in 1992 to 18.2% in 2006), poverty reduction has not been uniform across the country. Poverty has been *increasing particularly* in Ghana's urban areas. For example in the Greater Accra region, the proportion of people living below the national poverty line increased from 5% in 1999 to 12% in 2005/06 (GLSS5).[4]

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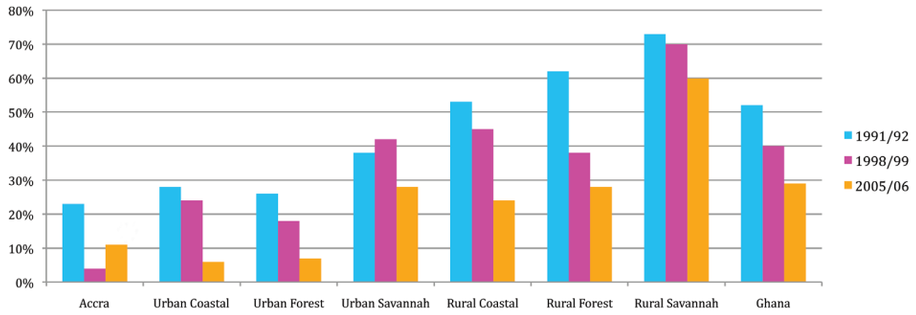
[1] *National Population Council, 2011 Policy Brief.*
[2] *Ghana Statistical Service (2011) 2010 Population and Housing Census. Provisional Results.*
[3] *UNICEF (2012) The State of the Worlds' Children: Children in an Urban World; Casely-Hayford (2010) Educational Outcomes across Northern Ghana, Paper presented at the Oxford Education Conference, 2010; Teal, F., Sandefur, J., and Courtney Monk (2007) Skills and Earnings in Formal and Informal Urban Employment in Ghana, Centre for the Study of African Economics, Department of Economics, University of Oxford.*
[4] *Ghana Statistical Service, Patterns and Trends of Poverty in Ghana 1991-2006, Ghana Statistical Service, Accra, Ghana, April 2007, p. 7.*

Figure 2: Poverty incidence in Ghana by locality, 1991/92 to 2005/06



Source: Ghana Living Standards Survey 1991/92 and 2005/06 in 'Pattern and Trends of Poverty in Ghana 1991-2006', 2007, p. 11.

Increasing numbers of the urban poor lack access to basic social infrastructure, as well as the resources to become economically productive (Africa Development Bank, 2005).[5] Large urban populations are falling deeper into poverty despite overall positive, national economic growth trends. Conventional methods of poverty estimation and the use of predetermined "poverty lines" clearly under-estimate poverty levels in both urban and rural areas in Ghana, but particularly in the urban areas. For example, urban dwellers often need 70% or even 80% of their resources to buy food, often leaving them with little income for other basic necessities (ibid).[6] The use of non-economic indicators and the multidimensional, and dynamic nature of urban poverty, reveal much higher incidences of poverty exist over the last ten years across all of Ghana's urban centers (GSS, 2008).[7]

According to the UNICEF's latest SOWC (2012) which focuses on urban poverty, on average, urban children are more likely to survive infancy and early childhood, enjoy better health and have more educational opportunity than their rural counterparts. This effect is often referred to as the 'urban advantage'. Nonetheless, the report explains that the scale of inequality within urban areas is a matter of great concern. Gaps between rich and poor in towns and cities can sometimes equal or exceed those found in rural areas (UNICEF, 2012).

RECOUP (2005-2010) studies in Ghana reveal that the path out of poverty for both the rural and urban poor is often using education to progress to teacher training or community health nursing where new SHS graduates from poor urban and rural households predict they will be assured of public sector employment on graduation. Cavalcanti (2005)[8] argues that the expansion of Ghana's urban economy characterized by mostly job creation in the informal sector means lower wages, greater job insecurity and lower productivity (which implies less scope for raising real wages). Teal et al (2007) also suggests that over the last decade jobs in urban Ghana have resulted from mainly self employment which has risen from 14-20% in the service sector with the informal sector absorbing the majority of growth of Ghana's expanding labor force.

The Purpose and Methodology of the Urban MICS (2011): The Urban Multiple Indicator Cluster Survey (MICS)[9] was conducted to provide valuable information on the state of women and children in five densely populated urban communities in Accra. The study was motivated by the need to adequately capture the peculiar characteristics of residents in Accra living in high density urban areas, in order to inform development planning and stimulate more tailored social and economic development interventions.

The five densely populated areas (Nima, Accra New Town, James Town, Bubuashie and La) have unique and diverse characteristics. For instance, the La and James Town communities are indigenous Ga communities located along the coast of Accra where the predominant occupation is fishing. Nima and Accra New Town are migrant communities with settlers from neighbouring countries including Nigeria, Benin and Burkina Faso; they also have migrants from Ghana's northern regions. Bubuashie community is located in the western part of Accra with relatively developed roads and mixed ethnic groupings. Qualitative studies and the annual cholera epidemic in Accra further indicate that problems of poverty and health may be concentrated in high density pockets of the metropolitan.

> "UNICEF urges governments to put children at the heart of urban planning and to extend and improve services for all. To start, more focused, accurate data is needed to help identify disparities among children in urban areas. The shortage of such data is evidence of the neglect of these issues (UNICEF, Feb 2012.)"

Maternal Health

The Urban MICS (2011) study reveals that women in the 5 densely populated localities have better outcomes for some health indicators, compared to Ghana's 3 northern regions. For example:

- Access to antenatal care by mothers (by a doctor, nurse, or midwife) is almost universal with 97% of women receiving antenatal care at least once during their pregnancy. 88% of the women made at least 4 ANC visits during pregnancy, compared to the national average of 78%.
- Mothers from the poorer households are less likely to receive ANC compared to the wealthier households. For example, 84% of the women living in poorer households received the recommended four or more ANC visits, compared with 95% of women living in the wealthier households.
- 98% of pregnant women were assisted by skilled personnel during delivery. This is much higher than the national average of 59%.
- Only half of the women (15-49 years) are registered with NHIS. However there is little difference between the percentage of women registered in the 5 localities and those in Upper West and Upper East. The reasons for this phenomenon should be investigated.

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[5] *African Development Bank (2005) Republic of Ghana Urban Poverty Reduction Project (Poverty II). Appraisal Report. In partnership with the Department of Social Development Centre-West Region.*
[6] *The GLSS also suggests that rural dwellers only spend approximately 40-50% of their income on food (GLSS 5).*
[7] *Ghana Statistical Service (2008) The Ghana Demographic and Health Survey. Macro International Inc., Calverton, Maryland, USA.*
[8] *Cavalcanti (2005) cited in Teal et al. (2007).*
[9] *We refer to this study by stating the urban MICS (2011).*

The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. About 75% of all maternal deaths occur during delivery and the immediate post-partum period. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. This indicator is also used to track progress toward the Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015 (UNICEF, 2011).

Table 1: Maternal Health Indicators

		Urban MICS 2011	District MICS 2007-2008	DHS 2008	DHS 2008			DHS 2008
TOPIC	INDICATOR	5 Localities	AMA	Greater Accra	NR	UE	UW	National
Reproductive health	Women using any contraception (%)	26.7	20.0	32.6	5.9	14.7	21.7	24
	Women attending at least four antenatal care visits (%)	87.9	87.0	N/A	N/A	N/A	N/A	78.2
	Women with skilled supervisor at delivery (%)	97.5	90.0	84.3	27.2	46.7	46.1	59
	Deliveries by c-section (%)	22.4	N/A	10.2	2.5	1.1	3.5	6.9
National health insurance	Women 15-49 years registered with NHIS (%)	49.0	34.0	24.6	38.8	54.8	47	38.8

Child Health

The Urban MICS (2011) assessed child health by taking into consideration the level and usage of vaccinations, neonatal tetanus protection, oral rehydration treatment, care seeking and antibiotic treatment of pneumonia, and malaria.

- The National Expanded Programme of Immunization (EPI) has ensured that immunization coverage is equitable in all parts of the country. This is noteworthy and could serve as a lesson for how to ensure that other interventions are equitably distributed. Vaccination of children aged 12-23 months is relatively high in the five urban disadvantaged areas, with 85.8% of children receiving all recommended vaccinations (BCG, polio, DPT, measles, yellow fever) by their second birthday.
- Only one in ten children in the in the 5 localities sleep under ITNs, compared to 28% of children nation-wide.

Table 2: Child Health Indicators

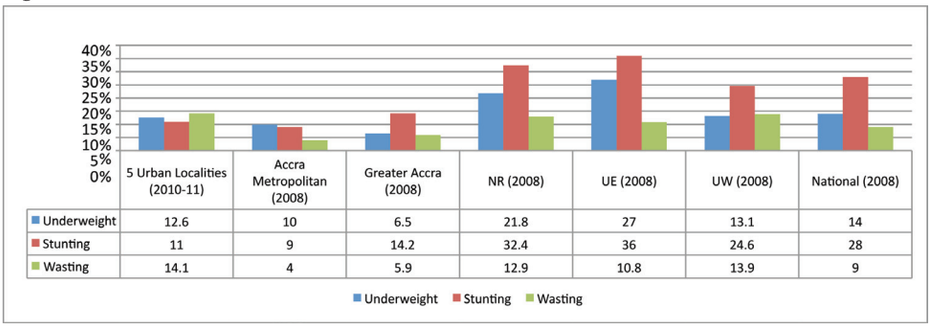
		Urban MICS 2011	District MICS 2007-2008	DHS 2008	DHS 2008			DHS 2008
TOPIC	INDICATOR	5 Localities	AMA	Greater Accra	NR	UE	UW	National
Immunization	Children fully immunized before the first birthday (%)	83.2	87.0	79.9	58.5	87.8	88.8	79.0
	Children vaccinated against measles before first birthday (%)	97.7	92.0	92.4	80.5	96.5	96.7	90.0
Malaria	Households with at least 1 ITNS	16.2	22.6	20.4	26.7	46.6	46.0	32.6
	Children under-5years sleeping under ITNS	10.3	18.3	17.2	11.2	36.8	34.0	28.2

Nutrition

The Urban MICS (2011) assessed nutrition status of households, women and children, breastfeeding patterns, infant feeding, salt iodization, vitamin A supplementation, stunting, wasting and underweight status of children. Key findings from the MICS (2011) are as follows:

- Almost 13% of children under age five across the five localities were found to be moderately underweight, 11% are stunted and 14% are wasted. While children in the 5 localities generally have better nutritional outcomes compared to children in the 3 northern regions, the percentage of children wasted (14%) is similar to that of children in northern Ghana.
- Children from the 60% poorer households were at least twice as likely to be stunted, wasted or underweight compared to children from the 40% less poor households.
- Less than 50% of children are exclusively breastfed for the first six months in the 5 localities, compared to 63% nation-wide.
- Vitamin A supplementation is also low, with only 23% of children having received Vitamin A supplementation in the previous 6 months, compared to 56% nation-wide.

Figure 3: Nutritional status of children



	5 Urban Localities (2010-11)	Accra Metropolitan (2008)	Greater Accra (2008)	NR (2008)	UE (2008)	UW (2008)	National (2008)
Underweight	12.6	10	6.5	21.8	27	13.1	14
Stunting	11	9	14.2	32.4	36	24.6	28
Wasting	14.1	4	5.9	12.9	10.8	13.9	9

Table 3: Nutritional Indicators

		Urban MICS 2011	District MICS 2007-2008	DHS 2008	DHS 2008			DHS 2008
TOPIC	INDICATOR	5 Localities	AMA	Greater Accra	NR	UE	UW	National
Nutrition status	Underweight rate (%)	12.6	10.0	6.5	21.8	27.0	13.1	14.0
	Stunting rate (%)	11.0	9.0	14.2	32.4	36.0	24.6	28.0
	Wasting rate (%)	14.1	4.0	5.9	12.9	10.8	13.9	9.0
	Low birthweight rate (less than 2500 g) (%)	13.1	9.0	5.3	10.5	5.5	14.1	10.0
Breastfeeding	Exclusive breastfeeding (within 6 months) %	45.7	61.0	N/A	N/A	N/A	N/A	62.8
	Children 0-23 months fed with a bottle with a nipple	27.3	N/A	N/A	N/A	N/A	N/A	11.3
Vitamin A	Children receiving vitamin a supplementation within previous six months (%)	23.2	76.0	53.9	41.2	67.3	66.4	56.0

Access to Quality Education and Literacy

Children living in urban settings are generally considered to have an educational advantage over their rural counterparts (UNICEF SOWC, 2012). The Urban MICS (2011) survey investigated the literacy and education levels of household heads, child attendance (net intake rates at primary and secondary) for boys and girls, gender parity at primary and secondary levels and the last grade of primary school; completion rates, transition and school progression rates were also assessed.

- The vast majority of children of primary school age (91%) in the five selected urban localities are attending school, although about one in ten children of primary school going age (5-11) are out of school. No differentials are observed by sex, but as expected, primary school attendance is higher for children from the wealthier households (94%) compared to those from the poorer households (89%).
- Secondary school attendance also increases with improved household wealth. About 21% of the children of secondary school age (14–17 years) are still attending primary school when they should be attending secondary school, while 14% are not attending school at all. This "over-age" phenomena was observed in studies by CREATE (2010).[10]
- The primary school completion rate was high with 144% of children completing primary school in the five localities which could be attributed to late entry, grade repetition or an enrolment surge.[11] A relatively large percentage of children (96%) that completed primary school transitioned to secondary schools which is significant when compared to rural Ghana and the national average of about 60% (World Bank 2010).

Table 4: Key Education Indicators

		Urban MICS 2011	District MICS 2007-2008	DHS 2008	DHS 2008			DHS 2008
TOPIC	INDICATOR	5 Localities	AMA	Greater Accra	NR	UE	UW	National
Education	Primary school net attendance rate (%)	90.9	95.0	80.3	53.3	71.9	64.7	73.8
	Secondary school net attendance rate (%)	64.5	68.0	52.1	25.6	30.5	26.3	42.1

[10] *CREATE (2010) Typologies of Drop out in Southern Ghana: CREATE Ghana Policy Brief. University of Sussex.*
[11] *This figure includes overage children and total number of primary children.*

The disadvantage of girls not attending senior high school is particularly pronounced among children living in the poorer urban households with a Gender Parity Index of 0.89, compared to children from wealthier households across the five localities (0.96). The Urban MICS confirms several studies that girls whose mothers have had at least secondary education have a higher chance of attending secondary school themselves (UNICEF 2010; Casely-Hayford, 2002).[12] Research from the RECOUP project in urban sites in Accra also suggests that where parents are unable to support the basic needs of their children particularly girls, they eventually drop out of school and are required to support the family earn income and often fall victim to early pregnancy (Casely-Hayford, 2010).

Water and Sanitation

Inadequate access to safe drinking water and sanitation services puts children at increased risk of illness, under nutrition and death. Water and sanitation was a key issue assessed by the Urban MICS (2011) across the five selected urban localities. The survey revealed the following:

Water

- The Urban MICS Study (2011) found that there is almost universal access to improved sources of drinking water for urban dwellers across the five localities with 98% of the population using an improved source of drinking water. Almost half of the households (44%) rely on piped water (within their own home, yard/plot, from their neighbors home or public tap/stand pipe). This varied across wealth quintiles with 7% of the wealthier households having piped water in their homes, compared to 1% of the poorer households.
- A greater proportion of the urban population use sachet water for drinking (55%) due to the widespread skepticism about the quality, taste and reliability of pipe borne water for drinking. Little variation is observed in the use of improved water sources in terms of locality, education of the household head or wealth index (MICS 2011).
- Larger scale/ broader urban survey data suggest that among the urban poor, water is in short supply. In especially low income urban communities and peri-urban areas it is common for women and children to spend 20 minutes or more per trip to obtain water from source, which is usually undertaken during the early hours of the day or the evenings. This has negative impact on educational outcomes of poor children, most especially the girl child who is often responsible for fetching water, as they go late to school, or not attend at all.
- Osumanu's (2010) study found that there are not sufficient incentives for the formal utilities to serve the urban poor and there is limited customer voice to strengthen the accountability mechanisms for the service providers to deliver improved services to the urban poor (Osumanu K.I et al, 2010).[13]

Sanitation

- As per the new MDG target,[14] the Urban MICS reveals that only 11% of households across the five localities are using an improved sanitation facility. More than half (52%) use public facilities; about 12% of the households share the toilet facility among 5 or more households;
- Only 4% of the households have an improved toilet facility flushed to a piped sewer system, 26% flush to a septic tank, while 42% used the Ventilated Improved Pit Latrine (VIP), and 10% use a pit latrine.
- While less than 1% of the household population have no access to toilet facilities, 10% of the households use buckets.
- Studies in Ghana suggest that health problems resulting from the lack of sanitation facilities are greater among the urban poor living in overcrowded, informal settlements and deprived rural communities compared to the towns and cities (Songsore, J., 1998).[15]

"Globally, urban dwellers enjoy better access to improved drinking water sources (96%) compared to people living in rural areas (78%). Improved drinking water coverage is barely keeping pace with urban population growth. For instance, access to an improved water source does not always guarantee adequate provision. In the poorest urban districts, many people are forced to walk to collect water from other neighborhoods or to buy it from private vendors. It is common for the urban poor to pay up to 50 times more for a liter of water than their richer neighbors, who have access to water mains. Without sufficient access to safe drinking water and an adequate water supply for basic hygiene, children's health suffers. Improving access remains vital to reducing child mortality and morbidity (UNICEF, 2012.)"

Child Protection

According to UNICEF's SOWC report 2012, children whose needs are greatest are also those who face the greatest violations of their rights. In determining Child Protection in the selected urban MICS communities, early childhood education, birth registration of children, and child labour were assessed. Other issues that were assessed to determine the level of child protection included child disciplinary practices, early marriage and polygyny, female genital mutilation/cutting and attitudes toward domestic violence.

- Leaving children alone or in the presence of other young children is known to increase the risk of accidents – in the 5 localities, 14% of children were left with inadequate care the week preceding the survey.
- 80% of children below five years of age across the five localities have their births registered.

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[12] *UNICEF (2010) An Analysis of Out of School Children in Ghana: Ghana Demographic and Health Surveys (GDHS): 2003-2008, UNICEF Ghana. Casely-Hayford (2002) A Situational Analysis of Gender in Ghana's Education Sector: From Literate Girls to Educated Women, Education Sector Review Study, MOE Ghana.*

[13] *Osumanu, K. 2010 Community involvement in urban water and sanitation provision: The missing link in partnerships for improved service delivery in Ghana. Journal of African Studies and Development Vol. 2(8), pp. 208-215, November 2010.*

[14] *Access to basic sanitation is measured by the proportion of population using an improved, unshared sanitation facility.*

[15] *Songsore (1998) Proxy Indicators for Rapid Assessment of Environmental Health Status of Residential Areas: The Case of the Greater Accra Metropolitan Area (GAMA), Ghana. Urban Environment Series Report No. 4. Stockholm Environment Institute in collaboration with Sida.*

- Nearly half (46%) of the children are involved in child labor activities which included (at least one hour of economic work or 28 hours of domestic work per week for children aged 5-11years; and at least 14 hours of economic work or 28 hours of domestic work per week for children aged 12-14 years).
- Similarly according to the ILO/IPEC/Ghana Statistical Services (ILO/IPEC, 2008)[16] reports on child labor in Ghana, 39% of children aged 5-17 are economically active predominantly in the urban areas. Unemployment among the urban poor was approximately 10% as opposed to 3.2% among the rural poor in 2003.
- More recent studies on the "Kayayoo", a mainly female migration pattern among young northern girls in search of manual labor opportunities in Ghana's urban south, suggests that streetism continues to be a growing phenomenon (ILO/IPEC, 2008). A majority of the estimated 33,000 children living on Ghana's streets, are located in the urban areas of Greater Accra and Kumasi.

Ghana Urban Policy and Recommendations

The fast pace of urbanization reflects a rapidly changing world. Standard programming approaches, which focus on extending services to more readily accessible communities in urban localities, do not always reach people who need them most (SOWC, 2012). Governments and Policy makers need to recognize that cities are not homogeneous. Within them, reside millions of children and families living in extreme poverty and who face very poor social conditions, exclusion and deprivation. A focus on equity is needed – one in which priority is given to the most disadvantaged population irrespective of where they live (SOWC, 2012).

Studies on urban poverty in Ghana over the last decade suggest that despite considerable efforts to reduce poverty, these attempts have paid insufficient attention to stimulating growth within the urban economy and therefore increasing access to jobs particularly among the urban youth population. Some analysts predict that with increasing consumption, urban poverty in Ghana could be drastically reduced.[17] The absence of a comprehensive national urban policy has slowed the pace of policy coherence by government agencies tasked with the responsibility to reduce poverty in Ghana's urban cities and towns while existing development frameworks also lack an urban focus. A draft National Urban Policy to guide urban growth and development has been developed but Parliament is yet to approve it.

To ensure that urbanization serves as a catalyst for economic growth and social improvement, the following policy objectives have been outlined by the Government's Ghana Shared Growth and Development Agenda (GSGDA 2010-2013). The GSGDA framework attempts to facilitate the completion and integration of a comprehensive urban development policy. The framework outlines the broad guidelines to help government: promote integrated urban planning, promote urban infrastructure development, accelerate provision of basic services; and promote private sector participation in disaster management. The following strategies have been outlined by the Government of Ghana under the GSGDA to address urban poverty. These include;

- guiding relevant MMDAs and the private sector to incorporate urban issues in their policies, strategies and work plans;
- ensuring that urban spatial planning plays a critical role in urban management;
- providing adaptive space in the urban areas for commercialization;
- ensuring proper linkages between urban and rural areas;
- instituting a nationwide urban renewal programme; and
- developing the special endowments of towns and cities.

UNICEF (2012) The State of The World's Children Report sheds more light on new strategies countries like Ghana need to adopt in order to address urban poverty. We need to:

- Better understand urban poverty and exclusion by defining more precisely what constitutes an urban area and what are the particular problems faced by children in urban areas.
- Develop better tools for data collection and investigate the disparities between urban children's needs and the realization of their rights due to wealth, gender, ethnicity, disability or neighborhood.
- Conduct periodical longitudinal and more qualitative research on specific localities and households in order to capture the shifting and growing diversity in urban habitats (UNICEF, 2012)
- Removing the barriers to inclusion by determining the bottlenecks and barriers in each urban setting and to review the evidence on strategies to overcome them,
- Increasing social protection programming for the extremely poor.
- Promote knowledge and use of available social and economic services among target populations.

According to UNICEF's Executive Director, Mr. Anthony Lake, an "equity" focus in development is right in principle, and right in practice. Addressing the needs of poor urban children is right in principle because the Convention on the Rights of the Child assures them of the same rights as any other child. Moreover, we should seek to understand and respond to the needs of poor urban children because it is right in practice. A healthier and better educated urban population will vastly contribute to Ghana's economic growth and social cohesion.

Local authorities and communities need to enhance efforts at coordination related to urban planning in order to ensure that limited resources are used most efficiently and equitably. These strategies will ensure that people living in poverty are included in broader urban development and governance. Actors at all levels from the local to the global and from civil society as well as the public and private sectors need to pool their resources and energies to create urban environments conducive to children and the urban poor. By working together, we can do the right thing not only for poor urban children, but also for Ghana.

[16] *ILO/IPEC (2008) Ghana child Labour Data Country Brief. International Labor office/International Programme on the Elimination of Child Labor in Ghana.*
[17] *For instance, in the GLSS 4 predictions were made that with a consumption growth rate of 7% per annum, that urban poverty would be eradicated by 2020 (Government of Ghana, 2002: 29).*