

Executive Brief: **Ghana**

Comprehensive Food Security and Vulnerability Analysis

2008-2009

Overview, scope and methods

Ghana has made considerable progress in terms of poverty reduction, making it one of the few countries that is on track to meet Millenium Development Goal (MDG)1 as a result of sustained economic growth over the past fifteen years.

Nevertheless, Ghana still ranks 142 out of 179 countries on the UNDP human development index of 2007/2008. Recent economic progress in the country has not been shared equally and striking regional differences persist. The depth of poverty has worsened and has spread into the urban areas. The poorest areas located in the north are most prone to adverse weather conditions, such as floods and droughts, and have been disproportionately affected by last year's soaring food prices. Additionally, the prevalence of malnutrition and ill health among women and children is still high, particularly in the Northern, Upper East and Upper West Regions.

The CFSVA is the first nationwide food security baseline survey in Ghana. It provides an in-depth picture of food insecurity in the country and will inform WFP and partners' ongoing and future food security, health and nutrition interventions.

A CFSVA stakeholder group consisting of government partners (Ghana Statistical Service, Ministry of Agriculture, Ministry of Health/Nutrition Unit), other UN agencies (WHO, UNICEF) and NGOs (CARE, Plan International) provided regular technical assistance and was the driving force of this nationwide baseline survey.

How was the analysis conducted? The CFSVA is based on an analysis of secondary data and primary data collected at household and community level. A total of 3,851 households and key informants in 321 communities were interviewed in all ten regions of the country, including rural and urban areas. In each household, the anthropometric data of children below five years of age and all women of reproductive age were recorded. Data collection took place in November 2008, immediately after the main harvest, a favourable time of year regarding households' access to food.

How many people are food insecure or vulnerable and where do they live?

About 1.2 million people, representing 5 percent of the population, are food insecure.

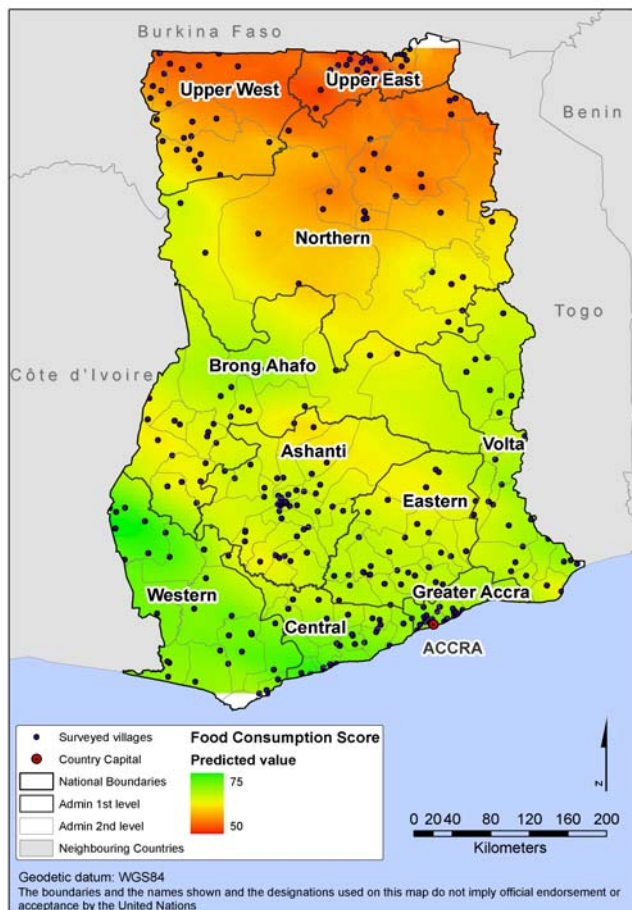
This national average hides striking regional differences. Thirty four percent (34%) of the population in Upper West region is food insecure, followed by Upper East with 15% and Northern region with 10%, amounting to approximately 453,000 people.

Throughout the country, about 2 million people are vulnerable to become food insecure. Their food consumption patterns were barely acceptable at the time of the survey and can quickly deteriorate following a natural or man-made shock.

- About 507,000 people are vulnerable of becoming food insecure in the rural areas of Upper West, Upper East and Northern regions.

- Up to 1.5 million people vulnerable to food insecurity live in the rural and urban areas of the remaining seven regions, with the largest share of them in Brong-Ahafo (11%), in Ashanti (10%), followed by Eastern (8%) and the Volta region (7%).

Regions	Food Insecure		Vulnerable to food insecurity	
	No. of people	% pop	No. of people	% pop
Western Rural	12.000	1%	93.000	6%
Central Rural	39.000	3%	56.000	5%
Greater Accra Rural	7.000	1%	14.000	3%
Volta Rural	44.000	3%	88.000	7%
Eastern Rural	58.000	4%	116.000	8%
Ashanti Rural	162.000	7%	218.000	10%
Brong Ahafo Rural	47.000	3%	152.000	11%
Northern Rural	152.000	10%	275.000	17%
Upper East Rural	126.000	15%	163.000	20%
Upper West Rural	175.000	34%	69.000	13%
Urban (Accra)	69.000	2%	158.000	4%
Urban (Other)	297.000	4%	572.000	8%
Total	1.200.000	5%	2.007.000	9%



- Nineteen percent of the rural population is currently food insecure or vulnerable to become so, only 10% of the urban population is.

Malnutrition levels and health

- At national level, 22% of children between 0 and 59 months were stunted, 7% were wasted and 12% were underweight. Forty-one percent of children were sick in the two weeks preceding the survey.
- Patterns in malnutrition and vulnerability to poor health outcomes largely mirror the food security findings. Malnutrition was most severe in the northern areas, with stunting prevalence highest in Northern (30%) and wasting prevalence highest in Upper West (12%) and Upper East (11%).
- Vulnerability to poor health outcomes (diarrhea, fever or cough) was most prevalent in Northern and Upper East Regions. Inaccessibility of health care resulted in increased vulnerability in Brong Ahafo and Eastern Regions.

Who are the food insecure and vulnerable people?

Agriculture is the mainstay of Ghana's economy and provides an income source to about 60% of the country's population. The CFSVA identified fifteen main livelihood groups. Those households engaged in livelihoods that primarily involve agricultural and pastoral activities were found to be most food insecure and vulnerable. They include the agro-pastoralists, cash crop farmers, food processors and unskilled labourers who represent a significant share of the population in the rural areas of Northern, Upper East, Upper West Regions and the northern parts of Volta Region.

Nationally, the most food-insecure are the food crop farmers. They represent a quarter of the population, yet 40 percent of the food-insecure group and 34% of those at risk of becoming food insecure. They have an average daily income below the poverty threshold and the minimum daily wage. Almost three-quarter of them (72%) cultivate land less than 2 ha in size. Nearly half of the households have family heads without any educational background and 13% of their primary school aged children are not attending school. Twenty-two percent are female headed households.

What are the underlying factors of food insecurity and vulnerability?

Poverty: Food insecurity is very closely linked to poverty. Forty-seven percent of the food insecure households and 35% of those at risk belong to the poorest part of the population (bottom 20%). The poorest households have the largest share of income spent on food, with little income left for health and education.

Traditional agricultural practices and lack of access to services: The large majority of small holder farmers and agro-pastoralists apply traditional, often inefficient agricultural practices, are entirely dependent on rain for cultivation, lack access to output markets for the commercialization of their products, have insufficient access to credit and alternative job opportunities especially during the lean season. Average productivity of maize cultivated without improved inputs, irrigation and extension support is four times below its potential. Although farming households have

their "buffer" of own production for food consumption, the most important source for food remains the market, making the poorest among them highly vulnerable to price and market fluctuations.

High food prices: For eighty percent (80%) of Ghana's population markets are their main sources of food. Staple food prices reached their peak in mid 2008 and have remained at an unusually high level throughout December 2008 despite a very good harvest. Inflation adjusted wholesale prices of 100kg of maize increased by 57% between 2007 and 2008 and 41% compared to the five year average. The impact of food price increases is particularly strongly felt among the urban poor who spend 67% of their income on food.

Lack of education: Fifty-percent of food insecure households and 45% of those at risk were headed by adults who had never received any schooling at all. The more schooling a household head has had during his/her life, the lower the probability of the household to be food insecure or vulnerable to become so. Additionally, the more educated the household head, the more likely it is for his/her children to attend school. Lack of education is a strong predictor of decreased general wellbeing of households, poor food consumption and limited resilience to shocks.

Hazards: Adverse weather conditions such as floods and droughts are relatively common throughout Ghana. They lead to poor soil quality and crop failures, resulting in food insecurity. Their impact is most devastating in the rural Northern Savannah zone where over 67% of the population is poor and ten percent of households living in this zone are food insecure.

Malnutrition manifests itself at the individual level and reflects the shortcomings in the household and/or community. While poverty is a strong predictor of malnutrition among children below five years of age, the CFSVA found additional underlying factors. These include:

- **Diarrheal disease** (given untimely introduction of complementary foods, poor water and sanitation)
- **Fever** (high versus low malaria risk areas, insecticide treated bed-net usage)
- **Poor food consumption.**

Is the situation likely to change in the future?

Should food and cash crop prices continue to remain high and remittances maintain their downwards trend, households relying predominately on remittances, cash crop farmers and agro-pastoralists are expected to be most severely affected.

Recommendations for interventions

The response options were discussed and recommended during two CFSVA stakeholder meetings with government counterparts, UN agencies and NGOs were held in Accra (February 2009) and Tamale (April 2009)

- **Nutrition and Health:** immediate interventions to address current malnutrition and ill-health among children and women while strengthening and expanding projects that emphasise preventive health care, particularly in the northern regions of Ghana.
- **Strengthening of existing monitoring and preparedness measures:** to detect a deterioration in people's welfare and food security status at an early stage.
- **Measures to strengthen community resilience** to climate change related natural disasters, reversal of land degradation, and water management.

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