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ACRONYMS

ACINTaD	Africa Center for International Trade and Development
ADS	Automated Directives System
AE	Agricultural extension
BECE	Basic education certificate examination
CBO	Community-based organization
CDCS	Country development cooperation strategy
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEFM	Child, early, and forced marriage
CHPS	Community-based health planning and services
CHRAJ	Commission on Human Rights and Administrative Justice
CPESDP	Coordinated Program of Economic and Social Development Policies
CSE	Comprehensive sexuality education
CSIR	Counsel for Scientific and Industrial Research
CSO	Civil society organization
DA	District assembly
DACF	District assembly common fund
DCMC	District citizens monitoring committee
DEOC	District education oversight committee
DHS	Demographic and Health Surveys
DO	Development objectives
DOVVSU	Domestic violence and victims support unit
DRG	Democracy, rights, and governance
DV	Domestic violence
EG	Economic growth
ESP	Education strategic plan
FGD	Focus group discussions
FGM/C	Female genital mutilation/cutting
GBV	Gender-based violence
GDO	Gender desk officers
GDP	Gross domestic product
GES	Ghana education service
GEWE	Gender equality and female empowerment
GHS	Ghana Health Service
GIFT	Girls Iron Folate Supplementation Initiative
GII	Gender Inequality Index
GMF	Gender model family
GoG	Government of Ghana
HCI	Human Capital Index
HDI	Human Development Index
HDR	Human Development Report
ICCPR	International Covenant on Civil and Political Rights
ICT	Information and communications technology
IPV	Intimate partner violence
IUU	Illegal, unreported, and unregulated
IR	Intermediate Result
IRS	Indoor residual spraying
ITC	International Trade Center

J2SR	Journey to Self-Reliance
JHS	Junior high school
KG	Kindergarten
LEAP	Livelihood Empowerment Against Poverty
LGBT	Lesbian, gay, bisexual, transgender
MAG	Modernizing agriculture
MASLOC	Microfinance and savings and loan center
MCH	Maternal and child health
MDGs	Millennium Development Goals
MEL	Monitoring, evaluation, and learning
MLGRD	Ministry of Local Government and Rural Development
MMDAs	Metropolitan, municipal, and district assemblies
MNCH	Maternal, neonatal, and child health
MOE	Ministry of Education
MoFA	Ministry of Food and Agriculture
MOFAD	Ministry of Fisheries and Aquaculture Development
MoGCSP	Ministry of Gender, Children, and Social Protection
MOWAC	Ministry of Women and Children's Affairs
MOU	Memorandum of understanding
MSMEs	Micro, small, and medium-scale enterprises
MTDF	Medium-Term National Development Policy Framework
MTEF	Medium-Term Expenditure Framework
NABCO	Nation Builders Corps
NBSSI	National Board for Small Scale Industries
NCDs	Non-communicable diseases
NCWD	National Council on Women and Development
NHIS	National health insurance scheme
NTDs	Neglected tropical diseases
NTFPs	Nontimber forest products
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PFJ	Planting for food and jobs
PFM	Public financial management
PTA	Parent-teacher association
RCC	Regional coordinating council
RFA	Request for assistance
RFP	Request for proposals
RTI	Right to Information
SDGs	Sustainable Development Goals
SDR	Special drawing rights
SHS	Senior high school
SMC	School management committee
SPED	Special education division
SPIP	School performance improvement plan
STEM	Science, technology, engineering, and mathematics
TLM	Teaching and learning materials
TVET	Technical and vocational education and training
TVI	Technical and vocational institutions
UDHR	Universal Declaration of Human Rights
UN	United Nations

UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VSLAs	Village savings and loans associations
WAP	Women in Agriculture Platform
WASH	Water, sanitation, and hygiene
WE3	Women's economic empowerment and equality
WEAI+	Women's Empowerment in Agriculture Index
WIAD	Women in Agriculture Development

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EXECUTIVE SUMMARY

This gender-analysis report provides insights and recommendations to inform the United States Agency for International Development (USAID)/Ghana's Country Development Cooperation Strategy (CDCS) 2020–2025. Per guidance from the mission, the report is forward focused and provides detailed findings and recommendations to inform USAID/Ghana's behavior profiles, CDCS, and immediate programming, in line with the mission's development objectives (DOs) and intermediate results (IRs).

A gender analysis is a mandatory component of the CDCS fact-finding and development process. U.S. Government policies and approaches prioritize gender equality and women's empowerment (GEWE) to advance the impact of foreign assistance. As explained in USAID's Automated Directive Systems (ADS) Chapter 205: Integrating Gender Equality and Female Empowerment in USAID's Program Cycle, a gender analysis is a systematic process used to identify, understand, and describe gender differences and the relevance of gender roles, responsibilities, rights, opportunities, patterns of decision-making and leadership, and access to resources and services in a specific context. It examines the causes and consequences of inequality and identifies gender program priorities for more-impactful and equitable development interventions.

This report provides a holistic overview of gender-related advances and constraints to development and how gender may influence behavioral outcomes in four thematic sectors: democracy, rights, and governance; economic growth; health; and education. The document focuses on USAID/Ghana's three strategic DOs: 1—broad-based economic growth accelerated and sustained, 2—quality services delivered with accountability, and 3—sustainable development accelerated in Northern Ghana. The objective of the report is to offer GEWE data and knowledge from key sectors to inform recommendations, highlighting enabling behaviors and supporting pathways at the DO, IR, and sub-IR levels.

This report contains four sections. Section 1 provides information on the methodology and background, as well as on levers that can promote behavior and social-norm changes in support of gender equality. Section 2 discusses Ghana's context and provides an overview of advances and constraints, organized by the gender-analysis domains described in USAID's ADS 205. Section 3 provides gender-analysis findings and recommendations in alignment with USAID/Ghana's CDCS results framework (DOs, IRs, and sub-IRs). The final section presents higher-level and crosscutting recommendations, identifying gender programming and integration priorities for advancing GEWE impacts and results across USAID/Ghana's portfolio.

The findings and recommendations in this report draw on primary and secondary data collection. The research team conducted 66 semi-structured interviews (individual and group) with USAID staff and implementing partners; Government of Ghana (GoG) counterparts at the national, regional, and local levels; civil society organizations (CSOs); donor representatives; academics; and experts. The team also carried out 15 focus group discussions with primary and secondary actors in USAID programming. In all, 244 stakeholders (128 females and 116 males) took part in primary data collection in the following regions: Greater Accra, Northern, Northeast, Upper East, Upper West, Savannah, Central, and Western.

USAID/Ghana is piloting a behavior-led approach to design and implement the CDCS, projects, and activities. This method identifies key actors and factors, including social norms, which both inhibit and motivate behaviors. Social norms often filter opportunities for and challenges to gender equality by influencing behavior (individual actions), collective attitudes (group thoughts or feelings), and individual beliefs (about the behaviors and attitudes of others). Social norms can change and do evolve. The pressures to comply with, refer to, and be influenced by others (that is, reference group), however, remain powerful forces. Prospects for changing harmful social norms can depend on how change is promoted in the uptake of different ideas and activities, including narratives that correct inaccurate information or misperceptions and create new norms that support behavior change in individuals and groups. Nevertheless, research and informants corroborate that sometimes all that is required to alter social norms and behavior is a well-informed argument that counters the objections to the change. This participant-led diffusion model can be effective especially with platforms that bring primary actors (male and female) together and address asymmetries in knowledge and power.

In Ghana, harmful social norms and behaviors continue to impact opportunities and human potential, affecting health; education; and the productivity of men, women, boys, and girls. Critical gender gaps and disparities remain in the labor force and employment opportunities; access to quality education and levels of educational attainment; access to and use of health services; control over and access to long-term assets and resources; promulgation of GEWE-related government policies and legislation; and gender-responsive decision-making, leadership, and political representation.

In future projects and activities, USAID/Ghana should increase leverage for gender equality through strategic partnerships with secondary and primary governmental and non-governmental actors that demonstrate leadership in different sectors, improve collaboration with other donor agencies and the GoG, and promote innovative and evidence-based practices. Overall, given the focus of the new strategic DOs, activities and outcomes should focus on increasing female leadership and political representation, advancing women's economic empowerment in business enterprises and agricultural value chains, establishing gender-responsive mechanisms for increased accountability within local government, and working with men and women as partners. Moreover, a key concern should be on scaling up community-based solutions to addressing harmful norms and behaviors while accelerating GEWE across projects, sectors, and priority areas and activities. Important examples from USAID programming include the village savings and loans associations (VSLAs), gender model families (GMFs), father-to-father support groups, and women in agriculture platforms that USAID supported in Northern Ghana. Expanding the impact of participant-led diffusion would position USAID/Ghana programming to harness GEWE dividends and advance opportunities for all Ghanaians.

Key gender programming and integration recommendations

Priority Gender Programming

Strengthen support for women's social and economic empowerment through group formations that combine purposeful information sharing and gender equality values with productive activities, as appropriate for the activity and sector.

- Promote behavior change through groups and platforms that provide information on the benefits of gender equality and model positive gender values combined with regular meetings and engagement in activities primary actors perceive as salient and beneficial.
- Expand on the GMF curriculum to promote transformative changes in social norms and gender values that can yield economic, social, and health benefits across the CDCS.
- Expand the scope of father-to-father support groups to increase awareness of key health issues (such as, the importance of male healthcare-seeking behavior and involvement in child and maternal health), demand for and use of services, and benefits of GEWE for families and communities.
- Incorporate women's personal initiatives and core skills into different training programs to increase confidence, skills, and goal setting.
- Increase access to or partially subsidize female- and child-friendly technologies and equipment as needed in different sectors (for example, labor-saving, lightweight, and right-sized).

Mission-Level

Strengthen gender equality and women's empowerment training focused on improving strategies, implementation, and impact at all levels, including identifying customized, sector-level, gender-sensitive indicators for activities. Gender-aware qualitative and quantitative data should inform these efforts to better understand and capture gender constraints and opportunities.

- Provide guidance on and support for training implementing partners on how to capture and report on sex- and age-disaggregated data across all USAID DOs to understand the scope of issues, unintended consequences of actions, and impact of activities on communities.
- Utilize low-cost, local technologies and resources (such as WhatsApp and Java-based apps) to provide regular gender and sector content and updates, and to reinforce in-service GEWE-related training and information-sharing opportunities for new and existing staff.
- Increase the focus on gender-based violence (GBV) prevention and mitigation in programming by using positive masculinity examples to promote men as change agents.
- Requests for proposals (RFPs), requests for assistance (RFAs), and other procurement documents should include gender scoring criteria for integrating gender considerations in technical approaches (including management, staffing, and budget).
- Include childcare for all training programs, including line items in RFP and RFA budgets.
- Instruct implementing partners to include gender action plans in annual reports that examine GEWE outputs, outcomes and impacts, learning, and possible course corrections in implementation to maximize positive gender equality and women's empowerment results.
- Increase communication within the mission and among partners on GEWE best practices and develop a knowledge-sharing mechanism or platform to promote cross-fertilization of ideas and learning.
- Identify and include at least one gender indicator in every activity-level monitoring, evaluation, and learning plan.

Government of Ghana

Improve collaboration between different sector ministries and in conjunction with the Ministry of Gender, Children, and Social Protection (MoGCSP) to increase the effectiveness of gender mainstreaming in policies, protocols, and investments at all levels.

- Establish selection criteria for gender desk officers and measures for accountability to the MoGCSP to increase gender coordination and effectiveness within and between ministries.
- Work with the Ministry of Finance and Ministry of Local Government and Rural Development to develop and disseminate resources and tools to the metropolitan, municipal, and district assembly levels that increase the capacity of women (who tend to have lower literacy rates) to engage in local governance and decision-making as informed and concerned citizens (for example, visual public financial management and gender-responsive budgeting).
- Work with the GoG (in conjunction with CSOs) to pass the long-awaited Affirmative Action Bill.
- Coordinate government services and business associations for women-owned and women's impact businesses to improve access to credit, expand business networks and market links, and increase participation in training on business-development services, financial management, public speaking, personal initiative, and leadership.

Civil Society Organizations and Non-Governmental Organizations

Strengthen GEWE-related training, research, and data collection to improve project and activity-level strategies, implementation, and documentation. Priority strategies for accelerating GEWE outcomes, impacts, and results are continued support for strengthening and expanding groups and platforms; reaching out to local traditional and faith-based leaders to affect changes in behavior and the narratives that maintain harmful social norms; and exposing perverse incentives and forms of collusion that accentuate inequalities, especially for women, children, and the poor.

- Support CSOs to work closer with religious and traditional leaders (including queen mothers) to develop knowledge of and advocate for GEWE (such as promoting positive social norms, improving gender relations and responsibilities within households, and reducing GBV).
- Strengthen the capacity to develop and monitor sex and age disaggregated data and gender-aware indicators that provide insights into behavior changes and gender equality in order to adapt approaches to accelerate GEWE-related results and mitigate unintended impacts or consequences.
- Support expansion in the numbers of nonpartisan youth parliaments and community gender advocacy teams to address gaps in youth participation, especially among girls, and increase knowledge of and advocacy for GEWE-related problems and solutions.
- Continue to support existing VSLA, GMF, and father-to-father support groups as platforms for behavior change and knowledge transfer, including as related to financial literacy, and the adoption of improved practices in agricultural production; schooling and education; and nutrition, hygiene, and sanitation.
- Continue to support investigative journalism on disparities and abuses of power in diverse sectors (such as, a form of land watch in cases of real estate development and contract farming that render families and farmers landless, and collusion and other perverse incentives for maximizing fish catches and engaging in illegal, unreported, and undocumented practices within the fishing industry).

1. INTRODUCTION

1.1 Background and Purpose

In line with the requirements of the United States Agency for International Development's (USAID) Automated Directives System (ADS) 201.3.2.9 and ADS 205, USAID/Ghana contracted Banyan Global to undertake a gender analysis to inform the mission's 2020 to 2025 country development cooperation strategy (CDCS). The analysis aligns with the 2012 USAID Gender Equality and Female Empowerment Policy and the 2016 updated U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally, 2019 USAID Policy Framework, USAID Journey to Self-Reliance, and 2018 Women's Entrepreneurship and Economic Empowerment (WEEE) Act as well as the Government of Ghana's (GoG) Beyond Aid Charter and efforts to achieve the 2030 Sustainable Development Goals (SDGs).

This gender-analysis report provides insights and recommendations for USAID/Ghana's CDCS 2020–2025 results framework and development programming (see Annex G for the scope of work and Annex C for the list of deliverables). A gender analysis is a mandatory part of the CDCS fact-finding and development process. USAID policies and approaches prioritize gender equality and women's empowerment (GEWE) to advance the impact of interventions. As explained in USAID's ADS 205: Integrating Gender Equality and Female Empowerment in USAID's Program Cycle, a gender analysis is a systematic process used to identify, understand, and describe gender differences and the relevance of gender roles, responsibilities, rights, opportunities, patterns of decision making and leadership, and access to resources and services in a specific context. It is a tool for examining the causes and consequences of inequality and identifying gender program priorities for more impactful and equitable development interventions.

This report provides a holistic overview of gender-related advances and constraints to development and how gender may influence behavioral outcomes in four thematic sectors: democracy, rights, and governance; economic growth; health; and education. It focuses on key intermediate results (IRs) under USAID/Ghana's three strategic development objectives (DOs)[1], applying a GEWE lens to inform the mission's behavioral and integrated approach and highlight areas for collaborating, learning, and adapting. This report's objective is

[1] The DOs include 1—government strengthens the enabling environment for equitable sustainable growth, 2—national government leads policy implementation for efficient service delivery; and 3—sustainable development accelerated in Northern Ghana.

to offer GEWE data and knowledge from key sectors to inform recommendations, highlighting enabling behaviors and supporting pathways at the IR and sub-IR levels for all three DOs.

The gender analysis's recommendations point to linkages by DO with the USAID Journey to Self-Reliance (J2SR) sub-dimensions (see the previous graphic) and highlight opportunities for the mission to consider related to the 2018 WEEE Act and the White House's Women's Global Development and Prosperity Initiative (using a **WE3** tag, for women's economic empowerment and equality for pertinent recommendations under each DO).

1.2 Methodology: Approach and Forward Focus

The findings in this report draw on primary and secondary data collection. The research team consisted of two international gender experts and two national gender experts. The team conducted its analysis from December 2019 to March 2020, gathering data on existing gender advances and gaps to inform USAID's future CDCS and programming per the three DOs and their related behavioral profiles.

Inception Report

The research team submitted an inception report on January 15, 2020, that included a literature review of secondary data as well as a detailed description of how the team would carry out the gender analysis. The team conducted a desk review of secondary data sources from December 2019 to January 2020. The purpose of the desk review was to identify major gender advances, gaps, and constraints in Ghana as a whole, focusing on the four thematic sectors. See Annex A for a complete list of documents consulted.

Based on the preliminary literature review's findings, the research team designed a gender-analysis research matrix that linked analysis questions to the types of data sources and methods (see Annex E). The team also elaborated a second matrix that provided research questions in relation to women's economic empowerment for each sector (see Annex E). These matrices informed the development of the tools for primary data collection tailored to different types of stakeholders. In addition, from the information USAID/Ghana provided and existing knowledge of that country's context, the research team developed a list of potential stakeholders to consult.

Fieldwork: Primary Data Collection

The four consultants conducted primary data collection in Ghana over four weeks. On January 28, 2020, the team provided an in-briefing to USAID/Ghana to present the gender analysis's objectives and to review USAID/Ghana's expectations regarding the approach to in-country primary data collection. During the first week of data collection, the team focused on gathering additional information from USAID/Ghana Mission and project staff, finalizing the methodology, and further nuancing the agenda for the fieldwork in and outside of Accra.

The research team conducted 66 semi-structured interviews (individual and group) with USAID staff and implementing partners, GoG counterparts (at the national, regional, and local levels), civil society organizations (CSO), donor representatives, academics, and experts. The team conducted 15 focus group discussions (FGDs) with primary and secondary actors of USAID programming. In all, 244 stakeholders

(128 females and 116 males) took part in primary data collection in the following regions: Greater Accra, Northern, Northeast, Upper East, Upper West, Savannah, Central, and Western. Annex F provides more detail about the data-collection tools and Annex D includes a detailed methodology and composition of data-collection events. Annex B identifies the stakeholders interviewed.

Synthesis and Drafting Phase

To ensure that the gender analysis's findings and recommendations would be useful for the CDCS development process, on February 12, 2020, the research team submitted a detailed list of gender-related findings and proposed recommendations for each of the mission's draft behavior profiles, which form part of the CDCS creation exercise. These emerging findings were based on the team's understanding of the context from the literature review and primary data collected to date. On February 20, 2020, the research team provided an on-site presentation to USAID/Ghana staff of preliminary findings and recommendations.

The research team conducted a thematic analysis of the primary data collected using a deductive approach. The team systematically extracted themes using a preset scheme according to the gender analysis's objectives. Findings from the qualitative data then were triangulated with results from the literature review. The team applied a behavioral lens to support the identification of priority behavioral outcomes and highlight areas for collaborating, learning, and adapting. The team analyzed gender disparities and women's empowerment issues to better understand how identified disparities may influence priority behavioral outcomes in the thematic areas. This information will support the mission's focus on addressing Ghana's existing gender gaps, needs, assets, and opportunities to identify potential interventions that will change citizens' views and behaviors related to gender inequality and women's empowerment.

The team submitted the draft gender-analysis report on March 17, 2020. The team submitted the final report on April 3, 2020, which incorporated USAID/Ghana's feedback on the draft report.

Limitations of the Gender Analysis

The gender analysis began over the end-of-year holidays. Several absences in this timeframe meant it was challenging to clarify the scope of the analysis, obtain documents, plan logistics, and schedule meetings prior to the team's arrival in-country. Following the initial meeting with decision-makers during the in-country in-briefing at the USAID mission, however, the team quickly adjusted data-collection tools, made logistical arrangements (such as flights, accommodation, and transport), and scheduled interviews in alignment with the modified scope of work and changes in regional focus.

At this in-briefing, the team also learned about the imminent submission of the mission's draft CDCS results framework to USAID/Washington. To ensure gender could be incorporated more readily into this submission, the research team offered to review the aforementioned draft behavior profiles and provide inputs on February 12, 2020 (in advance of their submission on February 14, 2020). This assistance resulted in an extra deliverable that had not been included in the approved scope of work. In addition, the team offered to reorganize the content of the draft gender-analysis report to provide findings and recommendations aligned with the proposed DOs, IRs, and behavior profiles. While this attentiveness to USAID's CDCS development process had some impact on primary data collection, the team decided to seize the opportunity to provide critical and timely inputs on GEWE for the CDCS development process.

There were a few gaps in stakeholder interviews. Due to the unavoidable delay in scheduling and given the mission's preference that the team focus data collection in priority regions outside of Accra, the team only was able to interview national-level government representatives in the Ministry of Local Government and Rural Development, the Counsel for Scientific and Industrial Research (CSIR)-Food Research Institute, and the National Development Planning Commission. Despite regular attempts to connect with other national government representatives, the team was unable to secure additional meetings because of scheduling conflicts that kept government staff out of Accra.

1.3 Gender Lens: Behavior and Social Norms Changes

USAID/Ghana is piloting a behavior-led approach to design and implement the strategy, projects, and activities. This method identifies actors and factors that inhibit or motivate behaviors. Social norms often filter opportunities for and challenges to gender equality by influencing behavior (individual actions), collective attitudes (group thoughts or feelings), and individual beliefs (about the behaviors and attitudes of others).[2] Norms around masculinity tend to justify violence and restrictions on women's mobility and ability to own property, normalizing the idea that men should have control over women and girls. These norms also reduce opportunities for women and men to share workloads, even when task shifting and sharing could increase efficiency, productivity, and income. A recent United Nations (UN) report on women's economic empowerment identified harmful or adverse social norms as the number one constraint to women, and noted this issue as largely responsible for other key constraints (such as discriminatory laws and lack of legal protection; failure to recognize, reduce, and redistribute unpaid household work and care; and lack of access to assets).[3]

Social norms can change and do evolve. The pressures to comply with, refer to, and be influenced by others (reference groups), however, remains a powerful force. Informants note that sometimes all that is required to change social norms and behavior is a well-informed argument that counters objections to the changes.[4] This insight is supported by recent research, which posits prospects for altering harmful social norms depends on how change is promoted to influence the uptake of different ideas or activities, including narratives that can correct inaccurate information or misperceptions and create new norms that support behavior change in individuals and groups.[5]

Different platforms bringing together primary actors (male and female) can create cohorts or reference groups that can increase acceptance of positive social norms and behavioral change more broadly. This participant-led diffusion model can be effective especially with platforms aiming to address asymmetries in knowledge and power, including behavior and norms changes that improve gender relations. Creating a

[2] Heise, L. and Manji, K. Social Norms. DFID, Professional Development Reading Pack, No. 31, Applied Knowledge Services, 2016.
[3] UN Secretary General's High-level Panel of Women's Economic Empowerment. Leave No One Behind: A Call to Action for Gender Equality and Women's Economic Empowerment, 2016.
[4] Key informant interviews, CSOs.
[5] CARE USA. Measuring Gender-Transformative Change: A Review of Literature and Promising Practices, 2015.; Miller, D.T. and Prentice, D.A. Changing Norms to Change Behavior. Annual Review of Psychology, 67, 339 –361, 2016; and Cislaghi, B. et al. Changing Social Norms: The Importance of Organized Diffusion for Scaling Up Community Health Promotion and Women Empowerment Interventions. Prevention Science 20:936–946, 2019.

larger cohort of individuals and advocates ("gender champions") in support of gender equality is critical for achieving women's agency and empowerment as well as more transformative strategic or structural changes that, as a recent report by the UN Development Programme highlights, are more challenging to accomplish.[6] Table 1 identifies different agents (or primary actors), platforms, and mediums (approaches) that are well positioned to effect positive changes in behavior and gender equality. USAID programming in Ghana has supported many of these agents, groups, or platforms and should continue to do so, particularly in the north of the country.

Table 1: Levers for Behavior Change and Gender Equality

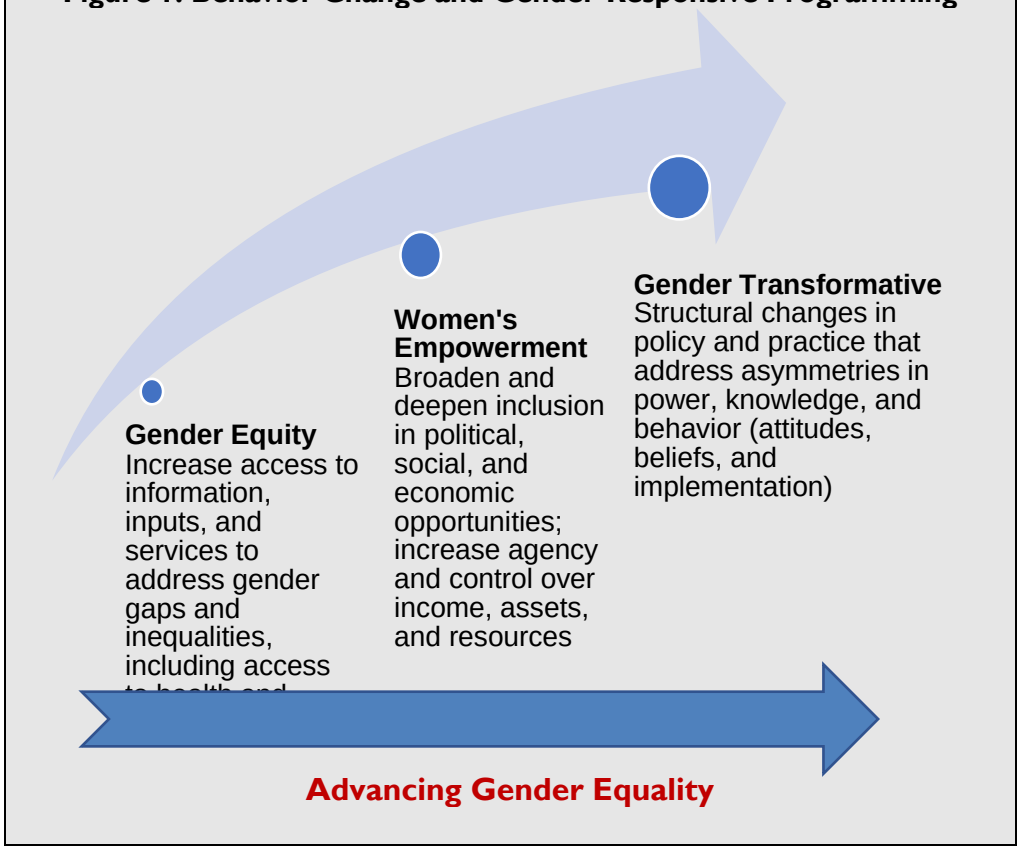
Agents/Actors	Platforms	Mediums

• Empowered women
• Gender equality champions (male and female)
• Gender-aware traditional and religious leaders
• Gender-responsive
  ○ Agricultural extensionists
  ○ Input suppliers
  ○ Healthcare workers
  ○ Teachers
• Women demonstrating better business models
• Men embracing positive masculinity as role models
	• Village savings and loans associations (VSLAs)
	• Mother-to-mother groups
	• Father-to-father support groups
	• Women farmers groups
	• Gender model families (GMFs)
	• Women in agriculture platforms (WAPs)
	• Agricultural cooperatives
	• School management committees (SMCs)
	• Parent-teacher associations (PTAs)
	• Women's political leadership networks and training
	• Business associations
		• Government policies implemented effectively
		• Labor-saving appropriate technologies
		• FM radio communiques
		• Music (lyrics and songs with positive gender equality and health messages)
		• Positive social-norms messages in imam's and minister's sermons
		• Participatory spatial planning and GPS boundary setting
		• Agricultural extension
		• District league table (by including a gender-inequality ranking based on available Human Development Index (HDI) data and outcomes)
		• Coalition of CSOs spearhead passage of Affirmative Action Bill

Unpacking social norms and realizing shifts in beliefs or narratives offer insights into gender equality's benefits. A direct relationship exists between greater equality through positive social norms and behavior change at the household level with improvements in livelihoods and well-being, including higher productivity, better access to services and markets, and increased access to and control over household assets and income. This transformation has implications not only for the lives and livelihoods of women and girls, but also for human development, labor markets, productivity, and gross domestic product (GDP) growth.[7] When women have greater access to education, work, assets, and economies, communities and families are better off in terms of economic growth, health, education, labor productivity and income, and overall well-being.[8]

[6] UNDP. Tackling Social Norms: A Game Changer for Gender Inequalities. 2020 Human Development Perspectives, 2020.
[7] McKinsey Global Institute. The Power of Parity: How Advancing Women's Equality can Add $12 Trillion to Global Growth, 2015.
[8] CARE, USA. Measuring Gender-Transformative Change: A Review of Literature and Promising Practices, 2015.

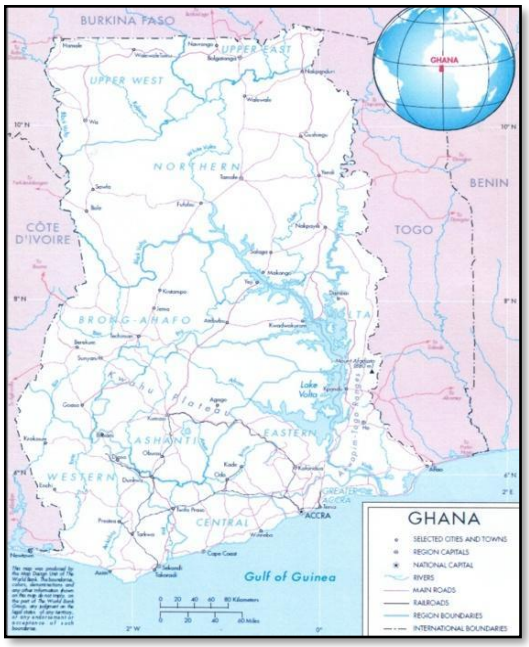
Figure 1: Behavior Change and Gender-Responsive Programming



2. GENDER LANDSCAPE: GENDER EQUALITY AND WOMEN'S EMPOWERMENT OPPORTUNITIES AND CONSTRAINTS

2.1 Country Context

Ghana is a middle-income country, situated in West Africa on the Gulf of Guinea, bordered by Côte d'Ivoire, Togo, and Burkina Faso. It has a population of about 30.42 million (2019) of which 49.32 percent are women.[9] Ghana gained independence from Britain in 1957, the first sub-Saharan country to achieve freedom from colonial rule. In 1992, Ghana transitioned to a multiparty democracy, and although party politics has led to divisions within the polity, the country is relatively stable.



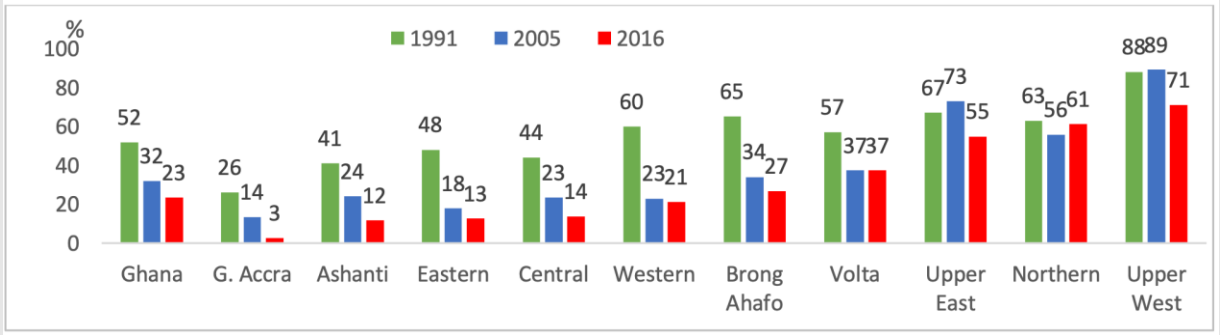
Ghana is diverse politically, economically, ethnically, and demographically. The main social and economic divides are between the north and south, and urban and rural areas. These inequalities are largely the result of ecological conditions and disparities in service delivery stemming from geography and colonial history.[10] The north has lower rainfall and savannah vegetation, with many remote and inaccessible areas. Under colonial rule, the administration treated northern Ghana as a labor reserve for the southern mines and cocoa farms, providing limited investment in education, infrastructure, and economic development.

Ghana had been at the forefront of poverty reduction in Africa. From 1991 to 2012, it more than halved the national poverty rate, going from 52.7 to 24.2 percent. Internal migration to urban areas bolstered this reduction, with the urban share of the population increasing from 37 to 52 percent and the urban poverty rate declining from 28 to 9 percent.[11] Poverty reduction has slowed since, however, falling only by 0.8 percent during 2012 to 2016.[12] Moreover, poverty has stagnated (particularly in the Volta, Northern, and Upper West regions), and the absolute number of poor has increased overall.

[9] World Population Review. Ghana Population—2020, 2019.
[10] World Bank. Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity—Systematic Country Diagnostic, 2018.
[11] Ibid.
[12] Ibid.

As highlighted in Figure 2, poverty rates remain greater than 50 percent in the Northern, Upper East, and Upper West regions, with no change between 2005 to 2016 in the Volta Region. The combined underemployment and unemployment in the Northern, Upper West and Upper East are 24.7, 29.6, and 55.4 percent respectively, in comparison with a national average of 15.6 percent.[13]

Figure 2: Poverty Rates by Region and Percentage



Source: World Bank. Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity. Systematic Country Diagnostic, 2018.

Ghana achieved middle-income status in 2011, which improved human-capital indicators have reflected, with Ghana's HDI rising by 27 percent during 1990 to 2016. From 1988 to 2017, fertility decreased from 6.2 births per 1,000 women to 3.9, while the share of births skilled personnel attended rose from 40 to 79 percent, and the under-5 mortality declined by more than half.[14] In addition, the country has achieved parity in primary and secondary education, and gross primary completion rose to more than 100 percent for boys and girls in the 2016–17 academic year.[15] Nevertheless, Ghana has not kept pace with its peers in some social outcomes.

The 2019 Human Development Report (HDR) ranked Ghana at 142 (out of 189 countries), with an HDI value of 0.596.[16] The HDR's Gender Inequality Index (GII) (which measures women's empowerment in health, education, and economic status) ranks Ghana at 133 globally, with a GII value of 0.541. Measurements of inequality-adjusted HDI provide a way to value inequality within countries in health, education, and income measures. Ghana's overall loss in inequality-adjusted HDI is 28.3 percent, which is well above the 20 percent global average. Average annual HDI growth has slowed in Ghana. From 2000 to 2010, it grew by 1.39 percent, more than doubling the 0.61 percent HDI growth of the previous decade. From 2010 to 2018, however, HDI growth declined to 0.91 percent.

The 2020 World Economic Forum's Global Gender Gap (GGG) report positions Ghana at 107 (out of 153 countries).[17] Ghana's 2020 global rankings in gender gap indices are 94 for economic participation and opportunity, 119 for educational attainment, 121 for health and survival, and 107 for political

[13] Ghana Statistical Service. 2015 Labor Force Report, 2016.
[14] GSS, GHS, and ICF. Ghana Maternal Health Survey 2017. Accra, Ghana: GSS, GHS, and ICF, 2018.
[15] World Bank. Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity - Systematic Country Diagnostic, 2018.
[16] UNDP. Human Development Report 2019, 2019.
[17] World Economic Forum. Global Gender Gap Report 2020, 2020.

empowerment. Ghana's 2020 overall ranking on the GGG Index dropped since 2018 because other countries achieved larger gains during the same two-year period. In total scoring, Ghana has made improvements on the educational attainment and political empowerment indices, maintained its progress on child health and survival, but it slid backwards on the economic participation and opportunity index.

Persistent inequalities in resource allocations, decision-making, and political representation impact accountability and responsiveness within democratic processes. Societal beliefs, values, attitudes, and behaviors dictate women be subordinate or inferior, which hinders their participation in decision-making and representation in political and governance positions.[18] Moreover, competing government priorities, weak conceptual clarification of gender mainstreaming in the public sector, and a lack of effective monitoring and evaluation systems in the Ministry of Gender, Children, and Social Protection (MoGCSP) challenge the implementation of national legal frameworks and international commitments on gender equality.[19] These factors explain, in part, Ghana's loss in rankings in the GGG report, which dropped nearly double from 58 in 2006 to 107 in 2020 (out of 153 countries).[20]

2.2. Gender Overview by ADS Domains

Legal and Policy Frameworks

The right to gender equality and nondiscrimination are set out in Ghana's Constitution and national legal and policy frameworks as well as the international conventions and declarations the GoG ratified. At the national level, Article 17 of the 1992 Ghanaian Constitution forbids all forms of discrimination based on sex and Clause 17(4) permits affirmative action to end discrimination. It does not mention sex, sexual orientation, or gender expression, however, which means Ghana's definition of discrimination is noncompliant with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)'s definition in Article 1 as it does not include direct and indirect discrimination.[21]

Box 1: GEWE-Related International Instruments and Frameworks

Ghana has ratified and implemented important international instruments and frameworks in support of gender mainstreaming and women's empowerment, including the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs); provisions of the Universal Declaration of Human Rights; the International Covenant on Civil and Political Rights; CEDAW and the International Covenant on Economic Social and Cultural Rights, the 1995 Beijing Declaration and Platforms for Action, and the new Protocol to the African Charter on Women's Rights, which entered into effect in 2005.

Critical GEWE-related legislative milestones include the criminalization of female genital mutilation/cutting (FGM/C), customary or ritual enslavement of any kind, and harmful traditional widowhood practices in the 1994 Amendment Act to the Ghanaian Criminal Code; the Labor Act of 2003, which protects

[18] Japan International Cooperation Agency (JICA). Country Gender Profile: Republic of Ghana: Final Report, 2013.
[19] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[20] World Economic Forum. The Global Gender Gap Report 2020, 2019.
[21] CEDAW Shadow Report, 2014, cited in OECD. Social Institutions and Gender Index Report, 2019.

employees from unfair termination of employment, ensures maternity leave for up to 12 weeks, and ensures equal pay for all workers (there is no paternity leave, however, or adequate protection for domestic assistants, most of whom are girls);[22] and the Domestic Violence Act 732 of 2007, which addresses economic abuse and takes a broader perspective on access to justice than other countries[23] by acknowledging that perpetrators and survivors do not have to be married or related by blood ties.

Ghana approved a National Gender Policy in 2015. This policy aims to mainstream gender equality and women's empowerment concerns into the national development process and promote commitment throughout the government to empowering women.[24] The policy identifies the following commitments for improving the legal, social, political, cultural, and economic conditions of Ghanaians (particularly women, girls, and children): women's rights and access to justice, women's empowerment and livelihoods, accountable governance structures, women's leadership and participation, women's economic justice, and gender roles and relations. The Implementation Plan in 2016 followed the release of this policy, but it has not been well received or explained. Regional stakeholders reported confusion as to when it became operational, which led to delays in its implementation. One regional government representative noted she just recently had begun to share aspects of the Implementation Plan with community stakeholders.[25] Additionally, government stakeholders suggested that working with other agencies remains a challenge and that policies and activities frequently do not align with the National Gender Policy.[26]

The GoG has established offices to enhance gender equality and social protection. The National Council on Women and Development was set up after the First World Conference on Women in 1975. It transformed into the Ministry of Women and Children's Affairs in 2001, with regional departments and integrated gender desks in other ministries, departments, and agencies (MDAs).[27] That ministry was renamed MoGCSP in 2013. There is also the Domestic Violence and Victims Support Unit, which responds to violence against women, and the Human Trafficking Management Board, which provides technical advice for responding to trafficking in persons cases.[28] The Ministry of Health also has developed an action plan to establish protocols for better case management for GBV survivors and to ensure collaboration among the health sector, social services, and law enforcement agencies.[29] Furthermore, a National Social Protection Policy was drafted in 2015, which provides a framework for delivering social protection coherently, effectively, and efficiently in a way that is holistic and targeted for the poor and socially vulnerable.[30] Many of these laws and policies focus on protection and support for women and girls, yet

[22] Nimura, A., Eisen, S, and MCI. Gender Needs Assessment for Kumasi, Ghana. MCI Social Sector Working Paper Series No 12/2010, 2010.
[23] Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates. Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences, 2016.
[24] MoGCSP, National Gender Policy: Mainstreaming Gender Equality and Women's Empowerment into Ghana's Development Efforts, 2015.
[25] KII, MoGCSP, Bushira Alhassan.
[26] Ibid.
[27] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[28] Cannon, A.C., Fehringer, J.A., and Essah, S. Ghana PEPFAR Gender Analysis Final Report, April 2016.
[29] Republic of Ghana, Ministry of Health (MOH). Health Sector Gender Policy, 2009.
[30] MoGCSP. Ghana National Social Protection Policy, 2015.

gender-related discrimination and rights of people living with HIV and other key populations largely are missing from these documents.[31]

The GoG's policy framework for gender equality, women's empowerment, and social inclusion contain many policies and initiatives that have contributed to Ghana's progress in several MDG and SDG targets. There are significant gaps, however, in policy and action due to a lack of political will and accountability, capacity gaps within public institutions, financial constraints, and an unclear division of labor or responsibility across ministries or levels of government.[32] Informants note sector ministries have limited interactions with MoGCSP, undermining efforts to ensure gender mainstreaming in policies, programs, and investments. One stakeholder reported that metropolitan, municipal, and district assemblies (MMDAs) are unclear about gender issues and do not budget or allocate sufficient resources for gender-sensitive development planning and budgeting.[33] Moreover, designated gender desk officers (GDOs) have limited capacity, have high rates of attrition and transfer, and cannot be held accountable by the MoGCSP as their appointments are discretional. This arrangement limits the effectiveness of GDOs and gender mainstreaming at all levels.[34] In addition, as much as 80 percent MoGCSP's budget is earmarked to social-protection programs, such as Livelihood Empowerment Against Poverty (LEAP), leaving little discretionary funding for other activities.[35]

Competing government priorities, weak conceptual clarification of gender mainstreaming in the public sector, and a lack of effective monitoring and evaluation systems in the MoGCSP and Department of Gender challenge the implementation of Ghana's national legal frameworks and international commitments.[36] Policies or legislation aimed at addressing gender inequalities tend to not be funded or passed into law (for example, the 1998 Affirmative Action bill has never been passed to become legislation and the 2006 Women in Governance Fund remains unfunded).[37]

Sociocultural Norms and Gender-Based Violence

Despite supportive legal and policy frameworks, gender inequalities in Ghana persist due to economic and social problems where gender norms and expectations have wide-reaching implications for community and public life across sectors and populations.[38] Restrictive social norms and stereotypes make women more vulnerable to discrimination and sexual violence.[39] Cultural norms in Ghana make it acceptable for men, but not women, to have multiple partners: 14 percent of men reported having multiple sexual

[31] Nelson, L. E., Wilton, L., Agyarko-Poku, T., Zhang, N., Zou, Y., Aluoch, M., et al. Predictors of Condom use among Peer Social Networks of Men who have Sex with Men in Ghana, West Africa. PLoS ONE, 10(1), 1–22, 2015.
[32] UN. UN Ghana Sustainable Development Partnership Framework with Ghana 2018-2022, 2018.
[33] KII, Director of Gender, MoGCSP, Central Region.
[34] KIIs, Director of Gender, MoGCSP, Central Region, Leadership and Advocacy for Women in Africa (LAWA) and National Development Planning Commission.
[35] KII, Francesca Pobee-Hayford, Canadian Field Support Services Program (FSSP).
[36] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019-2023, June 2019.
[37] OECD Development Center. Social Institutions and Gender Index (SIGI): Ghana, 2019.
[38] Cannon, A.C., Fehringer, J.A., and Essah, S. Ghana PEPFAR Gender Analysis Final Report, April 2016.
[39] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019-202, June 2019.

partners in the past 12 months compared to 1 percent of women.[40] Women often are blamed for HIV acquisition, even though their male partners more often put them at risk.[41] Women also face exploitation and sexual harassment, especially in search of employment opportunities and accessing public services.[42] In general, while no structural discrimination on the basis of ethnicity exists, northern Muslims are regarded as less capable of skilled employment.[43] Even well-qualified individuals from the north face discriminatory practices in government institutions, and the majority of people migrating to the south are limited to menial jobs with low incomes.

Women and men report experiencing intimate partner violence (IPV), although women and girls are more often victims. Tolerance for and attitudes toward violence, however, are changing. For example, the proportion of women who agreed that wife beating is justified for at least one of the reasons specified in the Demographic and Health Survey (DHS) decreased from 37 percent in 2008 to 28 percent in 2014, with women who are married or living together, rural women, and women in the Northern region more likely than their counterparts to agree. This positive trend also can be seen in men: only 13 percent of men in 2014 agreed that wife beating is justified for at least one specified reason, down from 22 percent in 2008.[44] Nevertheless, women sometimes are discouraged from reporting cases of GBV due to physical and cultural barriers and attitudes, administrative and legal delays, and a lack of legal and technical knowledge about the justice system.[45]

Gender Roles, Responsibilities, and Time Use

Women's dual reproductive roles and work responsibilities place them and their children at greater risk of poor health outcomes.[46] Women in rural areas are obliged to carry out a large number of reproductive tasks.[47] This function is also true in urban areas, where traditional values of family life and the role of women in society persist, putting pressure on women to pursue careers while shouldering full responsibilities for housework and raising children.[48]

Males and females experience near parity in terms of labor-force participation:[49] 87 percent of currently married women (down from 91 percent in 2008) and almost all currently married men (99 percent, no change from 2008) age 15–49 were employed in the 12 months preceding the 2014 DHS survey.[50] Yet

[40] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014, 2015.
[41] Cannon, A.C., Fehringer, J.A., and Essah, S. Ghana PEPFAR Gender Analysis Final Report, April 2016.
[42] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[43] Bertelsmann Stiftung, BTI 2018 Country Report — Ghana. Gütersloh: Bertelsmann Stiftung, 2018.
[44] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. 2015. Ghana Demographic and Health Survey 2014, 2015.
[45] OECD Development Center. Social Institutions and Gender Index (SIGI): Ghana, 2019.
[46] USAID/Ghana. Gender Assessment USAID/Ghana, 2011.
[47] Japan International Cooperation Agency (JICA). Country Gender Profile: Republic of Ghana: Final Report, 2013.
[48] Bertelsmann Stiftung, BTI 2018 Country Report—Ghana. Gütersloh: Bertelsmann Stiftung, 2018.
[49] World Economic Forum. The Global Gender Gap Report 2020, 2019.
[50] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014, 2015.

gender parity in employment is mainly due to women's high presence in low-skilled work;[51] they are much less likely than men to be engaged in professional, technical, and managerial fields.[52] There are also major disparities in wage employment, and there are low female participation rates in the formal sector. [53] About 52 percent of the total adult female population (70 percent in rural areas) is engaged in agriculture, with the majority in food-crop production,[54] as well as in processing and marketing agricultural produce.[55] Conversely, men are more engaged in cash-crop production.[56] In addition, women's economic participation is mostly in self-employment and the informal sector, such as catering and lodging, food services, textiles, garments, and beauty.[57] Only 3.4 percent of females are professionals, compared to 6.6 percent of men.[58] A legal framework for labor and employment regulation exists, but its enforcement is difficult and mostly inadequate, and some customary practices impact the kind of work women perform.[59,60]

Women also lag behind men in higher educational attainment, literacy, and exposure to mass media, which influences their positions in the household and society.[61] Increased competition for employment resulting from population growth as well as limited female representation in tertiary education make it difficult for women to enter the workforce, especially in traditionally male-dominated fields within the formal sector.[62]

Access to and Control over Assets and Resources

While evidence suggests women are disadvantaged in access to and control over resources and decision-making compared to men, women's power in Ghana is increasing. In 2014, 63 percent of currently married women earning cash were making independent decisions about how to spend their income (compared to 58 percent in 2008), one-third make the decision jointly with their husbands, and only 5 percent have husbands who mainly make decisions.[63]

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[51] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[52] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014, 2015.
[53] Nimura, A., Eisen, S, and MCI. Gender Needs Assessment for Kumasi, Ghana. MCI Social Sector Working Paper Series No 12/2010, 2010.
[54] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019-2023, June 2019.
[55] Japan International Cooperation Agency (JICA). Country Gender Profile: Republic of Ghana: Final Report, 2013.
[56] Ibid.
[57] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[58] Ibid.
[59] Bertelsmann Stiftung, BTI 2018 Country Report — Ghana. Gütersloh: Bertelsmann Stiftung, 2018.
[60] MoGCSP, National Gender Policy: Mainstreaming Gender Equality and Women's Empowerment into Ghana's Development Efforts, 2015.
[61] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014, 2015.
[62] Nimura, A., Eisen, S, and MCI. Gender Needs Assessment for Kumasi, Ghana. MCI Social Sector Working Paper Series No 12/2010, 2010.
[63] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF. Ghana Demographic and Health Survey 2014, 2015.

Gender gaps in access to and control over assets and resources, however, persist. More than three-quarters of women (81 percent) age 15 to 49 do not own a house and 78 percent do not own any land, compared to 78 and 67 percent of men, respectively. Only 4 percent of women own a house alone and just 8 percent own land alone, trends that appear across demographic and socioeconomic categories. Evidence suggests women's and men's ownerships of houses increases with age but decreases with education, and rural women are more likely to own a house and land compared to urban women.[64] Since 1985, the government has passed a number of laws to restructure inheritance systems (such as, the Intestate Succession Law) and ensure a fair distribution of a deceased person's property, especially to support otherwise excluded spouses and children.[65] While Ghanaian women can access and own land through inheritance, marriage, lineage, and contractual agreements, they are not applied consistently across the country and largely depend on one's ethnic group.[66]

Credit: USAID/Ghana

Major gender gaps exist with respect to financial access and ownership and control of economic resources. Social norms opposing women's ownership limits their entitlement to agricultural land, despite women accounting for about 70 percent of the total agricultural value chain in Ghana.[67] Women tend to work in less-productive activities and earn less than men across different levels of education.[68] Fourteen percent of women are not paid for their work at all (compared with 7 percent of men), and 4 percent of women are paid in-kind only (compared to 1 percent of men).[69] As a result, among currently married women who earn cash, 77 percent earn less than their husbands, 10 percent earn more, and 8 percent earn about the same.[70] Self-employed women often lack adequate finance and assets to expand their working capital and skills in entrepreneurship and business management to grow their businesses, which lands them into vulnerable employment.[71] Women who operate small-scale businesses need support to expand their enterprises, including management, leadership, and personal initiative training; financial literacy training; information on accessing networks, value chains, and markets; and information on the use of technology.[72]

[64] Ibid.
[65] Japan International Cooperation Agency (JICA). Country Gender Profile: Republic of Ghana: Final Report, 2013.
[66] OECD Development Center. Social Institutions and Gender Index (SIGI): Ghana, 2019.
[67] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[68] Ibid.
[69] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014, 2015.
[70] Ibid.
[71] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[72] Japan International Cooperation Agency (JICA). Country Gender Profile: Republic of Ghana: Final Report, 2013.

Patterns of Power and Decision-making

In Ghana, women's decision-making traditionally is limited to social aspects of the family and male family members are the power holders. Evidence suggests, however, a woman's decision-making power increases as her financial contributions to a household and educational levels increase.[73]

Women's participation in governance and leadership is increasing in Ghana, yet women are still underrepresented in political and governance positions and in key sectors. Few women participate in and hold political positions compared to men, even though the 1992 Constitution guarantees universal adult male and female suffrage. As noted, the Affirmative Action Policy that the GoG formulated in 1998 set a target of 40 percent representation of women at all levels of governance, but it is yet to become a law.[74] Similarly, the GoG has not operationalized the Women in Governance Fund established in 2006 to provide funding to enable women's participation in leadership and governance positions.[75] Cultural norms and discrimination also affect the participation of women in decision-making in the corporate world. In many organizations, women remain in supportive positions that are not central to an institution's main operations.[76] Only 3.7 percent of employers are female.[77] Moreover, while women dominate the health and education sectors at the lower and middle staffing levels, there are few women in leadership positions.[78]

[73] Ibid.
[74] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[75] OECD Development Center. Social Institutions and Gender Index (SIGI): Ghana, 2019.
[76] Japan International Cooperation Agency (JICA). Country Gender Profile: Republic of Ghana: Final Report, 2013.
[77] Ministry of Gender, Children, and Social Protection. National Gender Policy: Mainstreaming Gender Equality and Women's Empowerment into Ghana's Development Efforts, 2015.
[78] KII, Dr. Alberta Amu-Quartey.

3. GENDER ANALYSIS FINDINGS AND RECOMMENDATIONS, BY CDCS RESULTS FRAMEWORK

3.1 DO1: Broad-Based Economic Growth Accelerated and Sustained

Table 2: DO1 Key Gender and Inclusion Data

Labor and Employment	
Labor force participation	74.1% (men) and 65.5% (women) aged 15 years and older[79]
Unemployment rate	4.21% (men) and 4.56% (women)[80]
Part-time employment	27.4% (men) and 33.3% (women), percentage of employed people[81]
Informal economy	86.1% of employment is in the informal economy (90.9% women and 81% men)[82]
Vulnerable employment	68.2% of women (3.4 million) engage in vulnerable employment[83]
Entrepreneurship	85% of businesses are micro, small, and medium-scale enterprises (MSMEs)[84]
Women business owners	37.9% of total business owners[85]
Management	Firms with female (14.90%) and male (85.10%) top managers[86]
Women's unpaid work	3.38 times more time doing unpaid work than men (ratio of 15.49 to 4.58)[87]
Education	
Science, technology, engineering, and mathematics attainment	7.88% (women) and 22.27% (men)[88]
Health	
Adolescent pregnancy	14% of females age 15–19 are already mothers or pregnant[89]
Healthy life expectancy	57 years (women) and 55.8 years (men) (1.02 ratio)[90]
Gender-Based Violence and Human Rights	
Domestic violence	27.7% of women and 20% of men experienced domestic violence (2015)[91]

[79] United Nations Gender Statistics.
[80] World Economic Forum. The Global Gender Gap Report 2020, 2019.
[81] Ibid.
[82] Haug, Julian. Critical Overview of the (Urban) Informal Economy in Ghana. Friedrich Ebert Stiftung. Ghana Office, Accra. 2014.
[83] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[84] Ibid.
[85] Mastercard Index of Women Entrepreneurs 2019.
[86] World Economic Forum. The Global Gender Gap Report 2020, 2019.
[87] The proportion of unpaid work per day is the ratio of the share of average time spend on unpaid domestic work by women to that of men as expressed as a share of a 24-hour period, including care and volunteer work. World Economic Forum. The Global Gender Gap Report 2020, 2019.
[88] World Economic Forum. The Global Gender Gap Report 2020, 2019.
[89] GSS, GHS, and ICF. Ghana Maternal Health Survey 2017, 2018.
[90] World Economic Forum. The Global Gender Gap Report 2020, 2019.
[91] Institute of Development Studies (IDS), Ghana Statistical Services (GSS) and Associates. Domestic Violence in Ghana: Incidence, Attitudes, Determinants and Consequences, 2016.

Early marriage	19% of women age 20–24 were married before age 18 (2017–2018)[92]
Menstruation stigmatization	19% of women report not participating in school, work, or social activities during previous 12 months due to menstruation[93]

The Ghanaian economy is largely based on agricultural and mining commodities, with truncated or underperforming value-chains that affect opportunities for employment and income generation.[94] Ghana's development plans and flagship initiatives for economic growth focus on increasing employment and social inclusion through economic transformation and value addition in agriculture and industry. The 2018–2021 Medium-Term National Development Policy Framework builds on the core priorities of the 2017–2024 Coordinated Program of Economic and Social Development Policies (CPESDP), which seek to improve conditions for employment and economic growth through five pillars. They are revitalizing the economy, transforming agriculture and industry, strengthening social protection and inclusion, revamping economic and social infrastructure, and reforming public-service delivery institutions. These priorities are underpinned by Ghana Beyond Aid, which changes mindsets away from dependency and towards self-reliant growth to create opportunities for all Ghanaians.

To accelerate and sustain broad-based economic growth, Ghana's economy will need to create more diverse and better-quality jobs in rural areas and growing urban centers where poverty is concentrated, as well as for the large cohort of youth. To do so, the GoG will need to address the persistent inequalities affecting the health, education, well-being, and productivity of its citizens—men, women, boys, and girls who are the future.[95] The World Bank's Human Capital Index (HCI) ranks Ghana at 116 (out of 157 countries).[96] The HCI measures the amount of human capital a child can expect to attain by the age of 18 in order to assess the productivity of the next generation of workers (as compared to a benchmark of complete education and full health) based on four indicators: expected years of schooling, quality of learning, adult survival rate, and proportion of children who are not stunted. The HCI assessment concludes a child born in Ghana today will be only 44 percent as productive as she or he could be if provided with complete education and full health.

Labor-Force Participation, Entrepreneurship, and International Trade

Labor-force participation is 74.1 and 65.5 percent respectively for men and women aged 15 years and older (2015).[97] A large percentage (86.1 percent) of this employment is in the informal economy, characterized by engagement in low-skilled work and self-employment with low productivity and high

[92] Ahonsi, Babatunde, et al. Child Marriage in Ghana: Evidence from a Multi-Method Study. BMC Women's Health (2019) 19:126, 2019.
[93] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings. January 2019.
[94] MoFA. Gender in Agriculture Strategy II, 2016.
[95] Ghana's youth policy defines youth as persons between 15 and 35. This youth cohort represents 35 percent of the population, with 15 to 24 year olds accounting for 20 percent of this total. World Bank. Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity—Systematic Country Diagnostic, 2018.
[96] World Bank. Human Capital Index.
[97] United Nations Gender Statistics.

vulnerability.[98] Vulnerable employment is highest among women (68.2 percent or 3.4 million women).[99] In addition, more than one-quarter of youth (25.9 percent) are unemployed or underemployed, more than double the national average (11.9 percent).[100]

Most women earn less than men, regardless of education and occupation. There are also major disparities in wage employment and in the formal sector.[101] Women are much less likely than men to be engaged in professional, technical, and managerial fields: only 3.4 percent of females are professionals, compared to 6.6 percent of males.[102] The under-representation of women and girls in tertiary education and in STEM subjects (for example, only 22.5 percent of graduates from science, technology, engineering and mathematics (STEM) programs in tertiary education are female[103]) affect their ability to secure employment in the formal sector, especially in traditionally male-dominated fields.[104]

Entrepreneurship and Employment: A few large businesses combined with many MSMEs characterizes Ghana's private sector. The MSME segment comprises about 85 percent of businesses and is pivotal to employment creation in the formal and informal sectors.[105] Women are more likely to operate in the informal economy. In 2019, Ghana ranked second in the world for the highest percentage of women's business ownership, with women owning nearly four in every ten businesses (37.9 percent).[106] While this prevalence is laudable, it also suggests women tend to face greater constraints than men in securing other types of jobs and formal employment opportunities.[107]

Women entrepreneurs in Ghana face constraints contributing to large gender gaps in profits, ranging from 23 to 73 percent.[108] Recent evidence suggests self-employed women tend to operate in more-crowded markets with reduced opportunities for growth when compared with self-employed men.[109] They also are less willing to compete (especially in stereotypically male-dominated domains) or adopt advanced business practices. And they tend to express a lack of confidence in their abilities and leadership.[110] In addition,

[98] Haug, Julian. Critical Overview of the (Urban) Informal Economy in Ghana. Friedrich Ebert Stiftung. Ghana Office, Accra, 2014.
[99] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[100] GSS, Ghana Labor Force Survey 6, 2016.
[101] Nimura, A., Eisen, S, and MCI. Gender Needs Assessment for Kumasi, Ghana. MCI Social Sector Working Paper Series No 12/2010, 2010.
[102] GSS, GHS, and ICF. Ghana Demographic and Health Survey 2014, 2015.
[103] United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Statistics, 2019.
[104] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[105] Ibid.
[106] Ghana's percentage was just below Uganda (38.2 percent). Mastercard Index of Women Entrepreneurs 2019.
[107] World Bank. Profiting from Parity: Unlocking the Potential of Women's Businesses in Africa. Africa Region Gender Innovation Lab (GIL) and the Finance Competitiveness & Innovation (FCI) Global Practice, 2019.
[108] World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity - Systematic Country Diagnostic, 2018.
[109] World Bank. Profiting from Parity: Unlocking the Potential of Women's Businesses in Africa. Africa Region Gender Innovation Lab (GIL) and the Finance Competitiveness & Innovation (FCI) Global Practice, 2019.
[110] According to a recent study, among entrepreneurs in Ghana, women are 14 percent less likely than men to think they would make a good leader. World Bank, Africa Region. Profiting from Parity: Unlocking the Potential of Women's Businesses in Africa. Africa Region Gender Innovation Lab (GIL) and the Finance Competitiveness & Innovation (FCI) Global Practice, 2019.

self-employed women often lack access to capital, credit, and long-term assets, which are necessary to grow their businesses. Informants note women tend to be risk averse and are reluctant to seek financing from banks or credit unions, which may require their husbands to cosign the loans.[111] Women also struggle with an unequal care burden that reduces available time and opportunities for building their businesses and skills.[112] Women in Ghana spend more than triple the amount of time on unpaid work as men.[113]

In Ghana, women's business income can be a critical source of household earnings, accounting for as much as 33 percent of household expenditures.[114] More than three-quarters of women micro-entrepreneurs in urban Ghana agree their household would have a hard time paying for food or school-related expenses without income earned from their business.[115] This finding counters the popular narrative that men are the primary breadwinners and responsible for the payment of housing, school fees, food, and medical expenses.

Income transparency tends to not be expected nor practiced between marital partners. Ghanaian women entrepreneurs manage their income to meet both household and enterprise needs, with household expenses prioritized. Recent research provides evidence that gendered intrahousehold relationships and marital insecurity constrain business decisions and capital investments.[116] Rather than investing in their enterprises, women hide income to reinforce the husband's responsibilities as a primary provider and to cover shortfalls in this financial support to meet daily household needs and provide for other expenses or longer-term investments (for example, property and children's education). They do so out of fear their husbands would reduce contributions to the household or end the relationship if their income was known. While this research focused on urban women, rural women entrepreneurs expressed similar considerations.

Policies and approaches that create openings for greater security in land use or property rights can incentivize women to increase their core skills and personal initiative.[117] In addition, policies encouraging marital partners to share financial and care responsibilities would help women prioritize investments to expand employment and business opportunities. Research suggests women lack confidence and find accessing business-development services difficult given their household responsibilities as well as distance and time constraints. Government agencies and business associations should support women and women's impact businesses[118] to improve access to credit; expand business networks and market links; and increase

[111] KII, Savannah Women Integrated Development Agency (SWIDA).
[112] World Bank. Ghana: Economic Diversification through Productivity Enhancement, June 2019.
[113] The proportion of unpaid work per day is the ratio of the share of average time spend on unpaid domestic work by women to that of men as expressed as a share of a 24-hour period, including care and volunteer work. World Economic Forum. The Global Gender Gap Report 2020, 2019.
[114] World Bank. Profiting from Parity: Unlocking the Potential of Women's Businesses in Africa. Africa Region Gender Innovation Lab (GIL) and the Finance Competitiveness & Innovation (FCI) Global Practice, 2019.
[115] Ibid.
[116] Pierotti, Rachael and Sophia Friedson-Ridenour. "Competing Priorities: How Household Income Management Affects Women's Microenterprises in Urban Ghana." Gender Innovation Lab. Washington, D.C.: World Bank Group, 2020.
[117] More specifically, a "mindset" of self-starting behavior, innovation and goal setting, which tends to be more effective than traditional business training, particularly for women.
[118] Women's impact businesses provide economic options for women as entrepreneurs, employees, and consumers of goods and services that benefit women and girls.

participation in training on business-development services, financial management, public speaking, personal initiative or confidence, and leadership.

International Trade: Both the SDGs and the Addis Ababa Action Agenda (which aligns financing and policies to support the 2030 agenda) identify international trade as an important engine for development.[119] Although women-owned businesses make up a large percentage of companies in Ghana, as in other countries, male-owned enterprises are more likely to participate in the formal economy and international trade.[120] This situation is a missed opportunity. The Africa Center for International Trade and Development (ACINTaD) recently noted how women's participation in international trade is needed to contribute to Ghana's national development and to achieve the Ghana Beyond Aid Agenda.[121]

The reasons for the underrepresentation of women-owned businesses in international trade are multiple. Trade policies affect women and men differently due to gendered social norms and gender inequalities in access to and control over assets and resources (especially finance, land, information, markets, and networks), skewed skills mismatches and unpaid care workloads, and leadership and decision-making.[122] Women's involvement in trade negotiations are key to ensuring they benefit from trade and their voices and entrepreneurial interests are considered.[123] Increasing efficiencies in trade can reduce the cost of goods and increase employment and skills-building opportunities for women, particularly in export-oriented sectors or products where women predominate (such as shea butter and other agricultural goods). This shift, however, also could lead to unemployment and the restructuring of labor markets, which tend to have disproportionate effects on women and the poor.[124] In addition, due to the smaller size of women-owned firms and businesses, trade-related fixed costs tend to affect them disproportionally.[125] Increasingly, public procurement and private-sector programs are setting targets for sourcing from women-owned businesses.[126] Preferential policies combined with government action to increase transparency in regulations (to reduce time burdens) and lower non-tariff barriers to trade can be beneficial for smaller businesses, which are typically owned by women. [127]

[119] United Nations. Addis Ababa Action Agenda on the Third International Conference on Financing for Development (Addis Ababa Action Agenda), 2015.
[120] International Trade Center. Issue Brief Series: Gender and Trade. Interagency Task Force on Financing for Development, July 2016.
[121] Ghana News Agency. We Need More Women in International Trade—ACINTaD, January 2019.
[122] International Trade Center. Unlocking Markets for Women to Trade, 2015.
[123] World Bank. Brief: Trade and Gender, March 2019.
[124] United Nations. Trade as a Tool for the Economic Empowerment of Women. United Nations Conference on Trade and Development, March 2016.
[125] International Trade Center. Unlocking Markets for Women to Trade, 2015.
[126] The ITC-led Global Platform for Action on Sourcing from Women Vendors started in September 2010. It represents 50,000 women entrepreneurs and has grown into a network with partners who purchase more than $1 trillion in goods and services annually. In addition, in September 2015, ITC launched a five-year call to action to bring one million entrepreneurs to market by 2020 by boosting women's participation in trade. See International Trade Center. Unlocking Markets for Women to Trade, 2015.
[127] Targets also can be supported through training, information sharing, and mentoring for women including e-learning courses; procurement maps with data on procurement tenders; and training courses on how to register, access, and compete. See International Trade Center. Unlocking Markets for Women to Trade, 2015.

Inclusive trade can create more employment and skills-building opportunities with higher wages or income for women and men.[128] This condition is critical for achieving gender parity and GEWE. To improve policies and procedures, the GoG should address constraints limiting women's access to productive resources (like finance and land) and increasing access to information, networks, markets, and public procurement. The National Board for Small Scale Industries (NBSSI) in partnership with the International Trade Center (ITC) is working toward increasing the participation of women-owned businesses in international trade. One example is the SheTrades Commonwealth project, which connects small, women-owned businesses in four Commonwealth countries, including Ghana.[129] This project has a website where any small, women-owned business can register and be considered for enrollment after a short and simple verification process. This program has potential to increase access to markets, which drives the needed revenue for business expansion and formalization. The intent is to build the capacity of small, women-owned businesses by increasing product quality and adherence to contract terms and international standards.

Health

Good health is essential for productivity. In Ghana, health expenditures have contributed to economic growth and poverty reduction. Women, children, the poor, and other key populations, however, remain more at risk to health concerns, largely due to inequalities in resource distribution and gender. These health inequities are most evident in outcomes related to maternal and child health, gender-based violence (GBV), and emerging underserved and underfunded health needs.

Maternal and Child Health: While there have been improvements in maternal, under-5, and infant mortality,[130] neonatal mortality remains largely unchanged with 25 newborns dying for every 1,000 live births—many of which could be prevented easily.[131] All maternal-care indicators improve with increasing education and wealth.[132] Adolescent birth rates especially are revealing in this regard. The birth rate for girls age 15–19 is 138 births per 1,000 people for those with little education and 18 for those with advanced levels of education and 106 compared to 17 for adolescent girls in the poorest and richest economic wealth quintiles.[133] The ability to prevent adolescent pregnancy is critical as it improves maternal health, reduces infant mortality, and increases the prospects for young girls to attain higher levels of education.[134]

Stunting is a proxy for chronic malnutrition, measured through a child's trajectory in height relative to age. Malnutrition in early life (particularly the first 1,000 days from conception until age 2) can have lifelong

[128] World Bank. Brief: Trade and Gender, March 2019.
[129] Business News, GhanaWeb. NBSSI Partners International Trade Center to Boost Women-owned Businesses, June 2019.
[130] Under-5 mortality rates reduced from 72 deaths per 1,000 live births in 2003–2004 to 56 in 2017; while there are limited differences based on residence (62 for urban versus 52 for rural), there is a significant difference when considering the mother's education level (79 for those with no education versus 53 with advanced education). UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings, January 2019.
[131] GSS, GHS, and ICF. Ghana Maternal Health Survey 2017, 2018.
[132] Ibid.
[133] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings, January 2019.
[134] Ibid.

adverse consequences.[135] Stunting and anemia are unacceptably high among children in Ghana (aged 6 to 59 months), with a respective prevalence of 66 and 19 percent.[136] Stakeholders suggested that in many Ghanaian households, men are offered larger food portions than the women and children.[137] Stunting affects cognitive capacity, educational performance, adult health, and future economic productivity. Children who are stunted fall sick more often, perform less well in school, and are more likely to suffer from chronic diseases in adulthood. Anemia rates are high among children (66.9 percent), non-pregnant women (45.7 percent), pregnant women (54.3 percent), and women of reproductive age (46.4 percent).[138] This condition negatively affects health during pregnancies and in children.

Fertility rates have fallen significantly in Ghana. Nevertheless, many women do not have autonomy in family-planning and reproductive-health decisions. Stakeholders in the Central Region noted women are able to make their own decisions regarding family planning but may have to keep their National Health Insurance Scheme (NHIS) ID cards at the facility for safe keeping or opt for injectables so their partner does not find out.[139]

Child, Early, and Forced Marriage (CEFM): Early marriage has detrimental lifelong and intergenerational consequences related to health, nutrition, fertility rates, education, employment, and domestic violence. When youth, especially girls, are empowered and educated, they are better able to delay marriage, nourish and care for their children after marriage, and have opportunities for productive employment or self-employment. A recent multi-method study provides evidence that 4.4 and 5.8 percent of women aged 15-49 were married by age 15 in 2006 and 2011, respectively. Among women aged 20-24, the proportion of those married before age 18 was 22 percent in 2006 and 21 percent in 2011.[140] As of 2017–2018, 19 percent of women age 20–24 were married before age 18. Rates of child marriage are highest in Northern, Upper East, and Volta regions and among the poor and less educated.[141] The 2014 CEDAW Shadow Report notes the customary practice of marriage elopement in Northern areas where women are forced to marry abductors. Stakeholders throughout the country, but especially in the north, note that CEFM is considered the "norm"[142] and a leading factor causing teen pregnancies.[143]

Increases in teenage pregnancies, particularly in the north, are linked to early marriage and cohabitation[144] as well as the financial status and work burdens of the parents, which can impact how and where children are raised. Overworked parents and foster caretakers are more likely to provide inadequate oversight and support for youth, who then become more vulnerable to engaging in consensual or transactional sex.[145] Some sources believe the rates of teenage pregnancies have increased because patients

[135] UNICEF. Nutrition's Lifelong Impact, January 2016.
[136] GSS, GHS, and ICF. Ghana Demographic and Health Survey 2014, 2015.
[137] KIIs, District SPED and SHEP Officers and USAID/Ghana-Tamale office.
[138] World Health Organization. Nutrition Landscape Information System Country Profile.
[139] FGD, CHPS Compound, Central Region.
[140] Ahonsi, Babatunde, et al. Child Marriage in Ghana: Evidence from a Multi-Method Study. BMC Women's Health (2019) 19:126, 2019.
[141] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings, January 2019.
[142] KIIs, Director of Children, MoCGSP, Northern Region, Pusiga District Health Directorate.
[143] KIIs, LAWA, Bolgatanga Health Directorate.
[144] KII, Director of Gender, MoCGSP, Upper East Region.
[145] KIIs, CHPS Compound, Central Region, Bolgatanga Health Directorate.

underreport their ages. This behavior may be due to individuals not being aware of their correct age or, as one government office reported, for the need to be eligible for their parents' health insurance coverage, which provides lower premiums for children under age 18. This conduct, however, has not been studied yet.[146]

Menstruation Stigmatization: The lack of water and sanitation can result in girls missing classes or dropping out of school, impacting their learning and employment opportunities. Governmental and non-governmental actors are becoming more aware of the need to address menstruation stigmatization. The impact of menstruation on girls' lives frequently came up in stakeholder discussions. In a recent survey, 19 percent of women reported not participating in school, work, or social activities during the previous 12 months due to menstruation.[147] One USAID project is supporting local authorities to build facilities with changing rooms for girls with a chamber for the disposal of waste materials, utilizing readily available local resources. In addition, it is facilitating the formation and training of school health clubs and offering reusable sanitary panties for girls at a subsidized cost.[148]

The Ghana Education Service (GES) also is partnering with the United Nations Children's Fund (UNICEF) to educate the public and other stakeholders (including parents, teachers, boys, girls, and community leaders) on how to support girls in managing their menstruation.[149] Research suggests water, sanitation, and hygiene (WASH) services can improve safety, income generation, and health, and empower women through time savings, leadership, and educational opportunities to support shifts in gender roles.[150] Women's involvement in WASH-related decision-making also helps to ensure the specific experiences of a woman are captured and understood, which supports sustainability.

Emerging Health Needs: Non-communicable diseases (NCDs), neglected tropical diseases (NTDs), and mental health are critical emerging health needs.[151] As females tend to serve as the primary caregivers for people these conditions affect, they are impacted disproportionately.

- **NCDs:** While men and women are susceptible to NCDs, women are more likely to miss work or school to provide care for sick family members. This consequence can create isolation and affect levels of social support.[152]

- **NTDs:** NTDs disproportionately impact and disadvantage women, girls, and other vulnerable groups due to biological and cultural reasons (for example, caregivers and water bearers) that differ by setting and pathogen.[153] Furthermore, the consequences of NTD infection (for example,

[146] KII, Bolgatanga Health Directorate.
[147] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of key findings. January 2019.
[148] KII, Global Communities.
[149] UNICEF. Be Amazing. Period!, n.d.
[150] Connolly, K. and Potter, A. Women as WASH Leaders: Achieving Equitable Access to WASH Services in Ghana, December 3, 2019.
[151] KII, Dr. Alberta Amu-Quartey.
[152] Ibid.
[153] Uniting to Combat Neglected Tropical Diseases. Neglected Tropical Diseases: Women and Girls in Focus: Summary Report of Meeting Held on July 27–28, 2016 in London, UK, 2016.

disability and infertility can impact marriageability) tend to impact females disproportionately.[154]

- **Mental health:** Mental-health conditions and symptoms affect women and men and are poorly understood in Ghana, where little attention is given to diagnosis and treatment. Some women suffer from postpartum depression, yet this is under and not properly diagnosed. In fact, there is no word for depression or grieving in some Ghanaian languages, suggesting how difficult it can be for patients and healthcare providers to identify and address mental health conditions.[155] There also were accounts of women being accused of witchcraft as a result of mental health conditions.[156]

Education and Workforce Development

Ghana continues to use education as a means for accelerating economic growth. Improvements in the quantity and quality of education and skills are critical for increasing productivity and incomes in existing and emerging jobs. While Ghanaians have become better educated since the 1990s, however, quality schooling remains a concern and has repercussions on workforce readiness.

Credit: USAID/Ghana

Investments in education have not yielded the expected returns in educational performance. On harmonized test scores, students in Ghana scored an average of 307, which is just greater than the minimum score of 300 (with 625 representing advanced attainment).[157] Nearly 80 percent of Ghana's working-age population has a level 1 literacy or lower (meaning their literacy proficiency is limited to understanding basic texts without the ability to integrate, evaluate, or interpret information from a variety of materials).[158] As many as 40 percent of upper secondary students score lower than basic literacy.[159] Furthermore, fewer than 25 percent of primary 4 and 6 (P4 and P6) pupils achieved proficiency in mathematics and fewer than 40 percent in English, with as many as 28 to 45 percent failing to achieve even minimum competency.[160] Performance was nearly the same for males and females, but learning outcomes were much worse for rural (versus urban), public

[154] Gouvras A. Neglected Tropical Diseases and Women: An International Women's Day Special. BugBitten, March 2017.
[155] KII, Dr. Alberta Amu-Quartey.
[156] FGD, Gambaga, Witches Camp.
[157] World Bank. Human Capital Index, 2020.
[158] World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity - Systematic Country Diagnostic, 2018.
[159] World Bank. World Development Report 2019: The Changing Nature of Work. Washington, DC: World Bank, 2019.
[160] World Bank. Project Appraisal Document on a Proposed Credit in the Amount of 107.9 million special drawing rights (SDR) ($150 million equivalent) and a proposed grant in the amount of $23.9 million from the Global Partnership for Education to the Republic of Ghana for the Ghana Accountability for Learning Outcomes Project, October 2, 2019.

(versus private), and deprived (versus nondeprived, particularly in Northern Ghana) schools.[161] While there is evidence of a general improvement in girls' performance compared to boys on the Basic Education Certificate Examination exams, boys perform slightly better in mathematics and science and girls tend to perform better in English.[162] Among the 23 percent of students who passed to qualify for tertiary education in 2016, 26 percent were males compared to 20 percent of females.[163]

Access to technical and vocational education and training (TVET) has increased through senior high technical schools and technical and vocational institutions (TVI). Yet most TVET institutions are not covered under GES's policy to offer free senior high school (SHS)[164] and the percentages of women and persons with disabilities enrolled are low.[165] Female enrolment in senior high technical schools declined from 26 percent in 2015–2016 to 11 percent in 2016–2017, perhaps due to the tumultuous rollout of the government program to expand access to free secondary education in 2017.[166] Data suggest that these numbers are increasing, however, with the Ministry of Education (MOE) reporting that the number of children who attended elementary school and went on to enroll in secondary school increased from 67 percent in 2016 to 83.9 after the start of the program.[167] The increase in student numbers has had an impact, and students are being staggered or two-tracked to reduce overcrowding and address shortages of teachers and materials.[168] The GoG has pledged to build more schools and eliminate the staggered system in five to seven years, but educators remain skeptical.[169]

Only 23.6 percent of students enrolled in public TVI are female.[170] There is also gender segmentation and stereotyping in courses of study, with women channeled into catering and fashion design and men into auto mechanics, electrical, and masonry. As a result, fewer than 5 percent of those who undertake TVET in male-dominated areas, such as electronics mechanics and building, are women; this trend limits the number of women who are employable in these areas.[171]

Another concern is the limited scope and quality of TVET institutions and whether they are able to address the diverse needs of learners and help them achieve workforce readiness and employment. Stakeholders note a "mismatch" between skills taught in TVETs and labor-market needs due, in part, to low levels of

[161] National Education Assessment Unit, Ghana Education Service, Ministry of Education. Ghana 2016 National Education Assessment: Report of Findings, 2016.
[162] KIIs, Education Directorate, Central, Northern, and Upper East Regions; The World Bank. Project Appraisal Document on a Proposed Credit in the amount of SDR 107.9 million ($150 million equivalent and a proposed grant in the amount of $23.9 million from the Global Partnership for Education to the Republic of Ghana for the Ghana Accountability for Learning Outcomes Project, October 2, 2019.
[163] The World Bank. Project Appraisal Document on a Proposed Credit in the amount of SDR 107.9 million ($150 million equivalent) and a proposed grant in the amount of $23.9 million from the Global Partnership for Education to the Republic of Ghana for the Ghana Accountability for Learning Outcomes Project, October 2, 2019.
[164] KII, Regional TVET Coordinator, Central Region.
[165] Ministry of Education (MOE). Education Strategic Plan 2018–2030, 2019.
[166] New York Times. Promise of Free High School in Ghana comes at Price, June 16, 2019.
[167] Modern Ghana News. Free SHS so far Records 83.9% Enrolment, December 1, 2017.
[168] GhanaWeb, Dr. Clement Apak. Free SHS Problematic, My Constituents Keep Complaining About 'Double Track, April 2019.
[169] New York Times. Promise of Free High School in Ghana comes at Price, June 16, 2019.
[170] MOE. Education Sector Performance Report 2017–18, 2018.
[171] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.

industry investment and involvement.[172] While TVETs can provide marketable work skills, many students (and parents) believe formal SHS training is a more-effective route to employment.[173] Moreover, students who opt for vocational training often are labeled as "failures."[174]

Stakeholders highlight that training should begin sooner (at pre-technical levels) and support cross-stereotypical choices to improve preparation of young people for the workforce and to make learning and employment opportunities more gender equitable.[175] The GoG also reportedly is updating the country's memorization-heavy curriculum to focus more on improving critical thinking and comprehension.[176] In addition, given the low proficiency in adult literacy, scope for adult-learning programs should be considered. The World Bank notes adult literacy programs have yielded labor-market returns of more than 66 percent, yet demand for training remains low because most managers do not perceive lack of skills as a constraint.[177] Both TVET and adult-learning programs will be more successful if linked to employment opportunities and the private sector is involved in developing the curriculum or training methods, including on-the-job training through internships and apprenticeships. Furthermore, given the competing demands on women's time, flexibility in timing and location are critical to women's participation.

DO1 Recommendations

These IR-specific recommendations correspond to the following J2SR sub-dimensions: open and accountable government, inclusive development, economic policy, government capacity, civil society capacity, citizen capacity, and capacity of the economy.

IR 1.1: Government Strengthens the Enabling Environment for Equitable, Sustainable Growth

1.1.1: Government improves and streamlines procedures for efficient trade

Although women-owned businesses make up one in four businesses in Ghana, as in other countries, male-owned businesses are more likely to participate in the formal economy and international trade. Gender-aware trade-development strategies informed by sex-disaggregated data are needed to improve policies and better target strategies to reduce barriers and expand opportunities for women. The GoG should integrate gender-responsive interventions into trade development and employment policies and strategies, including women's representation in trade negotiations and preferences for small women-owned businesses in public procurement. As noted, the NBSSI is partnering with the ITC to increase the participation of women-owned businesses in international trade. In addition, private-sector companies are increasingly seeking out women-owned businesses to diversify sourcing and supply chains.[178]

[172] MOE. Education Strategic Plan 2018-2030, 2019.
[173] UNFPA, UKAid, UNICEF, and the Ministry of Health Ghana. Adolescent and Young People in Ghana-Situation Analysis: Upper East Region, 2014.
[174] KII, Regional Education Directorate, Central Region.
[175] KII, Regional TVET Coordinator, Central Region.
[176] New York Times. Promise of Free High School in Ghana Comes at a Price, June 16, 2019.
[177] World Bank. World Development Report 2019: The Changing Nature of Work. Washington, DC: World Bank, 2019.
[178] International Trade Center. Unlocking Markets for Women to Trade, 2015.

- Advocate for the GoG to expand the collection and analysis of sex-disaggregated data related to women-owned businesses, including those participating in the formal economy and international trade. **(WE3)**
- Support CSO advocacy for the GoG to increase the number of women (who are business-owners) involved in trade negotiations and trade policy and strategy development. **(WE3)**
- Advocate for GoG policies to increase transparency in regulations (to reduce time burdens) and lower non-tariff barriers to trade to benefit smaller businesses, which women typically own. **(WE3)**
- Support links between CSIR and women-owned businesses to identify research and development technological solutions to reduce labor and increase productivity, especially for products, supply chains, and sectors where women-owned businesses are predominant. **(WE3)**
- Support NBSSI in reducing barriers to international trade targeting women-owned businesses, including e-learning and information about public- and private-sector procurement processes, procedures, and opportunities. **(WE3)**

1.1.2: Government improves policy formulation and execution for private-sector investment

The GoG provides policy incentives to promote private-sector investments in the distribution of technologies and business-development services to target women entrepreneurs to increase efficiencies and improve the quality and quantity of production. TVET and adult-learning programs will be more successful when linked to employment opportunities. Involve the private sector in identifying skills constraints and developing curricula or training methods, including on-the-job training through internships and apprenticeships.

- Advocate for GoG private-sector investment policies to remove corporate taxes for small businesses to help them maintain capital for business development and expansion, thereby benefiting women-owned businesses which tend to be smaller. **(WE3)**
- Support GoG financial-inclusion policies to include provisions for mitigating risks for small loans among lenders that require flexible collateral and cosigner requirements to help women-owned businesses gain access to capital (beyond the limitations of microfinance) to expand their businesses. **WE3**
- Restructure TVET and adult-learning programs to meet the private sector's needs, with its involvement in developing curriculum and training. **WE3**

1.1.3: Business associations and other CSOs promote an improved business-enabling environment

There is a proliferation of business associations in Ghana, many of which do not coordinate to expand their impacts. Women's business associations need to collaborate to advance the interests of women entrepreneurs, thereby increasing membership and achieving greater influence over policymakers.

- Build the capacity of women's business associations to come together and advocate for policies to provide incentives for value chains in which women are the predominant producers and other small, women-owned businesses. **WE3**
- Support business advisory training and services that emphasizes personal initiative and core skills building (including interpersonal and negotiation expertise) to increase women's confidence, goal setting, and capacity to grow their businesses. **WE3**

The engagement of CSOs and different networks or associations are critical for increasing collaboration, transparency, and accountability in diverse sectors.

- Engage CSOs to monitor and advocate against real-estate purchases (a form of landwatch) that negate small farmers' access to land. **WE3**
- Utilize the Regional Gender Support Network (a quarterly meeting of government and non-government partners) to identify investment opportunities, decrease programmatic duplication, and strengthen partnerships to advance GEWE. **WE3**

IR 1.2: Businesses Expand Through Efficient, Productive Practices

1.2.1: Businesses use financing to grow

Women entrepreneurs are risk averse; reluctant to access credit to expand their businesses; and tend to pursue low-productivity, low-risk ventures with limited income-earning potential. CSOs with business-development expertise could increase awareness about the availability of low-interest and low-risk microfinance loans for viable opportunities. As some of these services have become politicized, CSOs should be supported to decouple microfinance support from political allegiance. Financing opportunities should focus on women-owned enterprises as well as women's impact businesses that offer economic opportunities to female entrepreneurs and employees or benefits to consumers of goods and services targeted to women and girls.

- Support advocacy for improving the targeting of apolitical productive business opportunities and financing available through the Microfinance and Savings and Loan Center so non-partisan citizens can better access that resource. **WE3**
- Increase awareness about Sinapi Aba programs, a non-banking financial institution that provides low-interest savings and loan products for enterprise development, and group loans to improve efficiencies and productivity. **WE3**
- Increase access to financing for women entrepreneurs and women's impact businesses that provide economic opportunities and benefits for women as entrepreneurs, employees, and consumers of goods and services to benefit women and girls. **WE3**

1.2.2: Businesses use business-development services to grow

CSOs could provide business-development services and training for MSMEs focused on overcoming economic and psychological constraints women entrepreneurs interested in growing their business or moving up value chains experience.

- Support women's business associations' training and networking on financial inclusion and business-development support services. **WE3**
- Support the establishment of an office for business-development services (including core skills) within the district assemblies (DAs), which will provide information on business opportunities, statutory obligations (taxes, levies), business plan development, and possible collaborators (lists of who provides what services in the district). **WE3**
- Promote one-stop business-registration services, including information on food safety, product registration, and credit. **WE3**
- Integrate personal initiative messages into business-development services to increase women's abilities to set goals to grow their businesses. **WE3**

1.2.3: Businesses attract greater investment from domestic and foreign sources

Support exhibitions or trade shows of locally made products with export potential.

- Build the capacity of women-owned businesses in quality control to meet international standards, and in packaging, branding, and marketing locally made products to build demand domestically and for export. **WE3**

1.2.4: Businesses improve the quality and diversity of their goods and services

CSO experimentation exists to improve the quality and diversity of non-timber forest products, which are accessible to women and can be processed into transportable and marketable products (powders and oils), such as moringa and shea. There are opportunities to increase collaboration between CSIR, Modernizing Agriculture, and the Ministry of Food and Agriculture (MOFA)'s Women in Agriculture Development (WIAD) to research and explore different farmgate to table food quality and ways of reducing post-harvest losses. Link businesses to the Food and Drugs Board to certify product quality and to the Ghana Standards Authority for improved quality control on packaging and labeling.

- Decentralize services of the Food and Drugs Board and Ghana Standards Authority to the regional level so producers are knowledgeable about international standards that need to be met for export. **WE3**
- Link CSIR researchers, Modernizing Agriculture, and WIAD to explore opportunities for improving the quality and diversity of goods and services, including technologies to increase efficiencies and quality of production, save labor, and reduce post-harvest losses. **WE3**

IR 1.3: Healthy, Skilled Citizens Contribute to Economic Growth

1.3.1: Citizens adopt improved health practices

Gender roles, relations, access to resources, and patterns of decision-making partially impact health status.[179] In part due to a GoG and donor focus on GEWE, the country has made notable progress in health outcomes over the last two decades. But certain population segments remain more at risk, in particular women, children, and the poor.

- Promote success stories of chiefs and female and male gender champions as advocates to support improved health practices, positive behavior change, and women's empowerment. **WE3**
- Train health volunteers to educate target communities on key health areas and their rights, offer products and services (including health insurance), and provide links to referrals. **WE3**

Given women's traditional responsibilities for providing water, they should be involved in the leadership and management of water sources and facilities.

- Encourage women to be involved in managing water facilities in the community, including training on water repairs. **WE3**

1.3.2: Citizens seek care for optimal health

The country's focus on continuity of care has resulted in nearly three-quarters of women receiving antenatal, delivery, and postnatal care.[180] While the barriers women face in accessing care have been well

[179] USAID/Ghana. USAID/Ghana Gender Analysis, 2011.
[180] GSS, GHS, and ICF. Ghana Maternal Health Survey 2017, 2018.

documented,[181] the increase in women seeking and receiving maternal healthcare is positive. There also has been an increase in male involvement in maternal, neonatal, and child health (MNCH) care, but Ghana Health Services' (GHS) male-involvement policies and interventions may have unintended consequences. For example, most health facilities and directorates consulted said they encourage male involvement in MNCH care by "fast-tracking" services for couples. This approach, however, can have unintended consequences, such as stigmatizing and delaying women without partners as well as challenging the autonomy of women who do not want their male partner involved (perhaps due to GBV or controlling behavior).[182] Only one facility mentioned it encourages male involvement beyond the male partner, extending to brothers, fathers, or other family members.[183]

- Support the GHS to amend its policy in consultation with women and train healthcare providers to design and implement male involvement in maternal and child health interventions that respect, promote, and facilitate women's decision-making and ensure their safety. **WE3**

As in most countries, men in Ghana face barriers in seeking healthcare. Men are reluctant to use health services, and when they do seek care, their condition tends to be very advanced.[184] Even in facilities offering integrated services or adolescent corners, men forgo local care and seek care at district and regional hospitals. This trend is due in part to gender norms. Additionally, the programming approach (and mindset) for health facilities is tailored to women and children, and men feel excluded.[185] More attention needs to be paid to ensure men receive the healthcare they need. For example, GHS can encourage health facilities to create room for walk-ins with no check-in procedure to encourage male health-seeking behavior.[186] Additionally, facilities can partner with private-sector healthcare providers that have longer operating hours than public-sector ones to provide services for men.

- GHS to develop and implement screening programs and services focused on the needs of men and boys by encouraging health facilities to create room for walk-ins with no check-in procedure to encourage male health-seeking behavior.
- GHS to partner with private-sector healthcare providers that have longer operating hours than public-sector ones to provide services for men. **WE3**

Moreover, key populations can be reluctant to seek care, particularly in the public sector, because they are afraid people will talk and they believe the private sector is safer.[187] Men, women, and adolescents will not seek services (such as for HIV/AIDS and family planning) if the facility is widely known in the community (especially in small localities), and if they do not perceive the services to be discreet and confidential.[188] There is also a need to address gaps in emerging health concerns.

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[181] USAID/Ghana. Country Development Cooperation Strategy 2012-2019, 2017.
[182] Apollonia Kasege Peneza & Stephen Oswald Maluka. Unless You Come with your Partner You will be Sent Back Home: Strategies Used to Promote Male Involvement in Antenatal Care in Southern Tanzania, Global Health Action, 11:1, 2018.
[183] KII, Bolgatanga Health Directorate.
[184] KIIs, Dr. Alberta Amu-Quartey, USAID/Ghana-Tamale Office, Pusiga Health Directorate, CHPS Compound, Central Region.
[185] KII, Dr. Alberta Amu-Quartey.
[186] KII, Bolgatanga Health Directorate.
[187] KII, Dr. Alberta Amu-Quartey.
[188] Ibid.

- Train health providers on discrete and respectable care to ensure patients receive confidential treatment without stigma. **WE3**
- Midwives and community health officers to conduct home visits to prevent and treat issues related to mental health and MNCH care; community members feel more comfortable in their home and it will lead to more trust and understanding.[189] **WE3**

1.3.3: Workforce acquires marketable work skills

Poor educational outcomes affect learning (basic numeracy, literacy, and technical and soft skills) and limit employment prospects for youth and educated adults who remain low-skilled. Youth are an important driver of growth, given the opportunity and skills to be engaged in full and productive employment. Youth unemployment, however, remains double the national average and there are questions about workforce readiness. Moreover, educated adults are effectively low-skilled.

- Conduct a business-workforce survey to identify trends in the skills and training business leaders expect from the workforce as well as gaps in demand and supply to align educational curricula and vocational training with private-sector workforce requirements, thereby improving youth's employment prospects. **WE3**
- Pilot a youth business trust to provide startup money, counseling, mentoring, and training for youth who have an innovative idea but lack access to credit and capital.
- Involve the private sector in developing curricula and training methods, including on-the-job training through internships and apprenticeships. **WE3**
- Support the MOE and GES in restructuring TVET and adult learning to meet the needs of the private sector and employment opportunities, including reaching girls in schools—especially at the SHS level, with a focus on STEM subjects and skills development. **WE3**
- Begin workforce-readiness training at pre-technical levels, including support to study cross-stereotypical subject areas to reduce gender segmentation in studies and employment. **WE3**

3.2 DO2: Quality Services Delivered with Accountability

Table 3: DO2 Key Gender and Inclusion Data

Women in Politics[190]	
Members of parliament	13.8% women (38 out of 275 seats)
Sector ministers	25% (9 women, 27 men)
Ministers of state	33.3% (2 women, 4 men)
Regional ministers	12.5% (2 women, 14 men)
Deputy regional ministers	18.8% (3 women, 13 men)
Deputy ministers	19.4% (7 women, 29 men)
Council of state	None currently (in 2017, 14.3% [4 women, 24 men])
MDA chief directors	24.1% (7 women, 22 men)
MDA boards and commissions	21.2% (233 women, 867 men)
Regional coordinating council chief directors	10% (1 woman, 9 men)

[189] KII, Pusiga Health Directorate.
[190] Department of Gender, Ministry of Gender, Children and Social Protection, April 2019.

Pending GEWE legislation and funding mechanisms	Affirmative Action Policy (since 1998)[191] Women in Governance Fund (established in 2006) is nonoperational[192]
Women in the Judiciary[193]	
Judicial Council	29.4% (5 women, 12 men)
Justices of the Supreme Court	15.3% (4 women, 22 men)
Circuit court judges	43.8% (28 women, 36 men)
High court judges	35.3% (35 women, 64 men)
Health	
Healthy life expectancy	57 years (women) and 55.8 years (men) (1.02 ratio)[194]
Total fertility rate	3.9 births per woman (3.3 in urban and 4.7 in rural areas)
Sanitation	Only 14.9% of population uses improved sanitation (which affects safety, education, and health, especially for women and girls)[195]
Maternal mortality	308 deaths per 100,000 live births[196]
HIV prevalence	1.7% (2.3% women, 1.1% men)[197]
Education	
Adult literacy	83.5% (men) and 74.5% (women)[198]
Educational parity and attainment	1.01 primary (85.1% female, 83.9% male); 1.02 secondary (58.8% female, 57.8% male); 0.77 tertiary (13.6% female, 17.7% male)[199]
Female enrollment in tertiary education	Public universities 39.70%, polytechnics and technical universities 37.74%, public colleges of education 46.70%, public nurses training 74.98%
Governance council women members in tertiary institutions	19% (41 women, 175 men)[200]
Natural Resources Management: Fisheries	
Fishers and fishmongers	An estimated 200,000 fishers—of whom at least 18% are women—support the livelihoods of 2.7 million people[201]
Fishers	Average annual income per artisanal fisher canoes has dropped by 40% in the last 15 years, impacting the ability of parents, especially women, to feed, house, and send children to school [202]

In some ways Ghana's decentralization policy has brought government closer to the people, with DAs serving as a link between rural citizens and the government. Yet the official policy on decentralization has been more successful in transferring responsibility than in shifting the resources needed for enabling local governments and decentralized institutions to deliver basic services and mobilize investment for local

[191] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019-2023, June 2019.
[192] OECD Development Center. Social Institutions and Gender Index (SIGI): Ghana, 2019.
[193] Department of Gender, Ministry of Gender, Children and Social Protection, April 2019.
[194] World Economic Forum. The Global Gender Gap Report 2020, 2019.
[195] World Health Organization. Nutrition Landscape Information System Country Profile, n.d.
[196] GSS, GHS, and ICF. Ghana Maternal Health Survey 2017, 2018.
[197] It is notable that women have double the prevalence of men, suggesting an inability to negotiate safe sex with partners. Moreover, the epidemic is largely focused on key populations, namely female sex workers (6.9%) and men who have sex with men (18%). UNAIDS, 2018.
[198] World Economic Forum. The Global Gender Gap Report 2020, 2019.
[199] Ibid.
[200] Based on a sample of 13 tertiary institutions (three private and ten public). Department of Gender, Ministry of Gender, Children and Social Protection, April 2019.
[201] Wisdom Akpalu, et al. The Fisheries Sector in Ghana: A Political Economy Analysis. Norwegian Institute of International Affairs, 2018.
[202] Ibid.

development. This situation reduces accountability between MMDA members and local constituents—women, men, youth, and children. It also means most of the decentralized departments continue to respond more to their respective sector's national priorities (which guide department district plans and budgets) than on identifying and responding to local development priorities in a holistic manner.

MMDAs are responsible for development planning, local revenue collection, and service delivery in their jurisdiction, but this authority is compromised. Stakeholders report as much as 30 to 40 percent of the District Assembly Common Fund is issued late in each financial year as disbursement is usually two quarters in arrears.[203] Moreover, local revenue collection (internally generated funding) is limited, as it relies primarily on market tolls and the fees for renting market stalls, which are mainly paid by women who often protest that no public services (such as washrooms) are provided for the taxes they pay. Property taxes, which have been identified as another potential source of internally generated funds for the MMDAs, have not been realized fully in most assemblies. This shortcoming is due to hindrances in the proper valuation of properties and collection of those taxes. Gaps in services and budgetary shortfalls are some of the main reasons why women and marginalized groups perceive little benefit from participating in MMDA meetings and decision-making. DA members also are frustrated. They describe themselves as "glorified beggars" because they must "beg" for funding from the administration and international donor agencies to address budgetary shortfalls and complete projects.[204]

Delayed disbursements, financial constraints, capacity gaps, and the unclear division of responsibilities across ministries and other levels of government (district, regional, and national) reduce the quality and accountability of services delivery. These deficiencies erode trust in the political process and belief in the efficacy of local government agencies and administrations.[205] These gaps cut across all sectors, undermining the timing and effectiveness of projects and programs, with severe impacts on the quality of education, healthcare, and the construction and maintenance of infrastructure.

Political Participation and Decision-Making

Women's participation in governance and leadership is increasing in Ghana, but there has been uneven progress and women are still underrepresented in political and governance positions. Although women make up half of the population, they hold only 13.8 percent of seats (38 out of 275) in the national parliament as of 2019,[206] compared to 21.6 percent for the West Africa region,[207] which is a slight increase from 9 percent in 1996.[208] In addition, women account for only 25 percent of sector ministers and 19.5 percent of deputy ministers, with both percentages down from 2013 numbers of 31.6 percent and 23.6 percent, respectively.[209] At local levels, however, there have been increases, with chief directors in MDAs increasing from 13.8 percent in 2013 to 24.1 percent in 2019. Larger numbers of women also are securing

[203] KII, Deputy Director, National Development Planning Commission.
[204]The International Bank for Reconstruction and Development / The World Bank, Gender and Governance in Rural Services, Insights from India, Ghana, and Ethiopia, 2010.
[205] UN. UN Ghana Sustainable Development Partnership Framework with Ghana 2018-2022, 2018.
[206] Department of Gender, Ministry of Gender, Children and Social Protection, April 2019.
[207] World Bank. World Development Indicators (WDI), 2018.
[208] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019-2023, June 2019.
[209] Department of Gender, Ministry of Gender, Children and Social Protection, April 2019.

positions within the judiciary. As of May 2018, there were four female justices on the Supreme Court (out of 15 or 26.6 percent) and five female members on the Judicial Council (out of 12 or 29.4 percent). Women judges are most prevalent among circuit court judges and high court judges, at 43.8 percent and 36 percent, respectively.

Participation of citizens in the decision-making process at both the national and local government levels is necessary for the needs and concerns of citizens to be reflected in budget priority setting and accountability in services delivery and development program implementation. Evidence from primary data collection indicates citizens at the local level increasingly are interfacing in the planning, budgeting, and monitoring of DAs to increase their accountability and responsiveness. New innovations, such as citizen scorecards, social audits, and user-friendly public financial management (PFM) templates[210] hold promise for increasing citizens interest, understanding, and engagement. The district citizens monitoring committees (DCMCs) that have been introduced in some areas serve an important interface function for participatory planning and feedback on DA performance to improve responsiveness and accountability. Another promising arena for political engagement of women and youth are the unit committees and area councils, many of which are not working effectively but have the potential to strengthen citizen participation and decentralization.

Many women are reluctant to run for political office. They tend to be active in the political process before and during national elections but take a back seat afterward. Young women's visibility and involvement was identified as the main gap in women's participation in the political process.[211] A nonpartisan youth parliament undertaken in northern Ghana has demonstrated effectiveness in engaging youth, including young women. This model holds potential for engaging young people politically by supporting them in learning about the issues in their community and engaging them as advocates for change.[212] It is currently operational in eight districts (Minon, Karaga, Saboba, Savelugu, Kumbungu, Yendi, Bimbila, and Sagnarigu).[213]

Informants note women find running for election difficult because of low-blow insults and bullying by their opponents.[214] The number of women who filed to contest district-level elections in December 2019 amounted to just 8.17 percent of the total number of candidates (4,660 out of a nationwide total of 57,030).[215] While the percentage of the total is low, there are thousands of women candidates who are contesting and persevering and potentially will succeed. Support for women's leadership and political-engagement training and networking should continue, especially at the regional level. This assistance will help to build a cohort of women who can support and mentor one another while sharing and comparing experiences. Increased representation of women in political bodies often leads to changes in budget and policy priorities, which improve development outcomes in health, education, and services delivery.

[210] These templates are designed to convey information to illiterate and semi-literate citizens, using images to convey budgets distributions and actual spending.
[211] KII, Esther Tawiah, Gender Center for Empowering Development (GenCed).
[212] KII, Ghana Developing Communities Association (GDCA).
[213] Ibid.
[214] KII, Regina Ampofo, Center for Democratic Development (CDD).
[215] Parliament of Ghana. House Advocates for Women's Participation in Political Decision-Making and Gender Equality, December 9, 2019.

In comparison with other countries, a lack of mechanisms to secure candidacies and positions for women has hindered traction on women's political participation. Affirmative action is not a perfect solution, but evidence exists that it is effective in increasing diversity among political representatives and skewing investment and budgets more toward health and education. Ghana formulated an Affirmative Action Policy in 1998 to set a target of 40 percent representation of women at all levels of governance, but this scheme has yet to be passed into law.[216] There is a critical opportunity in this election year to increase support for the passage of this bill. It should be a funding priority among CSOs and development partners, as was the Right to Information Law passed in January 2020.

Ethnic civil-society leaders remain key decision-makers within their communities and are able to influence perceptions and uptake of local and national policies.[217] The chieftaincy system plays an important role in local governance, stewardship of natural resources and ecosystems, land tenure, development, and dispute resolution. Some chiefs control large swaths of land in different parts of the country and land-use allocations (especially in parts of the Northern, North East, and Savannah Regions), which overlords control. In the Upper East and Upper West Regions, chiefs and their families generally own, control, and allocate land, often marginalizing women and vulnerable ethnic groups.[218] A study on land acquisition and chieftaincy notes some chiefs are selling land for their own financial benefit, regardless of the impact on families, farmland, and communal lands.[219] Informants corroborated that behavior.[220]

Several Ghanaian ethnic groups recognize the public leadership role of some women as queen mothers or *nananom*. Queen mothers are considered custodians of the land and play a critical role in mediating interpersonal conflicts, responding to the needs of women and children, serving as counsel to chiefs and, in some groups, naming new chiefs.[221] While queen mothers are not considered chiefs in areas where they are recognized, some ethic groups (especially in the southern part of the country) install female chiefs. Queen mothers cannot technically be members of the regional and national houses of chiefs, but they usually are included in local traditional councils. The challenge over the years has been the reluctance of the regional houses of chiefs to include female chiefs. The National House of Chiefs membership is made up of paramount chiefs, none of whom are female at present. Queen Mothers from different areas, however, have been allowed to join the National House of Chiefs as observers. In 2019, the president indicated he "asked queen mothers across the country to exercise restraint as the government intensifies deliberations with the National House of Chiefs to include queen mothers in the various regional houses of chiefs."[222]

[216] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019-2023, June 2019.
[217] USAID. Ghana Democracy and Governance Assessment Report, 2011.
[218] KII, Fr. Clement Aapengnuo, Center for Conflict Transformation and Peace Studies (CECOTAPS).
[219] Campion, Benjamin and Emmanuel Acheampong. "The Chieftaincy Institution in Ghana: Causers and Arbitrators of Conflicts in Industrial Jatropha Investments." Sustainability 2014.
[220] KII, Francesca Pobee-Hayford, Canadian FSSP.
[221] USAID/Ghana Gender Analysis, 2011.
[222] CNR Citi NewsRoom. Government to Intensify Effort to Open House of Chiefs to Queen-Mothers, January 10, 2019.

Agriculture

The CPESDP rightly targets modernizing agriculture as necessary for poverty reduction and economic growth. This approach requires a focus on women who are the majority of farmers (52 percent overall and 70 percent in rural areas), among which 95 percent are involved in agroprocessing.[223] Though their contributions tend to be unrecognized or undervalued, women produce 70 percent of Ghana's food stock[224] and work as traders, processors, and laborers. Most women, however, are concentrated in the unskilled and low-wage production end of each value chain. Women experience the following barriers or constraints in terms of market access and value chains: limited access to farm inputs and technology; asymmetries in negotiating fair prices with middlemen traders; low participation in agri-business and seed multiplication activities, including improved or certified seeds; and reduced access to credit.

Agricultural responsibilities largely are perceived to be distributed according to types of crops and livestock. Smaller and less valuable production crops (such as groundnuts and soybean) and livestock (for example poultry and small ruminants) are considered a woman's domain. But these divisions of labor are not clear cut. Women are involved in all types of agricultural production and caring for livestock. Women work in the fields on cash crops ostensibly grown by men (in weeding, planting, and harvesting), and in the cleaning and feeding of larger livestock, such as goats and sheep. They also tend to do the most labor-intensive and time-consuming work.

The GoG's Planting for Food and Jobs (PFJ) has increased food security and youth employment.[225] Through this program, the number of agricultural extension agents has been increased by employing young graduates, with 746,601 and 794,944 jobs created in 2017 and 2018, respectively.[226] Almost all of these jobs (94 percent) are linked to farm-level employment, with 4 percent to value addition and postharvest service provision and the remaining 2 percent to extension delivery and information and communications technology (ICT).[227] Although some respondents offered that these newly minted extension agents lack training and knowledge, there were positive reports too.[228] In addition, stakeholders reported "course corrections" in the rollout of the PFJ to benefit women.[229] For example, the program expanded the number of value chains it provides support for to include products women traditionally produce; it now supports production in seven value chains (rice, maize, sorghum, select vegetables, soya bean, groundnut, and cassava).[230] By 2019, an estimated 600,000 smallholders were enrolled in PFJ, with a target to reach 1.5 million farmers by the end of 2020. Between 2017 and 2018, subsidies in the form of organic and blended inorganic fertilizers as well as improved seeds were provided to about 880,000 farmers; as of

[223] MoFA. Gender in Agriculture Strategy II, 2016.
[224] Ibid.
[225] GhanaWeb. Planting for Food and Jobs Revolutionizes Ghana's Agriculture, February 2019.
[226] Republic of Ghana. The Budget Statement and Economic Policy of the Government of Ghana for the 2020 Financial Year, November 2019.
[227] Ibid.
[228] KIIs, Lord Pobi, ActionAid, Northern Ghana Governance Project; SWIDA Alima Sagito-Saeed; Rosalia Babai–WAP (UW) Regional Chair; Musa Taylor DCOP ATT Project (ended).
[229] KIIs, Bridgette Adjei-Parwar—Northern Regional MOFA Women in Agric Development (WIAD) Officer; SEND Ghana, Siapha Kamara; Eunice—Canadian High Commission, FSSP Field Office, Tamale.
[230] KIIs, Bridgette Adjei-Parwar—Northern Regional MOFA Women in Agric Development (WIAD) Officer; Musa Taylor DCOP ATT Project (ended).

November 2019, 331,000 metric tons of fertilizer had been distributed to 920,000 farmers.[231] PFJ is also promoting technology transfer through Planting for Export and Rural Development, Rearing for Food and Jobs, the Greenhouse Village Project, and Mechanizing for Food and Jobs.[232] These types of programs should be expanded and adapted to support youth employment, sustainable and climate-smart agricultural production, poverty reduction, and economic growth.

Education

The MOE consists of four headquarter divisions and 20 agencies in charge of implementing policies and delivering education.[233] To achieve efficiency in service delivery in education, the GoG has initiated a series of policies. The Education Strategic Plan (ESP) 2018–2030 is Ghana's third long-term education-sector development plan, developed alongside the Education Sector Analysis 2018 and the Education Medium-Term Expenditure Framework 2018–2021.[234] Reforms focusing on primary education and increasing teacher training have led to improvements. Currently, there are two other policies in final drafts (the Gender in Education Policy and the Girls' Education Strategy) that are awaiting MOE and GES validation.[235]

The GoG has achieved gender parity in primary education and junior high school (JHS), and much progress has been made in closing education gaps between girls and boys, and increasing enrollment and completion rates.[236] In 2017–2018, the gender-parity index at the primary level and JHS level was 1.0. Ghana had close to a 100 percent primary-school completion rate (99.2 percent for boys and 100 percent for girls),[237] meaning the country is on track to achieve universal primary enrollment. Parity in school participation at basic levels, however, has not been achieved in all regions and many districts.[238] In addition, the gender-parity index in deprived districts declined from 0.93 in 2016–2017 to 0.89 in 2017–2018.[239] In tertiary education, the ratio of female to male enrollment is only 0.77. There are also higher completion rates among boys compared to girls at the secondary and tertiary levels. While basic education is free in Ghana, access to higher learning can be challenging, especially for girls. Girls have greater dropout rates in higher levels of education as a result of teenage pregnancy and child marriage.[240] In addition, menstruation can impact girls' school attendance, due to a lack of adequate WASH facilities at school, fear of staining their clothes due to inadequate menstrual materials, or not having pain relief medicine to soothe cramps.[241]

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[231] Republic of Ghana. The Budget Statement and Economic Policy of the Government of Ghana for the 2020 Financial Year, November 2019.
[232] GhanaWeb. Planting for Food and Jobs Revolutionizes Ghana's Agriculture, February 2019.
[233] Leclercq, F. and Kageler, S. Education Sector Analysis: Equity and System Capacity in Ghana. Presentation to the MOE Steering Committee. Accra, Ghana, November 16, 2017.
[234] MOE, Education Strategic Plan 2018-2030, 2019.
[235] Personal communication with UNESCO staff, March 2020.
[236] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[237] MOE. Education Sector Performance Report (ESPR), 2017–18, 2018.
[238] Leclercq, F. and Kageler, S. Education Sector Analysis: Equity and System Capacity in Ghana. Presentation to the MOE Steering Committee. Accra, Ghana, November 16, 2017.
[239] MOE. Education Sector Performance Report 2017-18, 2018.
[240] UNICEF. UNICEF Annual Report 2012, 2012.
[241] Human Rights Watch and WASH United. Understanding Menstrual Hygiene Management and Human Rights, 2017.

Moreover, access to education and secondary school enrollment rates remain low among the poor, with large regional and gender disparities. Tuition fees and other costs (such as uniforms and school supplies) continue to pose a challenge for poor families. Women's financial constraints and workload burdens influence decisions to enroll children in school. In fishing communities, boys are more likely to have delayed entry into school or dropout early to assist parents with their work. Children whose parents have migrated in search of work sometimes are sent to live with grandparents or another caretaker, many of whom are unable to provide adequate support or structure. A tentative program to introduce free secondary education started in 2015, but there was limited outreach.[242]

Another concern is school-related GBV. In 2018, almost three-quarters (74 percent) of children cited physical harm by a teacher or someone else, physical work, humiliation, shouting, suspension, or exclusion from class as the repercussions for doing something wrong in school,[243] with boys more likely to experience corporal punishment than girls.[244] Furthermore, 11 percent of girls and 6 percent of boys reported sexual harassment (60 percent of which were adults perpetrated against children), and 27 percent of girls interviewed reported a teacher propositioned them.[245] One stakeholder noted incidents of GBV in schools often are settled outside the school and therefore are unreported.[246] While this violence can affect all children, girls are particularly vulnerable and schools lack counselors who could provide psychological and emotional support.[247] Moreover, after incidents of school-related GBV, the learning environment becomes "uncomfortable" and the mostly female victims avoid attending classes.[248]

Accountability mechanisms for managing education are weak. District education oversight committees (DEOCs) lack the capacity to design and implement education. And they are unable to supervise and monitor for safeguard measures in schools because they lack the necessary technical and budgetary resource support and do not focus on the roles they can play to provide accountability and address inequities.[249] The late disbursement of funds undermines regional and district governments' abilities to follow plans as budgeted, deliver basic services, and mobilize investment for local development. A lack of earmarked funding, undermining ability to follow through on operational and action plans, constrains DEOCs too. If well-resourced and given capacity, DEOCs and school management committees (SMCs) could be effective platforms or mechanisms for monitoring and accountability.

Although the GES regional and district offices are mandated to ensure the function of and accountability within the education system, inadequate funding, shortages of staff, and lack of enforcement powers limit the offices.[250] Schools are encouraged to draw performance improvement plans to better manage their institution. The capitation grant is another scheme designed to help schools use financial resources to plan and carry out quality-improvement activities outlined in the plans. In practice, however, the release of this

[242] Bertelsmann Stiftung, BTI 2018 Country Report—Ghana. Gütersloh: Bertelsmann Stiftung, 2018.
[243] UNICEF/GES. A Safe School Program Survey, 2018.
[244] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings, January 2019.
[245] UNICEF/GES. A Safe School Program Survey, 2018.
[246] KII, SHEP Regional Coordinator.
[247] Ibid.
[248] KII, UCC.
[249] KII, USAID/Ghana Partnership for Education—Learning T2E (FHI360).
[250] The ESP 2018-2030, Leclercq, F. and Kageler, S. Education Sector Analysis: Equity and System Capacity in Ghana. Presentation to the MOE Steering Committee, Accra, Ghana, November 16, 2017.

grant is often delayed and insufficient for the whole year. Stakeholders reported they had not received the expected allotment from the previous two or more quarters, and some teachers reported paying out of pocket for school supplies. [251]

In 2017, government spending on education dropped to 3.6 percent of GDP[252] and comprised 20.1 percent of total expenditures.[253] While this amount constitutes a large share, many schools still lack proper equipment and materials, especially vocational training schools and some institutions of higher education.[254] Children in Ghana can expect to complete 11.6 years of school by age 18, but when years of schooling are adjusted to the quality of learning, it's equivalent to only 5.7 years.[255] The education system is facing fundamental challenges largely due to a fragmented and overloaded curriculum, unequal access to education, and ineffective or weak school management.[256] Vast disparities exist between the quality and scope of education in the rural areas compared to urban ones, and large numbers of people have little or no access to education (particularly adults, out-of-school youth, and preschool-age children).[257,258]

The numbers of teachers have not kept pace with enrollment. While the proportion of trained teachers in public schools has improved, teacher attrition rates have been increasing since 2010 and absenteeism is frequent.[259] In addition, the deployment of teachers is a concern, with large regional disparities in pupil–teacher ratios and weak correlation between the number of students and teachers within a district, especially within the kindergarten and SHS subsectors.[260] Several stakeholders lauded the importance of female teachers as role models for schoolgirls. While the recruitment of trained female teachers promotes girls' education, there is a tendency for more trained teachers, especially female ones, to refuse postings in rural areas due to the lack of facilities and infrastructure.[261] GES management has resorted to doing direct placements based on declared vacancies, but officials in high positions are able to influence postings.[262]

Teachers lack needed resources for quality education delivery, including teaching and learning materials and ICT. Shortages of schools and classrooms can result in overcrowding, leading to waning interest in school, particularly among boys.[263] There are shortages of textbooks and production often is delayed. Evidence from the ESP 2018–2030 suggests textbook-student ratios have declined since 2011–2012, reaching 0.5 in 2016–2017 for math. Education officials, however, note there has been improvement in

[251] KII, Headteacher, Northern Region.
[252] World Bank Development indicators. 2020. Cited in Trading Economics. Ghana Public Spending on Education , Total (%GDP), n.d.
[253] UNESCO. Institute for Statistics, 2017.
[254] Bertelsmann Stiftung, BTI 2018 Country Report—Ghana. Gütersloh: Bertelsmann Stiftung, 2018.
[255] World Bank. Human Capital Index – Ghana, 2018.
[256] Armah, P.H. Overview and Challenges of Ghana's Education System: How to Fix It, 2017.
[257] Japan International Cooperation Agency (JICA). Country Gender Profile: Republic of Ghana: Final Report, 2013.
[258] Armah, P.H. Overview and Challenges of Ghana's Education System: How to Fix It, 2017.
[259] Leclercq, F. and Kageler, S. Education Sector Analysis: Equity and System Capacity in Ghana. Presentation to the MOE Steering Committee, Accra, Ghana, November 16, 2017.
[260] Ghana Ministry of Education. Educational Strategic Plan 2018–2030, 2019.
[261] Japan International Cooperation Agency (JICA). Country Gender Profile: Republic of Ghana: Final Report, 2013.
[262] KII, Regional Education Directorate Official.
[263] KII, Headteacher and Teachers, Northern Region.

student performance as a result of the commitment of teachers and students' attitudes towards schoolwork.[264] Some schools even organize free morning classes for pupils, which is having positive results on exam performance.

Despite the strides being made in the education sector to achieve gender equity and equality, efficiency and effectiveness of the system remain problematic. Child-friendly learning coupled with parental trust and value for education helps parents decide to keep children, particularly girls, in school and out of foster care and child marriages. Addressing gender in education must be part of a broader and holistic discourse, which includes financing, resources, and innovative initiatives to remove barriers that keep girls out of school and prevent children (including those with disabilities) from enrolling and staying in school. Improvements in the education system and outcomes are critical and often correlate with social and economic multiplier effects or benefits, including increased income and employment, reduced maternal mortality and child malnutrition, increased contraceptive uptake and child vaccination rates, and decreased rates of GBV and HIV infection.[265]

Health

The GoG has passed a wide range of sector-specific policies aimed at improving the health of men, women, boys, and girls. In 2009, the Health Sector Gender Policy and corresponding strategic plan and guidelines for operationalizing gender mainstreaming in the GHS were developed.[266] The policy's objective is to promote healthcare delivery, particularly for maternal and reproductive health. The recent Newborn Care Policy (2019–2023) aims to guide the delivery of neonatal and child health services in Ghana by offering timely and quality health services and preventing neonatal and child mortality.[267] The GoG also has instituted treat-all guidelines that call for treatment for all persons living with HIV regardless of CD4 count or stage. And the government enacted a robust 2016–2020 National HIV and AIDS Strategic Plan that includes specific interventions for key populations.[268] These efforts have been bolstered by the 2016 Ghana AIDS Commission Act and the 2016 National Antiretroviral Guidelines, which reflect the national commitment to providing quality HIV services.[269]

In 2016, the GoG spent 4.45 percent of GDP on health, amounting to an average of $67.51 per person.[270] Ghana has a universal healthcare scheme (NHIS), yet 21 percent of women age 15–49 are neither registered nor covered under any health insurance scheme.[271] In the central region, only 40 percent of women 15–49 have health insurance.[272] Stakeholders report multiple gender-related complications in gaining access to the NHIS, including some women who are not able to identify the expiration date on

[264] KII, Education Directorate, Central Region.
[265] USAID/Ghana Gender Analysis 2011; Sumpter C., Torondel B. A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management. PLoS ONE 8(4), 2013.
[266] Japan International Cooperation Agency (JICA). Country Gender Profile: Republic of Ghana: Final Report, 2013.
[267] Ibid.
[268] GAC & FHI 360 Ghana. National Strategic Plan for Most at Risk Populations 2011–2015, August 2011.
[269] Health Policy Plus. Legal Audit Update on HIV Law and Policy in Ghana: A Summary of Developments in Ghanaian HIV and Human Rights Law Since 2010, 2017.
[270] World Bank. Indicator compendiums.
[271] GSS, GHS, and ICF. Ghana Maternal Health Survey 2017, 2018.
[272] Kpe, T.E. The Status of Women: A Regional Perspective (PPT), 2018.

their cards.[273] Both women and men face barriers to accessing care,[274] with men reluctant to seek out services due to gender norms.

Credit: USAID/Ghana

Inefficient allocation and coordination of resources between health-sector funding sources creates inefficiencies in delivery and accountability.[275] Ghana's health sector is financed through budgetary expenditures, support from the country's development partners, and Ghanaian households' spending. Health facilities are expected to deliver a wide range of preventive and clinical services, but they only have financial autonomy over NHIS reimbursements and out-of-pocket payments. The financial reliance of health facilities on the NHIS encourages them to focus on NHIS-covered curative services rather than prevention. Moreover, there are failures in the chain of accountability as human resources are deployed at the central level and staff compensation is not linked to service quality or outcome indicators.

The uneven distribution of donor funding also affects the quality of facilities, and services delivery vary widely.[276] The attempts to achieve universal healthcare with community-based health planning and services (CHPS) models have not been successful due to failures in implementation. In one of the CHPS compounds visited in the Northern Zone, staff reported missing key supplies, such as test kits.[277] In addition, a gap was reported between the GHS's intention for the CHPS compounds to be used for community-based health services and health planning with communities and those communities' expectations for treatment.[278] The programming approach in health facilities seems tailored for women and children, which excludes men and affects their healthcare-seeking behavior. In general, those people with higher levels of education seek services at the higher-quality district, regional, and private health facilities, not at local facilities (such as CHPS compounds).[279] Additionally, traditional cultural norms and beliefs of the healthcare provider may be different than those of the patient, resulting in discrimination or judgement, such as in the case of lesbian, gay, transgender, or trans (LGBT) persons or adolescents.[280]

The availability and patronage of youth-friendly services is another concern. Several facilities introduced adolescent corners with donor support to offer prevention and family-planning methods, but these efforts

[273] KIIs, CHPS Compound, Central Region, Pusiga District Hospital OPD.
[274] USAID/Ghana. Country Development Cooperation Strategy 2012–2019, 2017.
[275] World Bank. 2016. Fiscal Consolidation to Accelerate Growth and Support Development: Ghana Public Expenditure Review. Washington D.C. World Bank. Cited in World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity - Systematic Country Diagnostic, 2018.
[276] KIIs, Healthcare providers in Northern, Upper East, and Central Regions, Dr. Alberta Amu-Quartey,
[277] KII, CHPS compound, Northern Region.
[278] KII, Dr. Alberta Amu-Quartey.
[279] Ibid.
[280] KII, UNFPA-Tamale Office.

stopped after the project ended or if trained staff left their position.[281] The timing for these services also can conflict with school hours and there often are more females than males (less than 20 percent).[282] Out-of-school youth more readily can access community-based, adolescent sexual and reproductive health services within opening hours,[283] and one CHPS compound with a private consultation space reported adolescents regularly come for services.[284]

Stakeholders note women and other key populations may feel they are at risk of GBV for adopting improved health practices (such as HIV index testing and family planning). For example, a positive HIV diagnosis could increase instances of IPV since HIV index testing authorizes consent for counselors to reach out to sexual partners, children under 15 years old, and persons who inject drugs if a test is positive. In response to IPV in project areas, USAID's Strengthening the Care Continuum Project instituted several preventive mechanisms.[285] First, it established a referral system to offer at-risk individuals access to GoG domestic violence (DV) support services, social welfare, legal aid, and the Commission on Human Rights and Administrative Justice (CHRAJ). In addition, all staff members were trained on gender and on how to use IPV screening tools.[286] They also worked to create an enabling environment for key populations by training MFriends (social influencers who have been sensitized to know and understand the issues and can support violence issues from afar) and MWatchers (members of the community who have been trained as paralegals) to provide safety.[287] In addition, the CHRAJ reporting system built with the President's Emergency Plan for AIDS Relief's (PEPFAR) Health Policy Project funding has provided safe spaces for reporting incidences of discrimination among HIV populations. By training CHRAJ staff, the project is building advocates within key institutions.[288]

The gender of the health workforce may support or impede the use of health services. In some communities, women may not be able or feel comfortable to see male providers. Interestingly, in the Upper East Region, there are four male midwives out of 19 total midwives, indicating an outlier to the global trend of midwives usually being female. This region was the first in the country to have male midwives due to male gynecologists' initiation.[289] The reaction to male midwives has been mixed, but in communities where the male midwife conducts community entry successfully (such as by meeting with male custodians) and interacts well with patients, they are welcomed.[290] In addition, there are high levels of attrition, particularly in rural facilities. Rural postings without effective support or motivation reportedly led to low morale and depression and can impact the quality of services. When staff do leave, in-house knowledge transfer is limited and lacking.[291] Most stakeholders emphasized the need for consistent

[281] FGDs, Pusiga Health Directorate, Pusiga District Hospital RCH Clinic.
[282] KII, UNFPA-Tamale Office.
[283] Ibid.
[284] KII, CHPS Compound, Central Region.
[285] KII, USAID/Ghana Health Team.
[286] KII, USAID Strengthening the Care Continuum Project.
[287] KIIs, USAID/Ghana Health Team, USAID Strengthening the Care Continuum Project.
[288] KII, CEPHERG.
[289] KII, Pusiga District Hospital Maternity Ward.
[290] Ibid.
[291] FGD, Pusiga District Hospital RCH Facility.

service-provider training because some staff who left were replaced by others who have not received training.[292]

The U.S. President's Malaria Initiative's VectorLink Project offers a powerful example of how consideration of gender in hiring can impact health outcomes. Even though indoor residual spraying traditionally is seen as men's work, the project instituted operational policies (such as adapting the physical work environment, sexual harassment trainings, and resources) to employ as many females as possible, retain them, and groom promising female staff to be managers. When considering the gender dynamics that play out in terms of exposure to malaria, having female staff as influencers has encouraged some families to accept spraying as it often takes place when men are at work.[293] The Global Fund even has emulated this practice, although the impact of these hiring practices is not well documented.[294]

DO2 Recommendations

Credit: USAID/Ghana

These IR-specific recommendations correspond to the following J2SR sub-dimensions: open and accountable government, inclusive development, economic policy, government capacity, civil-society capacity, citizen capacity, and capacity of the economy.

IR 2.1: National Government Leads Policy Implementation for Efficient Service Delivery

2.1.1: Government leads improvements in public financial management

- Support the Ministry of Finance and Ministry of Local Government and Rural Development in the development and distribution of user-friendly visual PFM tools to enable Ghana's citizenry to better monitor budget allocations and gaps. **WE3**

2.1.2: Government administers tax services efficiently and effectively

Women-owned businesses have the potential to be engines for employment and economic growth.

- Review policies to provide tax incentives to MSMEs, especially small businesses that women own and registered in their names. **WE3**

2.1.3: Government implements evidence-based policies to improve health, education, agriculture, energy, and fishery sectors

Agriculture: The CPESDP rightly targets modernizing agriculture, but this needs to be done in conjunction with support for climate-smart agriculture and natural-resources management. The consequences of natural-resources exploitation are evident in depleted soil fertility, low agricultural output, deforestation, and environmental degradation. Agriculture is an inclusive sector and smallholders

[292] FGDs, Pusiga District Hospital RCH Facility, Pusiga Health Directorate.
[293] Donner, A., Belemvire, A., Johns, B., Mangam, K., Fiekowsky, E., Gunn, J., Hayden, M., & Ernst, K. Equal Opportunity, Equal Work: Increasing Women's Participation in the U.S. President's Malaria Initiative Africa Indoor Residual Spraying Project. Global health, Science and Practice, 5(4), 603–616, 2017.
[294] KII, USAID PMI Vector Link; https://pmivectorlink.org/technical-areas/gender/

need to be central to agriculture policies and productivity. The GoG should continue to support PFJ initiatives, including Planting for Export and Rural Development, Rearing for Food and Jobs, the Greenhouse Village Project, and Mechanizing for Food and Jobs. In addition, the GoG should implement youth-focused, community-based models for improving the management and use of natural resources, especially on communal lands where there are important material (such as shea trees and other valuable non-timber forest products).

- Collaborate with MoFA to support PFJ technology-transfer initiatives to improve agricultural productivity, especially among women farmers, and increase youth employment and interest in agriculture. **WE3**
- Collaborate with CSIR to increase support for research and development in agroprocessing value addition and post-harvest techniques to reduce losses and increase profits, especially for women farmers who are most involved in agroprocessing and trading. **WE3**
- Support community-based models to enforce natural-resources management of communal lands and enable the sustainable harvesting of important non-timber forest products, such as shea and moringa, which are critical to women's livelihoods. **WE3**

Health: There is a disconnect between the health needs of communities CHPS compounds serve and the capacity and training of CHPS staff. In addition, the sex (and ethnicity) of healthcare providers and public health professionals may impact health-seeking behavior as well as health practices. GHS can develop and implement a modular training package for CHPS staff. After the initial orientation for new staff, in-service training is an opportunity for employees to learn cutting-edge content or skills, including on emerging health issues and evidence-based best practices to address them. Integrated monitoring and supportive supervision and other widely used platforms (such as WhatsApp) can be used to share information.[295]

- Support the GHS to develop and implement a modular training package for CHPS staff, supplementing initial orientations for new staff with in-service training.
- Integrate monitoring and supportive supervision in widely used platforms (such as WhatsApp), which can be used to share content.
- Set quotas on the proportion of males and females in specific workforce positions to meet the needs of target populations and institute policies to ensure retention (such as grooming and replacement of the same gender). **WE3**

Stakeholders note the previous attempt to institute comprehensive sexuality education in Ghana met resistance.[296] Such a curriculum is needed, however, so youth are educated about and able to practice healthy behaviors. One stakeholder noted religious groups could be key to teaching comprehensive sexuality education in Ghana as failure to do so could have adverse consequences that would impair their reputations.[297]

- Work with religious groups and local leaders to build a coalition and identify an effective approach to providing comprehensive sexuality education to offer an informed foundation for youth to practice healthy behaviors.

[295] KII, Pusiga health directorate.
[296] KII, CEPHERG.
[297] KII, Director of Gender, MoGCSP, Central Region.

Education: MOE should build on GES's School Performance Improvement Plan and expand it to cover GBV and disability-inclusion issues.

- Engage stakeholders such as GES, the Girls' Education Unit, Special Education Division (SPED), and UNICEF to support the design and implementation of the Gender and Inclusion Education Integration Plan, which incorporates disability-inclusion and child-protection indicators.
- Collaborate with broad stakeholders such as SPED, Ghana Federation of Disability Organizations, Inclusion Ghana, Ghana National Education Campaign Coalition, and UNICEF to support the current Inclusion Education monitoring tool GES developed for improved learning outcomes.
- Coordinate systematic monitoring of government spending on gender and inclusion education for improved accountability.

Strengthen the capacity of MOE and GES to promote sustainable and efficient management, financing, and accountability of education service delivery.

- Support the design and implementation of a national capacity-building initiative plan targeting the training of resource teachers for schools and in-class facilitators to assist teachers and support children with learning disabilities in class.
- Support advocacy coalitions at the national, regional, district, and community levels to advocate for safeguard measures for all children.

Energy: There is emerging evidence that companies in Ghana (and elsewhere) are realizing the benefits of workforce diversity and efficiencies in performance and management resulting from having more women on staff and at higher levels in management.[298] Nevertheless, last-mile connections remain challenging in some remote and rural communities, thus compromising the efficient provision of electricity services to customers. Expanding access to solar home systems and improved cookstoves, modeled on Solar Sisters (which trains local women on how to establish clean energy businesses), could address the energy shortcoming.

- Recruit, train, and support business-development opportunities of rural women as energy entrepreneurs, building their capacity to market affordable solar-powered products and improved cookstoves in remote communities. **WE3**

Fishery Sector: Fisheries are a critical economic and food-security resource. The decline of fish stocks needs to be reversed. The use of fishing moratoriums has support from fisherfolk, but more consultations are needed. Illegal practices (such as byproduct transshipment, called *saiko*, and the use of filigree nets) are done openly. Women fishmongers who process fish have the power of the purse and are opposed to illegal, unreported, and unregulated fishing, but they lack unity. The absence of enforcement of regulations and consensus among fisherfolk is resulting in an open-access tragedy.

- Support investigative journalism and public-awareness campaigns to increase support for the fishing moratorium, expose fisheries' decline to consumers, and reveal political collusion. **WE3**
- Support public pressure advocacy to remove politics from the committee that controls premix fuel and vessel registration. **WE3**

[298] USAID. Engendering Utilities: Improving Gender Diversity in Power Sector Utilities. Washington, D.C.: United States Agency for International Development, 2016.

IR 2.2: Local Authorities Manage Policy Implementation for Efficient Service Delivery

2.2.1: District authorities program yearly budgets that meet identified priority community needs

Resources are determined at the national level, which can lead to a disconnect in services and performance.[299] In addition, delayed disbursements, financial constraints, capacity gaps, and the unclear division of responsibility across ministries and other levels of government (district, regional, and national) hinders efficient service delivery. Women's groups increasingly are invited to interface with local authorities to identify community needs and concerns, creating an important mechanism for identifying gender-responsive priorities and gaps in budgets and funding allocations.

- Strengthen women's group and platforms at the MMDA level to better interpret and understand MMDA budgets and assembly fund utilization. **WE3**

2.2.2 District authorities efficiently apply funds received to identified priority community needs

Late disbursement of funds undermines regional and district governments' abilities to follow plans as budgeted, deliver basic services, and mobilize investment for local development.

- Encourage MMDAs to set up systems (such as with the PFM template) to increase financial literacy with visual tools that inform community members about how tax monies are spent. **WE3**

2.2.3: District Education Oversight Committees implement education-accountability framework policy

A lack of earmarked funding constrains DEOCs, undermines their ability to follow through on operational and action plans. Capitation grants are not released early enough in the school year to aid teaching and learning.

- Support DEOCs and SMCs to strengthen their monitoring mechanisms for education accountability. **WE3**
- Develop detailed annual action plans with targeted programs and activities for advancing gender equality and inclusive education for incorporation into the Annual District Education Operation Plan. **WE3**

IR 2.3: Service Providers Adhere to National Quality Standards

2.3.1: Healthcare workers deliver quality services in public and private sector

The quality of facilities and service delivery varies and are dependent on donor funding. Moreover, the programming focus and approach in health facilities is tailored to the needs of women and children, thereby excluding men.

- Ensure comprehensive services offer men, women, and adolescents privacy and confidentiality. Establish feedback mechanisms whereby patients and their custodians can offer feedback in a confidential manner on the quality of care.
- Expand youth-friendly services. Offer resources to facilities for all providers to share (not just those trained), such as manuals, models with guidance, and promotional materials.
- Implement father-to-father support groups and other strategies to encourage adaptation of key health behaviors into community-health nurse training or continuing education opportunities.

[299] KII, HFFG.

2.3.2: Head teachers accountably manage schools

- Strengthen the capacities of SMCs to improve accountability and enforcement of school management practices.
- Design and implement monitoring templates and support training on school-level monitoring to track the progression of learners with disabilities, by sex, and their educational learning outcomes, and to enhance disability and education programming to respond to disability-type and gender-need specifics.

2.3.3: Teachers deliver quality instruction

Rural postings without effective support can lead to low morale, depression, and loss in quality of services. More support and training for teachers is needed to address low morale and impacts on education.

- Support teachers with innovative pedagogies to meet the varied learning needs of students for equitable access to education.
- Strengthen institutional capacity at the school level to better manage the capitation grant and the overall school-community accountability.
- Train guidance counselors and special-education coordinators at the school level to lead the prevention, identification, and response to school-related GBV and to address the learning disabilities of pupils.

IR 2.4: Citizens Demand Responsive Governance

2.4.1 Citizens participate in local governance

The district development planning process makes provisions for the active and direct participation of all community actors to not only participate but also make inputs and reviews to the district's medium-term development plan.[300] There are indications, however, that the unit committees and zonal and area councils, which are the level of governance closest to the citizenry, are weak and non-functional in most areas. There are active women's groups at the community level that could be encouraged to participate actively in local governance if the unit committees and zonal and area councils were more functional and effective.

- Support CSOs to advocate for passage of the Affirmative Action Bill to increase women's representation (following the example of the successful passage of the Right to Information Law).
- Support CSOs at the national level to engage political parties to encourage them to make space for women to contest in safe areas.
- Strengthen community women's groups through sensitization and education on local governance and the need to participate in decision-making at the DA level.
- Help CSOs and community-based organizations (CBOs) to identify potential female candidates for DA elections and work with women's groups and CSOs in the districts to assist them to prepare.

Parent-teacher associations (PTAs) build trust in the education system, contributing to improved service delivery. Increase awareness through advocacy about the need for improved child protection and disability inclusion in schools.

- Offer training programs for teacher capacity building in inclusive education to integrate disability rights and safe schools.

[300] National Development Planning (System) Regulations, 2016 (L.I 2232).

- Empower PTAs to demand duty bearers to address gaps in supplies and services (such as teachers and teaching aids).

2.4.2: Citizens participate in electoral processes at all levels

Encourage and strengthen subdistrict community groups to interact with DAs by creating strong platforms to include civil society groups and community leaders that facilitate engaging with duty bearers. Unit committees and area councils could be low-hanging fruit for increasing participation of women and youth. In addition, to address gaps in youth participation, support CSOs in establishing non-partisan youth parliaments and community gender advocacy teams (as done in eight districts in the Northern Region) to identify, discuss, and engage DA members on specific needs and concerns of the community.[301]

- Identify and groom natural-leader female candidates from women's groups to run for DA elections and work with CSOs in the districts to assist them in preparing to contest.
- Support women's political-leadership training and networking at the regional, national, and continental levels.
- Support DAs in strengthening unit committees and area councils as a means of increasing the voice of the communities, especially regarding women and youth.
- Support youth parliaments for engaging youth to learn about issues and advocate for responsive governance.
- Encourage discussions and consultation at the DA and constituency levels on how to discourage and avoid political vigilantism and electoral misconduct.

2.4.3: Citizens demand quality services

DCMCs are effective in holding DAs accountable through community scorecards, public audits, and PFM templates. Nevertheless, local government structures do not have a good track record in responding to women's needs and concerns (for example, women traders are reluctant to pay market levies because public services are limited).

- Encourage DCMCs or equivalent entities to advocate for DAs to allocate funding to public schools to construct changing rooms for girls.
- Sensitize and educate existing women's groups about local government and participation at the DA level.
- Include gender inequality as a measure for ranking in district league table (drawing on HDI outcome data).
- Disseminate and broadcast the use of the PFM visual template.[302] **WE3**
- Support advocacy to build and maintain public services at markets (like washrooms) to address the needs of women traders. **WE3**

[301] KII, Ghana Developing Communities Association.

[302] The Ministry of Finance's Fiscal Decentralization Unit develops PFM templates. The Ministry of Local Government and Rural Development is piloting PFMs use through its social-accountability drive to promote citizens inclusion in governance. KII, Fati Soala, Director Human Resources Management, Head Social Accountability Unit, Gender Desk Officer, Ministry of Local Govt and Rural Development.

3.3 DO3: Sustainable Development Accelerated in Northern Ghana

Table 4: DO3 Key Gender and Inclusion Data for Northern Ghana

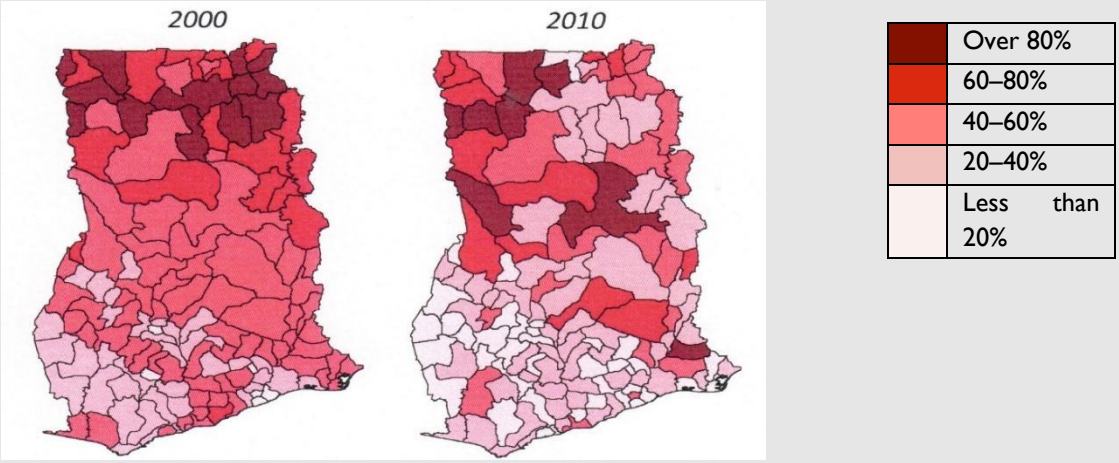
Employment, Poverty, and Inequality	
Land ownership	Only 2% of women own land in northern Ghana[303]
Unemployment and underemployment	Upper East 55.4%, Upper West 29.6%, Northern 24.7% (compared with national average of 15.6%)[304]
Poverty rates	71% Upper West, 61% Northern, 55% Upper East, 37% Volta (compared with overall rates of 23%, in 2016)[305]
Percentage of population in lowest wealth quintile	79% Upper East, 72% Northern, 60% Upper West[306]
Women in agriculture	64.2% Northern, 59.4% Upper West, 44.1% Upper East, 33.5% Volta
Health	
Maternal healthcare	57% of women's most-recent live birth delivered in a facility in Northern (compared to 78% overall)[307]
Fertility rate	5.3 in the Northern Zone (compared to 3.9 overall)[308]
Teenage motherhood	10.5% of women age 15–19 in the Northern Zone have had a live birth (compared to 11.8 overall)[309]
Under-5 mortality	78 deaths per 1,000 live births in Upper West and 77 deaths in Northern (compared to 42 deaths in Greater Accra)[310]
Access to healthcare	Women who report at least one problem accessing healthcare: 70.8% Northern, 70.2% Upper West, 69.7% Volta[311]
Polygyny	Married women with one co-wife is 34.4% Northern, 27.3% Upper East, 19.2% Upper West, 18.3% Volta (compared to 13.2% overall)[312]
Female Education	
Adult literacy	Northern (72.4%), Upper West (63.2%), Upper East (58.2%), Volta (34.9%) (compared to 32.8% overall)[313]
No education	Northern (59%), Upper West (53%), Upper East (45%)[314]
More than secondary education	Lowest at 1.7% in Northern and 2.3% in Upper East (compared to 6.3% overall)[315]
Gender-Based Violence and Human Rights	
Early marriage	28% of women age 20–24 in Northern, 22% in Upper East, 22% in Upper West were married before age 18 (2017–2018) (compared to 19% overall) [316]

[303] World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity - Systematic Country Diagnostic, 2018.
[304] Ibid.
[305] Ibid.
[306] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014, 2015.
[307] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings, January 2019.
[308] Ibid.
[309] GSS, GHS, and ICF. 2018. Ghana Maternal Health Survey 2017, 2018.
[310] Ibid.
[311] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014, 2015.
[312] Ibid.
[313] Ibid.
[314] World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity—Systematic Country Diagnostic, 2018.
[315] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014, 2015.
[316] Ahonsi, Babatunde, et al. Child Marriage in Ghana: Evidence from a Multi-Method Study. BMC Women's Health (2019) 19:126, 2019.

FGM/C	61% of women have undergone FGM/C in Pusiga District, Upper East[317] (compared to 3.8% overall[318])
Percentages who agree wife-beating is justified	Women: 62.8% Northern, 37.9% Upper West, 31.8% Volta, 29.2%, Upper East Men: 35.4% Upper West, 28.2% Northern, 9.3% Upper East, 6.5% Volta[319]

Ghana's northern area consists of five regions: Upper East Region, Upper West Region, Northern Region, Savannah Region, and North East Region. These regions are all within the northern savanna belt. With the exceptions of the Upper East and the Upper West Regions, the other three regions were created out of a larger Northern Region in February 2019.[320] Rates of poverty are high in parts of all of these regions, averaging 67.7 percent for the rural population and 24.9 percent for the urban one.[321] Figure 3 provides a color-coded visual of poverty rates across districts in 2000 and 2010. Notably, the Northern Zone has had (and continues to have) the highest concentrations of poverty.

Figure 3: Concentration of Poverty Across Districts, 2000 and 2010



Source: World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity—Systematic Country Diagnostic, 2018.

Agriculture and Economic growth

Northern Ghana is a largely agrarian society. Agriculture can be a critical pathway for widespread poverty reduction and broad-based economic growth. Informants highlight, however, that agricultural productivity is constrained by a lack of secure access to land and water, as well as the single growing season, which

[317] Sakeah, E., Debpuur, C., Oduro, A.R. et al. Prevalence and Factors Associated with Female Genital Mutilation among Women of Reproductive Age in the Bawku Municipality and Pusiga District of Northern Ghana. BMC Women's Health 18, 150, 2018.
[318] UNICEF global databases 2017, based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys. World Bank, World Development Indicators (WDI)
[319] Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014, 2015.
[320] Most of the data and statistics are disaggregated per the three regions, given that less than a year ago the three regions were one.
[321] World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity—Systematic Country Diagnostic, 2018.

makes it hard for farmers to produce enough surplus to escape poverty.[322] These circumstances affect livelihoods and food security. Moreover, social norms dictate that a woman should prioritize supporting her husband to prepare and plant his farm before tending to her own.

Farmers in the five northern regions mainly engage in rain-fed and subsistence agriculture, focusing on grains, roots and tuber crops, legumes, small ruminants, and cattle. The climate is not suitable for cocoa and some other cash crops. Farmers use few modern inputs, there are shortfalls in extension services, and irrigation is limited. Unsustainable farming practices have led to compromised soil quality, higher erosion, and lower agricultural output.[323]

Land Allocation and Use: Chiefs provide land allocations for farming to nucleus or lead farmers in most regions (except Upper East and Upper West where male-headed families mainly own lands). In the Northern, North East, and Savannah regions, there are minority ethnic groups that have no claim to the land they have settled.[324] These usufruct rights are not well documented, both in terms of boundaries and agreements. Spatial and tenure uncertainty can undermine investments in land and become a spark for conflict. Stakeholders note women can play important roles as either peacemakers or peace-breakers.[325] It will be important to analyze potential connectors and dividers in areas vulnerable to conflict, including how to strengthen women's roles in peacemaking and conflict resolution, especially given the upcoming presidential election. Historically, key conflict triggers are land and chieftaincy disputes, with politics and religion adding an incendiary overlayer. During violent conflict in Ghana (as well as other countries), women and children often are caught in the crossfire with their lives and livelihoods threatened. Violent conflict over land, which is so central to livelihoods in the north, also will increase in areas where land is becoming a commodity, especially in urban and peri-urban locations with the likely expansion in contract farming.[326]

Concerns over access to productive land likely will become more acute as competition over fertile farmland increases. Uncertainty over land-use tenure disincentivizes investments in land and the adoption of improved agronomic practices. Some CSOs are working to establish formalized memoranda of understanding (MOUs) between chiefs or nucleus farmers and farmers who essentially are sharecroppers. These agreements use GPS to formalize land boundaries and land use (usufruct) timeframes, which are generally a minimum of five years and a maximum of 15 or (rarely) in perpetuity.[327] This approach has increased certainty of usufruct rights, especially for women farmers. Primary actors noted after women attained agreements for farming different plots of land and invested in products and crops that increased soil fertility and productivity, they were told they could no longer use that land and had to start again on

[322] KIIs, Musa Taylor DCOP ATT Project (ended); Father Clement CECOTAPS; SWIDA Alima Sagito-Saeed; SEND Ghana, Siapha Kamara.
[323] World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity—Systematic Country Diagnostic, 2018.
[324] KII, SEND Ghana, Siapha Kamara.
[325] KIIs, Father Clement CECOTAPS and Nuhu Abukari from the Northern Regional Peace Council.
[326] KII Francesca Pobee-Hayford, FSSP.
[327] KII Father Clement CECOTAPS.

marginal lands with depleted soils.[328] In effect, farming success jeopardized or compromised their use rights.

Although it varies by region and location, women and men are disadvantaged in land access in many places, with women being much more limited.[329] Women generally have smaller farms than men as social norms that disfavor women's ownership rights limit their entitlement to land. Women's land use often is linked to marriage, but even wed women tend to have access to only marginal lands through their husbands.[330] Traditionally, patrilocal marriages, which dictate that brides live with their husband's families, and social norms, which give preference to male descendants and expect women not to claim ownership, undermine women's de facto land-ownership rights.[331]

Women's access to land and agricultural inputs, however, is starting to shift. The numbers of independent women farmers now is increasing and some private-sector actors are accommodating women farmers who have proven reliable credit risks. Nevertheless, women remain reluctant to seek credit beyond the limits of VSLAs, in part due to the 2018–2019 savings and loans collapse, which undermined confidence in the banking sector, especially for women who have fewer resources and savings.

Agriculture and Value Chains: Findings from the Women's Empowerment in Agriculture Index (WEAI+) analysis undertaken in the Northern Region indicate that a majority of respondents (both male and female) lacked adequate control over work balance (workloads and time use), and over one-third lacked adequate access to credit and control over decisions about agricultural production.[332] Women farmers were significantly more likely to lack agency in decision-making for the purchase, sale, or transfer of assets; and in public speaking. The study's findings (which key informant interviews corroborated) conclude that critical entry points include culturally grounded opportunities to enhance women farmers' input into agricultural decision-making, control over assets, public participation in agriculture-related platforms, and access to technical training.

Primary actors identified 2016 as a year of transition. This was when women began farming for themselves and their families, largely through the support and initiative of women's VSLAs and collective action platforms, such as the Women in Agriculture Platform.[333] These groups have helped expand women's access to land and trading opportunities through increased access to inputs, information, and credit.

[328] KIIs, Musa Taylor – ATT; Rosalia Babai – WAP (UW) Regional Chair; FSSP Tamale; Alima Sagito-Saeed – SWIDA; Eunice – Canadian High Commission, FSSP Field Office, Tamale.
[329] KIIs, Siapha Kamara – SEND Ghana; Rosalia Babai – Regional Chair of Upper West Region Women in Agriculture Platform (WAP); Fr. Clement Aapengnou – CECOTAPS.
[330] FAO. National Gender Profile of Agriculture and Rural Livelihoods: Ghana. Country Gender Assessment Series, 2018.
[331] Ibid.
[332] Ragsdale, Kathleen, et al. Using the WEAI+ to Explore Gender Equity and Agricultural Empowerment: Baseline Evidence among Men and Women Smallholder Farmers in Ghana's Northern Region. Journal of Rural Studies, Oct 2018.
[333] KIIs, Bridgette Adjei-Parwar – Northern Regional MOFA Women in Agric Development (WIAD) Officer; Rosalia Babai – WAP (UW) Regional Chair.

Women are proving themselves (and getting the recognition they deserve) as productive farmers and traders, using more-equitable approaches and business models to bypass gender constraints. Informants noted outgrowers or nucleus farmers are beginning to target women farmers for land allocation because they are more "trustworthy," better at repayment, and more productive.[334] One outgrower also cited his appreciation for how women spend the income they earn, namely on food for the family and education for their children.[335] There are also reports that the few women who have become outgrowers themselves have begun to provide more-flexible credit and collateral to producers, which has resulted in increased demand on the part of farmers (male and female) who want to work with or for them.[336]

Some private businesses also are benefiting from and expanding input and service provisions tailored to women's needs. In 2018, Antika Co. Ltd., which is headquartered in the municipality of Wa, provided 50 percent advance credit to women for agricultural inputs without collateral requirements. In 2019, this amount was increased to 100 percent advance credit, as women farmer repayment rates were so reliable.[337]

As noted, women farmers largely are concentrated in the unskilled and low-income ends of value chains. They are involved in all types of agricultural production and caring for livestock and tend to do the work that is most labor intensive and time consuming. This pattern affects women's available free time and labor elasticity. To address women's time poverty, labor-saving technologies should be introduced and, if needed, subsidized to increase uptake through project activities and the private sector, especially in value chains where women predominate. Examples of technologies include shea nut collectors (for safety) and pressers, crushers, and spinning roasters for processing.

The introduction of GMFs and father-to-father support groups have been instrumental in improving gender relations and task sharing, including with respect to household responsibilities. The latter, in particular, has placed focus on the men in women's lives who have not been involved in many of the activities that target women—which can create conditions for backlash.[338] This situation also holds true for GMFs, which tie involvement in different activities to whole families' willingness to work together and address inequalities for the benefit of everyone, and it has demonstrated effectiveness as a catalyst for generational gender transformation.[339] Male members of GMFs noted relief at not having to feel singularly responsible for providing for the family. They found the ability of their wives to save and earn money liberating. They felt more able to share tasks by taking on domestic responsibilities within the home. This shift is a huge one for Ghana, where responsibilities and income streams tend to be separated, with husbands giving most married women housekeeping allowances that they are expected to use to meet daily needs (usually in combination with whatever other money they can acquire).

[334] KIIs, Ibin Sulemana – Northern Regional Out-growers Network; Musa Taylor DCOP—ATT Project (ended).
[335] KII, Ibin Sulemana – Northern Regional Out-growers Network.
[336] KII, Musa Taylor DCOP – ATT Project (ended).
[337] KII, Lord Pobi, ActionAid, Northern Ghana Governance Project.
[338] There are concerns that men and boys are overlooked, given the focus on women's VSLAs and agriculture groups, girl children in education, and healthcare interventions that target women and children (such as, folic acid and iron supplements for only girls). KIIs, GHS Regional Health Directorate Tamale, SEND Ghana, Tamale, Siapha Kamara.
[339] KII, SEND Ghana, Tamale, Siapha Kamara.

Child Labor and Survival Strategies: In Ghana, about one in every three children (aged 5 to 17 years) is engaged in child labor, with about 20 percent of them working in hazardous conditions. The north has the highest proportions of children involved in child labor, including the Northern (54 percent), Upper West (45 percent), and Upper East Regions (42 percent).[340] These children are more likely to drop out of school and attend school irregularly with long absences that put them behind the learning curve.

A key feature or survival strategy for many families in the north is a practice known as *kayaye* where youth migrate to earn income from head loading (as porters) in markets in the south. Young girls especially are encouraged, if not expected, to migrate south to work as head loaders during the long off-farming period, or hunger season, when food stocks run low (December to May). For some, this migration is temporary but for others it becomes permanent. Young female head loaders are especially vulnerable; many have no option but to sleep on the street without protection or supervision from parents or elders. This situation has cross-sectoral implications, including increased health risks and diminished educational opportunities for migrating youth. While this lifestyle seems to be a decision no family would choose for its children, stakeholders reported that it is preferable to girls staying behind, hungry and without resources, and resorting to transactional sex to survive.[341] On the positive side, some primary actors (women) reported that with increased credit from the VSLAs and income from expanding their businesses through farming and trading, they are able to keep children in school and provide employment opportunities throughout the year.[342]

The transitions occurring in northern Ghana are critical to gender equality and the concomitant acceleration of sustainable development, especially for the regions and districts where disparities in social outcomes also reflect geographical and gender gaps in services and human capital. When women have greater access to education, work, and assets, communities and families are better off in terms of health and education, labor productivity and income, and overall well-being.[343] This relationship is also true for women's engagement in value chains, whether they be smallholders, traders, entrepreneurs, or employees in the agribusiness sector.

Education

The poor quality of education and inefficiencies in the system affect children throughout Ghana, but especially in the north. Poverty is most prevalent in northern Ghana and a key driver of inequalities in educational attainment and performance. There are also wide gaps between rural and urban areas, deprived and non-deprived districts, and public and private schools.[344] Distance to school and costs of education remain prohibitive for many families, especially those living in the remote rural areas of northern Ghana.

[340] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings, January 2019.
[341] KII, Rosalia Babai, the Chair of the Upper West Region WAP; Eugene, USAID Office, Tamale.
[342] KII, DCMC and WAP members, Evelyn and Anita from the Lawra Municipality.
[343] CARE, USA. Measuring Gender-Transformative Change: A Review of Literature and Promising Practices, 2015.
[344] Leclercq, F. and Kageler, S. Education Sector Analysis: Equity and System Capacity in Ghana. Presentation to the MOE Steering Committee, Accra, Ghana, November 16, 2017.

Females in the northern half of the country are less educated.[345] Female adult literacy rates in the Northern Region are 30.4 percent in comparison to 85.3 percent in greater Accra.[346] The percentage of females who have never been to school is highest in Northern (59 percent), followed by Upper West (53 percent), and Upper East (45 percent), compared with only 14 percent of females in Greater Accra. One-fifth (20 percent) of females in Greater Accra have completed secondary education or higher, compared with only 4 percent or less each in the Northern, Upper East, and Upper West Regions.

Children in deprived areas in Northern Ghana are disadvantaged in accessing education due to conditions of extreme poverty, food insecurity, and the lack of employment and income-generating opportunities. In some cases, the children of impoverished families are forced to abandon school and move to urban areas to work in menial jobs.[347] Boys are most affected in their early years, as they are used to tend livestock, especially cattle, and their entry into school often is delayed.[348] Girls' education likely is interrupted throughout schooling to care for younger siblings or older family members, as well as after the onset of menstruation because they lack sanitary pads. Teenage pregnancy and harmful traditional practices, such as FGM/C, also impact girls' learning. Stakeholders noted girls tend to be overburdened with household responsibilities which can impact their learning time and educational performance, while boys have more time to study.[349]

In Ghana, about one in every five children (ages 2 to 17 years) have a functioning difficulty,[350] the highest proportions of whom are found in the Volta, Eastern, and Upper West regions.[351] According to the GES Act 778, "each person who attends an educational institution is entitled to equal access to learning, achievement, and the pursuit of excellence in every aspect of education that transcends the idea of physical location but incorporates the basic values that promote participation, friendship, and interaction." Children with learning disabilities, however, are not progressing through the education system, with lower rates of attendance at all levels (compared to children without disabilities) and a large proportion overage for the level attended. Moreover, most schools are not handicap accessible, with only 8 percent equipped with ramps.[352] One stakeholder offered that children with disabilities tend to be stigmatized and many of them are "hidden" by parents who believe teachers cannot help and therefore do not sent their children to school.[353] Girls and women with disabilities tend to be stigmatized doubly, due to gender and disability. In the classroom, children with disabilities do not receive appropriate support because of a lack of resources, including disability assistive devices, and there are so few teachers trained in special-needs education.[354]

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[345] Ibid.
[346] West Africa Development and Business Delivery Office (RDGW), African Development Bank/African Development Fund. Republic of Ghana Country Strategy Paper (CSP) 2019–2023, June 2019.
[347] KII, Regional Education Directorate; UNFPA, UKAid, UNICEF, and the Ministry of Health Ghana. Adolescent and Young People in Ghana-Situation Analysis: Upper East Region, 2014.
[348] KII, USAID/Ghana Partnership for Education- Learning T2E (FHI360).
[349] KII, Regional Education Directorate.
[350] This phrase references difficulties in seeing, hearing, walking, fine motor skills, communication, learning, playing, controlling behavior, self-care, remembering, concentrating, accepting change, making friends, anxiety, and depression.
[351] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings, January 2019.
[352] MOE. Education Strategic Plan 2018–2030, 2019.
[353] KII, UNICEF.
[354] KII, SPED Coordinator, Central Region.

While attendance rates vary across regions, the Northern, Upper East, and Upper West Regions consistently rank in the bottom five regions across all levels of education.[355] Most schools visited during primary data collection in the north lacked furniture, trained teachers, and schoolbooks. They also were overcrowded, with class sizes of more than 100 pupils. The shortage of classrooms may contribute to the number of out-of-school children. National pupil-to-classroom ratios for public schools are 55:1 for kindergarten, 38:1 for primary, and 35:1 for JHS, with substantial differences in ratios in poorer districts and regions.[356]

Credit: USAID/Ghana

Patrilocal traditions influence parental decisions about how to invest in the future of their children—to the disadvantage of girls. Stakeholders report some parents attend to the needs of boys more than girls, and that girls are seen as "economic tools" for bringing money into the family and may be forced into early marriage in exchange for bride-price or other social benefits. [357] This issue has a cumulative impact on girls' education, limiting their opportunities for junior high and secondary education. PTAs/SMCs could serve as important platforms for community sensitization and awareness-raising on the importance of education for all children. These groups could be used to change narratives through messages that explain how and why social norms and traditions undermine education and health, limiting income and employment opportunities.

Health

Strong social and gender norms influence household chores and responsibilities and affect women's abilities to make choices related to health and overall well-being, especially given the prevalence of conservative social norms and practices in the north. In northern Ghana, women tend to work longer hours due to their household responsibilities (such as fetching water and fuel wood, cooking, food processing, childcare, and cleaning). Volatility in rainfall patterns and droughts, limited access to resources and assets, and the lack of infrastructure and services makes meeting those needs increasingly difficult.[358] These conditions increase the vulnerability of women in northern Ghana and impact their health status and that of their children.

[355] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings, January 2019.
[356] MOE, ESP 2018-2030, 2019.
[357] KII, Bewda.
[358] Mean yearly rainfall fell from 11.7 mm per year in 1901 to 1910 to 6.3 mm in 2011 to 2015 in the poorest one-third of districts in the north. The northern savannahs also have been affected by frequent droughts and flooding, accompanied by high temperatures and intense heat. Catastrophic floods in 2007 affected 317,000 people and were followed immediately by drought. World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity - Systematic Country Diagnostic, 2018.

Families in the north are larger, likely due to a survival strategy that hinges on the need for children's labor contributions and expectations of mortality. Fertility rates in the Northern Zone are 5.2 (compared to 3.9 overall) and highest for women with lower levels of education (5.7 versus 3.4 for senior secondary school, SHS, and secondary school) as well as the poorest wealth quintile (5.5 versus 3.3 for the richest).[359] Nearly half (42 percent) of married women are in polygynous unions.[360]

Rates of teenage pregnancy have increased in northern Ghana, with the Upper East Region among the highest in Ghana.[361] For example, 17 percent of women age 15–19 have begun childbearing in Upper East and Northern Regions, compared to 7 percent in Greater Accra; rates are even higher in Western (19 percent) and Volta Regions (18 percent).[362] Stakeholders offered multiple reasons for this finding, including early marriage and cohabitation[363] and poverty and workloads that affect parents' abilities to provide oversight and support, which can result in early consensual or transactional sex.[364] In addition, as noted, stakeholders speculated these rates may be the results of under-age reporting to benefit from parents' health insurance.[365]

While birth rates in facilities have increased, differences remain depending on location. While nearly eight in ten (79 percent) women aged 15–49 delivered in a health facility nationwide, 92 percent of births in Greater Accra occurred in one while just 59 percent of births in the Northern Region did likewise.[366] Gender-sensitive interventions that increased awareness and support from the GoG and donors influenced those rates. At one Upper East facility, traditional birth attendants used perform home deliveries, but now they have been absorbed into the facility and work as support staff.[367] Some facilities reported that some fathers do not support wives with food or other resources during MNCH care.[368] One CHPS staff reported that sometimes the man drops the woman off for delivery, but does not return, and when clinic staff forces him to come, he insults his partner for not delivering at home so they could have saved money for the naming ceremony.[369] Furthermore, for men that want to support their partners during delivery, there remains limited infrastructure (such as private birthing rooms).[370]

Some communities have instituted pregnancy schools for couples that community health nurses and midwives run. UNICEF originally supported this intervention, which it has continued to do even after funding ended.[371] There also has been an increase in families seeking antenatal care at facilities and in the number of men accompanying women.[372] One facility stated 85 percent of husbands now come with their

[359] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of Key Findings, January 2019.
[360] GSS, GHS, and ICF. Ghana Demographic and Health Survey 2014, 2015.
[361] KII, Bolgatanga Health Directorate.
[362] GSS, GHS, and ICF. 2018. Ghana Maternal Health Survey 2017, 2018.
[363] KII, Director of Gender, Upper East.
[364] KIIs, Assin Akofrom CHPS Compound, Central Region and Bolgatanga Health Directorate.
[365] KII, Bolgatanga Health Directorate.
[366] GSS, GHS, and ICF. 2018. Ghana Maternal Health Survey 2017, 2018.
[367] KII, Pusiga District Hospital Maternity Ward.
[368] Ibid.
[369] KII, Sandu CHPS compound, Northern Region.
[370] KII, Bawku Municipal.
[371] KIIs, Bawku Municipal and Bolgatanga Health Directorate.
[372] KII, Bawku Municipal.

wives during deliveries and to pick them up.[373] While husbands are starting to accompany their wives for the first checkup after each birth, however, they rarely bring in their children for subsequent appointments.[374]

GBV: During primary data collection, one facility reported that cases of GBV are higher in polygamous households and where women independently decide to use family-planning methods without the consent of their partner.[375] Stakeholders also note many GBV incidents are unreported due to the strong traditions and deep family bonds that inhibit the willingness of a woman to report incidents of violence to a member of the family.[376]

Allegations of being a witch against primarily older women is a form of GBV. Communities expel such women and force them to live in so-called witches camps or risk violence and abuse. There are five camps in the north, all of which are independently operated. They are meant to be a place of refuge for accused witches, but some inhabitants have made claims that sexual abuse and forced labor takes place there.[377] In a witches camp in Gambaga, which accommodates 81 women, one man, and 446 children, the village chief welcomed accused witches and provided them with work (such as farming and selling firewood) and economic support in times of need.[378,379] Poor uneducated women are most vulnerable to witch accusations. Children are sent to accompany the accused witch, which may impact their education and health. While some officials have advocated for the closure of the camps and the return of women to their communities, it does not resolve the economic discrimination, physical violence, or even death that they could face in reintegration. Another idea is to treat the witches camp as a place of refuge by upgrading the infrastructure and offering ongoing provisions.[380] Regardless, community education is needed to counter this harmful practice.

Another form of GBV prevalent in northern Ghana is FGM/C. While there is evidence that the push to eradicate FGM/C over the past few decades has reduced its prevalence, with less attention and resources being dedicated to prevention at present, it is reemerging among some ethnic groups (such as the Hausa, Bissa, and Chokossi).[381] The practice is carried out on girls aged 4–17, but there is concern that communities now are targeting younger girls to be cut, including newborns.[382] Currently, 2.4 percent of women 15–49 have undergone FGM/C. Percentages are lower in rural areas (3.6 percent versus 12 in

[373] KII, Pusiga District Hospital Maternity Ward.
[374] KIIs, Pusiga District Hospital RCH Facility and Bolgatanga Health Directorate.
[375] KII, Pusiga District Hospital RCH Facility.
[376] KII, Director of Gender, Upper East
[377] Ministry of Chieftaincy and Traditional Affairs, Republic of Ghana. Elimination of Harmful Traditional Practices Project: Project Report on Research into Witch Camps, Female Genital Mutilation and Widowhood Rights Conducted in the Northern, Upper East, and Upper West Regions, 2015.
[378] KIIs, Social Welfare Officer, North East Region and Gambaga Witches Camp.
[379] KII, Gambaga "Witches" Camp.
[380] KIIs, LAWA and Director of Children, Northern Region; Ministry of Chieftaincy and Traditional Affairs, Republic of Ghana. Elimination of Harmful Traditional Practices Project: Project Report on Research into Witch Camps, Female Genital Mutilation and Widowhood Rights Conducted in the Northern, Upper East, and Upper West Regions, 2015.
[381] KIIs, UNFPA; Pusiga Health Directorate, Healthcare Professionals, Bawku Municipal Office and BEWDA.
[382] KIIs, Bolgatanga Health Directorate and Bawku Municipal.

urban areas) and higher among the poorest wealth quintile (7.3 percent versus 1 percent in the richest).[383] The prevalence is especially high in regions or districts that share a border with another country that practices FGM/C. Stakeholders in one community suggested that according to the most recent survey, conducted in 2013–2014, almost half of females had been cut.[384] In the same region, one maternity ward indicated that almost all of the women who came to deliver were cut.[385]

FGM/C can have serious and long-lasting physical and psychological consequences. In addition to missing school for the ceremony, some girls are unable to continue their education after being cut due to injuries or infection.[386] Scarring or the type of FGM/C procedure also creates challenges during delivery. Midwives report they have not been trained how to treat women with FGM/C.[387] Enforcement of the law banning FGM/C has increased vacation cutting in which parents send their child to other countries to undergo the procedure.[388] In the Upper East Region, families will cross the border into Burkina Faso or send their daughter to relatives for cutting, even though the practice is illegal in both countries.[389] While the original law only punished circumcisers, it now also punishes the parents who take their child to other countries to undergo the procedure.[390] Many stakeholders in the North referred to a zero-tolerance event at the time of data collection, which brought together circumcisers, girls, parents, and traditional religious leaders to raise awareness on the importance of ending the practice.[391]

Several traditional beliefs in the north reinforce GBV and have alarming impacts on health. In some ethnic groups, if a family has all girl children one must bear her father's child to continue the family line.[392] Another stakeholder mentioned in some families pregnant women are not allowed to use latrines, because their feces landing on top of the male household-head's may weaken his power or traditional authority.[393] This restriction can lead to open defecation, affecting water, sanitation, and health.

DO3 Recommendations

These IR-specific recommendations correspond to the following J2SR sub-dimensions: open and accountable government, inclusive development, economic policy, government capacity, civil society capacity, citizen capacity, and capacity of the economy.

[383] UNICEF, et al. Ghana Multiple Cluster Indicator Survey 2017/18. Snapshots of key findings. January 2019.
[384] KII, Bawku Municipal.
[385] KII, Pusiga District Hospital Maternity Ward.
[386] KII, Bawku Municipal.
[387] KII, Pusiga District Hospital Maternity Ward.
[388] KII, UNFPA.
[389] KII, USAID/Ghana-Tamale Office and Direct of Gender Upper East.
[390] KII, LAWA.
[391] KII, Director of Gender, Upper East.
[392] KII, Bolgatanga Health Directorate.
[393] KII, Global Communities.

IR 3.1: Government Improves Equitable Delivery of Quality Services in Health, Education, and Agriculture

3.1.1: Government increases investment in quality services

Health and Education: Investments in early childhood—including nutrition, health, protection, and education—lay strong foundations for acquiring higher-order cognitive and socio-behavioral skills, and individuals who gain such skills in early childhood remain more resilient to uncertainty later in life.

- Support child and adolescent health and education programs that invest in early childhood health, protection, and education.
- Address staffing shortages in the Nation Builders Corps program—an initiative to provide jobs to unemployed university graduates to solve social problems and build their skills to promote economic growth in the country—by posting and retaining staff in vacant positions (especially in rural areas) and building capacity in GEWE. **WE3**
- Support GHS's partnership with GES to offer comprehensive sexuality education to upper primary students and facilitate access to family planning.
- Invest in joint activities, such as deworming and Girls Iron Folate Supplementation initiative supplementation to youth in schools.

While the number of agricultural extensionists (AEs) reportedly has increased through the PFJ program, the ratio to farmers is high and it is unclear whether new extensionists will become permanent staff.[394] Encourage the GoG to increase the ratio of permanent AEs and prioritize capacity-building of new AEs to increase their impact and services to farmers, especially to women.

- Advocate to policymakers through CSOs to provide funding for AE training and mobilization (including motorbikes and gas).
- Support educational incentives to girls and women to pursue related subjects of study and careers in agricultural extension.

All boundaries of land chiefs allocate (based on yearly tributes nucleus farmers provide) are not demarcated clearly, reducing private investments in farming and improved agronomic practices. GPS mapping will help to identify land boundaries. These efforts should be combined with ones to expand the use of MOUs to increase spatial certainty and land-use security, especially for women farmers whose access to land is the most vulnerable.

- Collaborate with the Land Use and Spatial Planning Authority[395] of the DA (which performs zoning and planning) in training and monitoring youth to do participatory mapping. Use GPS to mark boundaries to formalize land use, increase the potential for using land as collateral, and reduce boundary conflicts. **WE3**
- Support CSOs in training youth in participatory mapping and GPS to mark boundaries for formalizing land-use tenures through MOUs. **WE3**

[394] KII, Brigette Parwar, Women in Agriculture and Development (WIAD) Unit, MoFAD, Regional Coordinating Council.
[395] Land Use and Spatial Planning Authority (LUSPA). Refer to Act 925.

3.1.2: Local government authorities effectively administer financial resources

DCMCs and women's groups can increase accountability and effectiveness by participating in fee-fixing processes and disbursement of internally generated funds. Increase transparency by sharing information and details on revenue generation and utilization through the visual PFM tools starting to be piloted.

- Support CSOs and women's groups and platforms to engage MMDAs on the collection and utilization of internally generated funds. **WE3**
- Strengthen women's groups and platforms at MMDA levels to better interpret and understand MMDA budgets and assembly fund utilization. **WE3**
- Encourage MMDAs to set up systems that update communities on how tax monies are used. **WE3**

3.1.3: Private sector invests in low-cost quality services

Health and Education: Menstruation stigmatization affects girls' abilities to attend school, impacting their education outcomes and opportunities for economic advancement.

- Support pilot project programs to produce and market sanitary pads using locally available materials to reduce costs and increase uptake. **WE3**
- Promote economic growth of poor and deprived communities through private-public partnerships to improve standards of living to enable them to bear the cost of children schooling. **WE3**

Agriculture: The private sector is missing opportunities to invest in low-cost technologies that would encourage youth engagement and employment in agriculture. Train youth to use tricycle Motor Kings to deliver localized services and inputs to women farmer groups, including advice, improved seeds, and appropriate quantities and types of fertilizers (given soils and nutrient needs).

- Support private-sector investments that will employ and train youth to deliver mobile, on-location services and inputs for farmer groups and networks, especially for women. **WE3**

3.1.4: Citizens advocate for government to deliver quality services equitably

Education:

- Engage broad stakeholder coalitions to advocate for and support the design and implementation of a national education accountability framework for quality services delivery. **WE3**
- Motivate journalists, radio, television, and blogs to advocate for delivery of quality services equitably for improved education accountability. **WE3**

Agriculture: Agricultural inputs can be difficult to come by, especially for women farmers who have time constraints and fewer networks. Although some private-sector input suppliers are increasing services for women farmers, some women express a preference for receiving inputs through the Ministry of Agriculture because of biases or discrimination among private vendors.[396]

- Support the establishment of reliable unbiased delivery of agricultural inputs that can be conveyed in bulk directly to women's agricultural groups. **WE3**

The Northern Development Authority is promoting low-cost water harvesting and storage solutions.

[396] KII, Philip Donkere. Women Integrated Development Organization (WIDO), Kaleo (UWR).

- Support low-cost water harvesting and water-storage solutions to reduce women's water collection and watering burden, including small-scale drip irrigation where feasible. **WE3**

IR 3.2: Private-Sector Increases Investment

3.2.1: Government improves incentives to stimulate private-sector investment

Farmer-to-farmer models for agricultural extension can increase agricultural production and expand private-sector investment.

- Support model leader farmers who demonstrate how to expand production by incentivizing women and youth employment in agriculture (for example, allocation and formalized agreements for land use, flexible collateral, and in-kind payments). **WE3**

3.2.2: Government improves water, sanitation, and energy services to attract private-sector investment

Many females cannot afford sanitary pads, causing interruptions in school and work.

- Support subsidies for and the distribution of sanitary pads. **WE3**

The Water Research Institute conducts research into water to promote effective development, utilization, and management of Ghanaian water resources, especially in areas where water is a limiting factor to increased productivity, health, and well-being. Farmers would benefit from irrigation as they are limited to one growing season per year, making it hard to produce enough surplus to escape poverty.

- Work with the Water Research Institute to provide technical assistance to the Northern Development Authority to promote low-cost water harvesting and water-storage solutions to reduce women's water collection and watering burden and to expand the growing season, including small-scale drip irrigation where feasible. **WE3**

3.2.3: Market actors strengthen market systems to meet demand

Farmers would benefit from accessing weather forecasting and marketing services that convey current market prices.

- Introduce the use of Esoko, an agricultural profiling and messaging service that collects and sends out market data using simple text messaging to level the playing field in price negotiations between farmers and buyers. **WE3**

Farmers are limited to one growing season per year, with water a key limiting factor.

- Partner with the private sector to identify options and introduce low-cost water harvesting and water-storage solutions. **WE3**

IR 3.3: Citizens Adopt Improved Practices to Advance their Well-Being and Resilience

3.3.1: Farmers adopt improved agronomic practices

Soil fertility is declining due to intensive use. Soil fertility needs to be better understood and tested.
Soil Solutions created an at-home do-it-yourself soil test kit to help small-scale farmers, using simple tests that provide farmers with information about their soil nutrients.

- Work with Soil Solutions to scale up its business model to reach farmers in Ghana. **WE3**

There is a need to provide clear information on the trade-offs between the types of improved seeds (for example, drought-resistant and early maturing varieties) and expected production to help farmers weigh the risks and benefits of adopting climate-smart seed varieties.

- Strengthen input distribution for smallholders, especially women (such as improved seeds, appropriate fertilizer use, and water harvesting and storage combined with small-scale irrigation where feasible). **WE3**

3.3.2: Farmers link to profitable market systems

Farmers cannot afford to buy appropriate technologies for processing and packaging products, limiting their abilities to add value and increase profitability by moving up the value chain. Women collect nontimber forest products for processing and marketing (such as shea, moringa, and honey), but they are not well connected into networks or value chains.

- Map male and female participation at different stages of value chains in different regions to understand factors that shape access, income, and returns on investments. **WE3**
- Promote women-friendly technologies for farming and post-harvest processing. **WE3**
- Provide financial products or loan guarantees to increase access to credit for the purchase of technologies that increase efficiencies; reduce labor; and improve production, quality, and packaging. **WE3**
- Link farmers to buyer networks and support quality improvements to move up the value chain and increase profitability. **WE3**

3.3.3: Citizens adopt improved nutrition, sanitation, and hygiene practices

In addition to the recommendations presented under 1.3.1 Citizens adopt improved health practices, there are unique health needs in the Northern Zone due to social norms and practices. More specifically, religious bodies were seen to be an overlooked partner in WASH implementation and should be more-strategically engaged in programming.[397] There is also a need for widespread intensive education and behavioral change on FGM/C in high-prevalence areas, with the involvement of traditional and religious leaders and men in general as well as formal or in-service training for healthcare providers on how to best care for victims of FGM/C.

- Engage religious bodies in WASH implementation and programming.
- Provide support for formal training programs or in-service training to healthcare providers on how to best care for victims of FGM/C.
- Offer widespread intensive education and behavioral-change programming on the dangers of FGM/C in high-prevalence areas, including with traditional and religious leaders as well as men in general.

In addition to the recommendations presented under 1.3.2 Citizens seek care for optimal health, there are unique challenges to healthcare seeking in the Northern Zone due to the cultural norms and traditions. The Northern Zone also has more rural, poorer communities, where access to healthcare is difficult geographically and financially. Efforts have focused on increasing access to services by building or providing services at the lowest point of care and performing more outreach.[398]

[397] KII, Global Communities.
[398] KII, USAID/Ghana-Tamale Office.

- Support decentralized healthcare-systems strengthening that is responsive to early care for vulnerable populations, including children and at-risk youth. **WE3**

3.3.4: Most vulnerable households use community support and social services

Inequalities in Ghana are most acute between urban and rural areas and between the north and south. Vulnerability remains widespread because so many households are just above the poverty line, and even small shocks could push them into poverty.[399] This predicament is magnified in the north, where poverty is highest. While the GoG has expanded the scope of social-protection systems with support from donors, coverage is limited. For example, the Livelihood Empowerment Against Poverty program reaches an estimated 213,000 households (only about one of every eight poor households in the country), even though there is evidence that the program has improved nutrition, kept children in school, and helped families through emergencies.[400] To reduce barriers to accessing health, education, and social services, vulnerable households and populations will need to have the confidence and capabilities to use those resources. This development will require greater accountability in governance as well as improvements in the quality and accessibility of public services.

- Support women's representation in accountability mechanisms (or levers), such as DCMCs, to secure budget priorities to expand and improve social services.[401]
- Support the expansion of SHSs as part of reforms to improve equity, including provisions for oversight and accountability in the hiring and deployment of teachers as well as continued efforts to target out-of-school children.
- Support equity of services in national health-sector policies and implementation, including the recruitment and distribution of staff to areas where there is the most need.
- Support expansion of social-protection measures that target the most vulnerable and poorest, especially Livelihood Empowerment Against Poverty and the NHIS.

3.3.5: Parents send their children to school year round

Use positive role models or reference groups to orient parents' understandings about the importance of keeping their children in school—especially in terms of helping them to view marriage as not the ultimate achievement for their children (notably for girls).

- Identify girls who have excelled in school as positive influencers on others, especially parents. **WE3**

IR 3.4: Citizens Sustain Peaceful Communities

3.4.1: Peace actors improve institutional collaboration and resource allocation

Key conflict triggers are land and chieftaincy disputes, with politics and religion adding an incendiary overlayer. Women can play important roles in conflict situations as both peacemakers and peace-breakers. MMDAs (especially those in potential conflict areas) should establish early warning systems for identifying potential conflicts and resolving them, with the involvement of women and other vulnerable or underrepresented groups, including youth and marginalized ethnic communities. CSOs or community

[399] World Bank, Ghana: Priorities for Ending Poverty and Boosting Shared Prosperity—Systematic Country Diagnostic, 2018.
[400] UN Country Team. UN Ghana Sustainable Development Partnership Framework with Ghana 2018–2022, 2018.
[401] As noted, there is evidence that when women are included as decision-makers they are more likely to prioritize investments in health and education.

representatives need to document and formalize agreements to mitigate the potential for future disputes over what had been agreed to between different groups, individuals, and leaders.

- Support early warning signal networks in communities that can collaborate on security issues with the CSOs and MMDAs, highlighting the importance of women as peacemakers and in conflict resolution.
- Engage women in MMDA-based conflict early warning systems and peace-building processes.
- Document and formalize agreements, especially over land use or tenure and chieftaincy succession, to mitigate the potential for future disputes over what had been agreed to.
- Research gender and conflict in the northern context to identify connectors and dividers to prevent conflict, including women's roles as peace-breakers and peacemakers.

3.4.2: Citizens adopt mechanisms to prevent and respond to conflict

Conflict over land is likely to increase where land is becoming a commodity. One mechanism to prevent and respond to conflict is using GPS mapping to identify land boundaries (spatial certainty). When this approach has been combined with MOUs, land security has increased, including for women farmers.[402]

- Support establishing MMDA-based early warning systems that are networked with a regional system to detect and identify potential conflicts and manage them at the MMDA levels.
- Support women's groups and platforms to adopt peacebuilding mechanisms within their communities that will strengthen conflict resolution and prevention.
- Support the establishment and engagement of youth parliament members as an effective platform for early detection of conflicts to prevent escalation.

Development projects often inadvertently support one group while failing to reach or understand others, leading to grievances and conflicts over assets and resources. Activities should promote social cohesion and avoid creating or exacerbating political, social, economic, or historical tensions.

- Apply a conflict-sensitive approach to all projects working in conflict-prone areas by contributing to trust building, prioritizing transparency in decision-making, and committing to wide-ranging consultations that respond to diverse perspectives and marginalized voices.
- Engage CSOs and CBOs in identifying strategies for conflict resolution and prevention in the communities in which they work, including strengthening the role of women as peacemakers.
- Support training for women's groups and platforms in understanding the connectors and dividers context for local conflicts and historical disputes so that they are better able to advocate for peaceful resolutions within their communities and at the MMDA level.
- Support training for male and female leaders in conflict management, including on issues that connect and divide people within the given context and in relation to project activities.

[402] KII, Father Clement CECOTAPS.

4. ADDITIONAL RECOMMENDATIONS FOR USAID/GHANA

This gender analysis provides detailed recommendations targeted at USAID/Ghana's behavior profiles, per DO and IR, including sub-IRs. The process for developing this report and the focus and intent of the recommendations are forward focused. They aim to inform USAID/Ghana's programming immediately and over the next five years. This section provides higher-level and crosscutting recommendations, identifying gender programming and integration priorities for advancing GEWE impacts and results across USAID/Ghana's portfolio.

As discussed throughout this report, critical gender gaps and disparities remain in labor-force and employment opportunities; access to quality education and levels of educational attainment; access to and use of health services; control over and access to long-term assets and resources; promulgation of GEWE-related government policies and legislation; and decision-making, leadership, and political representation. Harmful social norms and behaviors continue to have negative impacts on opportunities and human potential, affecting health, well-being, poverty reduction and economic growth.

In future programs and projects, USAID/Ghana should increase leverage through strategic partnerships, improved collaboration with other donor agencies and the government, and the promotion of innovative and evidence-based practices. Overall, given the focus of the DOs for the new CDCS, activities and outcomes of gender priority programming should increase female leadership and political representation, advance women's economic empowerment in business enterprises and agricultural value chains, establish gender-responsive mechanisms for increased accountability within local governments, and work with men and women as partners to increase cooperation and collaboration for improved health, education, and productivity.

A key focus should be on scaling up community-based solutions to addressing harmful norms and behaviors while accelerating GEWE across projects, sectors, and priority areas and activities. Important examples include the VSLAs, GMFs, father-to-father support groups, and WAPs that were established in northern Ghana. VSLAs have increased savings and provided seed funding for inputs to expand production and trading. These regular gatherings have increased women's confidence and capabilities as independent farmers and traders as well as become an important vehicle for learning and information sharing on multiple topics, including harmful traditional practices and beliefs that affect health and education. GMFs and father-to-father support groups bring men into activities that had targeted women as a prerequisite for participation, increasing cooperation and collaboration between couples and sensitizing the whole family on the benefits of gender equality. WAPs have helped women increase agricultural productivity and scaled up as a collective-action platform to engage at the DA level and beyond, increasing accountability and improving services availability and delivery, especially at the district level.

The primary data collection undertaken for this gender analysis provided evidence that the establishment of purposeful groups (reference group cohorts) is leading to positive transitions that demonstrate potential for leveraging gender equality and accelerating broader transformative changes. These kinds of reference groups are important role models of (and for) positive behavior change. Expanding the impact of this kind of participant-led diffusion would position USAID/Ghana programming to harness GEWE dividends and advance opportunities for women, men, girls, and boys.

Priority Gender Programming

Strengthen support for women's social and economic empowerment catalyzed through group formations that combine purposeful information sharing and gender equality values with productive activities. Reference groups help to create new narratives or norms and can be viable levers (or platforms) for change that bring women and men together to learn, discuss, and seek solutions to pressing issues or problems (such as improved agricultural practices, governance, financial management, health and nutrition, the importance of girls' education, and dangers of child marriage and FGM/C). To the extent feasible, draw on the examples and work already performed in supporting group formation and salience in Northern Ghana. These groups or forums have proven effective in exposing the dangers and disadvantages of harmful social norms, promoting positive behavior changes, and increasing the responsiveness of elected officials and government agencies.

- Promote groups and platforms for behavior change that include information on the benefits of gender equality and role model positive gender values combined with regular meetings and purposeful engagement in activities that primary actors perceive as salient and beneficial.
- Expand on the GMF curriculum to promote transformative changes in social norms and gender values that can yield economic, social, and health benefits across the CDCS portfolio and DOs.
- Expand the scope of father-to-father support groups to increase awareness of key health issues (such as the importance of male healthcare-seeking behavior and involvement in child and maternal health), demand for and use of services, and benefits of GEWE for families and communities.
- Incorporate women's personal initiatives and core skills into different training programs to increase confidence, skills, and goal setting.
- Increase access to or partially subsidize female- and child-friendly technologies and equipment (namely that's labor-saving, lightweight, and right-sized) in different sectors.[403]

Mission-Level

Stakeholders perceive a need to strengthen GEWE training focused on improving strategies, implementation, and impact at all levels. There was concern that although sex-disaggregated data was collected, USAID was not analyzing and integrating the data adequately to strengthen its programs or policies. USAID staff (and implementing partners) highlighted the need for more guidance in identifying customized and gender-sensitive indicators for sectors and activities. Gender-aware qualitative and quantitative data should inform the selection of indicators to improve the capture of data on gender

[403] Examples included smaller desks for children in schools as well as women-friendly harvesting and processing equipment.

constraints and opportunities. In addition, reinforcement of gender-integration requirements and criteria should be reinforced within the mission and in communiques for current (and potentially future) implementing partners.

- Provide guidance on and support for training implementing partners on how to capture and report on sex- and age-disaggregated data to understand the scope of health issues, unintended consequences of action, and impact of the action on the community.
- Utilize low-cost, local technologies and resources (such as WhatsApp and Java-based digital apps) to provide gender and sector content and updates, and to reinforce in-service GEWE-related training and information-sharing opportunities for new and continuing staff.
- Increase focus on GBV prevention and mitigation in programming by using positive masculinity examples to promote men as change agents.
- Requests for proposals (RFPs), requests for assistance (RFAs), and scopes of work should include gender-scoring criteria for integrating gender considerations in technical approach (including management, staffing, and budget).
- Require childcare for all training programs, including line items in RFPs and RFAs budgets.
- Instruct implementing partners to submit annual gender action plans that examine GEWE outputs, outcomes and impacts, and learning and possible course corrections in implementation to maximize positive GEWE results.
- Increase communication within the mission and programs on best practices and develop a knowledge-sharing mechanism or platform to promote cross-fertilization of ideas and learning.
- Identify at least one gender indicator in every monitoring, evaluation, and learning plan.

Government

There is low human-resource and logistical capacity for GEWE, especially at local levels.[404] Stakeholders at all levels of governance expressed concerns about limited or ineffective collaboration between sector ministries and in conjunction with the MoGCSP. This situation impacts the effectiveness of gender mainstreaming in policies, protocols, and investments at all levels. Some stakeholders believe that the GoG's focus on specific sectors undermines the crosscutting imperative of gender integration in the national agenda.

The MoGCSP lacks the enforcement authority and influence to ensure activities in different sectors take gender into account. The turnover in senior leadership and lack of critical gender knowledge and skills has also negatively affected the MoGCSP's ability to implement the ministry's mandate.[405] Additionally, GDOs have limited training and high attrition and transfer rates, and MoGCSP cannot hold them accountable as the ministry does not hire them directly.[406]

[404] Kpe, T.E. The Status of Women: A Regional Perspective (PPT), 2018.
[405] KII, LAWA.
[406] KII, Director of Gender, MoGCSP, Central Region.

- Establish selection criteria for GDOs and measures for accountability to the MoGCSP to increase gender coordination and effectiveness within and between ministries.
- Work with the Ministry of Finance and Ministry of Local Government and Rural Development to develop and disseminate resources and tools to MMDA levels that increase capacity of women (who tend to have lower literacy rates) to engage in local governance and decision-making as informed and concerned citizens (such as through visual PFM and gender-responsive budgeting).
- Work with districts to include gender inequality as part of the measures for rankings in district league tables, based on HDI data and outcomes.
- Work with the government (in conjunction with CSOs) to pass the long-awaited Affirmative Action Bill into legislation.
- Coordinate government services and business associations for women-owned and women's impact businesses to improve access to credit; expand business networks and market links; and increase participation in training on business-development services, financial management, public speaking, personal initiatives, and leadership.

CSOs/Non-Governmental Organizations

Stakeholders perceived a need to strengthen GEWE-related training, research, and data collection to improve project and activity-level strategies, implementation, and documentation. Priority strategies for accelerating GEWE outcomes, impacts, and results are as follow: continued support for strengthening and expanding groups and platforms; reaching out to local traditional leaders to affect changes in behavior and the narratives that sustain harmful social norms; and exposing perverse incentives and forms of collusion that accentuate inequalities, especially for women and children and the poor.

- Support CSOs in working more closely with religious and traditional leaders (including queen mothers) to develop knowledge of and advocacy for GEWE (for example, promoting positive social norms, improving gender relations and responsibilities within households, and reducing incidents of GBV).
- Strengthen the capacity to develop and monitor sex and age disaggregated data and gender-aware indicators that provide insights into behavior change and gender equality to adapt approaches in ways that accelerate GEWE-related results and mitigate unintended impacts or consequences.
- Support expansion of the numbers of non-partisan youth parliaments and community gender-advocacy teams to address gaps in youth participation, especially among women, and increase knowledge of and advocacy for GEWE-related problems and solutions.
- Continue to support existing VSLA, GMF, and father-to-father support groups as platforms for behavior change and knowledge transfer, including as related to financial literacy and the adoption of improved practices in agricultural production; schooling and education; and nutrition, hygiene, and sanitation.
- Continue to support investigative journalism on disparities and abuses of power in diverse sectors (such as a form of land watch in cases of real estate property development and contract farming that render families and farmers landless and collusion and other perverse incentives for maximizing fish catches and engaging in illegal, unreported, and undocumented practices within the fishing industry).

ANNEX A. LIST OF KEY DOCUMENTS CONSULTED

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ANNEX B. LIST OF STAKEHOLDERS CONSULTED

Disclaimer: In cases where an individual or organization could be at risk of legal, social, or physical hard due to their participation in this research, names, dates and contact information have been redacted or omitted in order to protect participants, ensure quality data collection, and adhere to Do No Harm and Ethical Data Collection protocols and standards. For all interviewees, free and prior informed consent was obtained before the interview.

TABLE 1. KEY STAKEHOLDERS CONSULTED

Sector	Type	Project/Entity	Participants	Region
General	USAID/Ghana	Program Office	Kevin Brown	Greater Accra
			Abdulla Mahama	
			Allison Salisbury	
		Gender Point of Contacts	Eva, Gender POC (DRG)	Greater Accra
			Susan, Gender POC (EG)	
			Nadia Tagoe, Gender POC (Health)	
	Government	Northern Regional Coordinating Council	Habib Shahadu, Senior Development Planning Officer	Northern
		Western Regional Coordinating Council (RCC)	Maribel Okine, Director of Gender	Western
		MoGCSP	Sandy, Deputy Regional Director of Children	Northern
		MoGCSP	Bushira Alhassan, Regional Director of Gender	Northern
		MoGCSP	Abdulla Magit Moussa, Director of Social Protection	North East
		MoGCSP	James, Regional Director of Gender	Upper East
		Bewku Municipal Assembly	Alhap Mohan Issaheku, MCD	Upper East
			Selasi A. Bawa, Technical Officer Nutrition	
			Amagu Issah, Gender Desk Officer	
			Bismark Antir Buali, Executive Officer	
		MoGCSP	Director of Gender	Central
	CSO	BEWDA	Shai B. Alabala, Executive Director	Upper East
		BEWDA	Peter Asaal	
		Leadership and Advocacy for Women in Africa (LAWA)	Sheila Minka-Premo	Greater Accra
		Women in Law and Development in Africa (WiLDAF)	Esther	Greater Accra
			Frank W. Bodza	
		Network of Women's Rights in Ghana (Netright)	Pauline Vande-Pallen, Convener	Greater Accra
	Donor	GIZ	Elham Mumuni, Advisor, Gender Responsive Budgeting, PFM, and Planning	Greater Accra

		Canadian Field Support Services Project	Francesca Pobee-Hayford, Senior Gender Advisor	Greater Accra
		Canadian Field Service Support Project	Eunice	Northern
	Academic	University of Cape Coast	Dr. Ekua Britwum	Central
DRG	USAID/Ghana	Democracy, Rights, and Governance Office		Greater Accra
		DRG Office	Eugene Yibour	Northern
	IP	SEND Ghana (Accra)	Siapha Kamara, Executive Director	Greater Accra
		Northern Ghana Governance Activity (NGG)	Pamela Bowen, COP	Northern
			Chrys Pul, Governance and Advocacy Specialist	
			Fredrick Adimazoya, Knowledge Management and Learning	
			Samuel Owusu-Sekyere, Institutional Capacity Building	
			Bennedicta, Programme Assistant	
		SEND Ghana (Tamale)	Mohammed Mumuni, Regional Program Manager	Northern
		NGG-ActionAid	Lord Pobi	Upper West
	Government	Ministry of Local Government and Rural Development	Fati Lily Soale, Director (HRM); Head, Social Accountability Unit; Gender Desk Officer	Greater Accra
		Northern Regional Peace Council	Nuhui Abukari, Principal Program Manager, Conflict Resolution	Northern
	CSO	Gender Center for Empowering Development (GenCED)	Ester Tawiah, Executive Director	Greater Accra
		Center for Democratic Development (CDD)	Regina Ampofo	Accra
		Ghana Developing Communities Association (GDCA)	Fuseini Abdul Rahim, Technical Advisor	Northern
			Ubaida Ibrahim, E4L Municipal Coordinator (Savelugu)	
			Suabapa Boateng, Field Facilitator (E4L)	
			Abubakari Abdul Ganiw, Technical Advisor	
			Osman Abdel-Rahman, Executive Director	
			Abdul-Jabaru Mohammed, Organisational Capacity-Building Officer	
			Gmabi A. Philip, Technical Advisor, Policy and Governance	
		Center for Conflict Transformation and Peace Studies	Father Clement Aapengnuo, Executive Director	Savannah
		Friends of the Nation (FON)	Donkris Mevuta, Executive Director	Central
			Kyei Kwadwo Yamoah, Program Manager	
EG	USAID/Ghana	Economic Growth Office		Greater Accra

	USAID/Ghana	EG Office	Grace Sebugah	Northern
	IP	ATT Project	Musa Taylor, Former DCOP	Northern
		RING Project	Beth Donaldson, Former Governance Advisor	Northern
	Government	CSIR Food Research Institute	Dr. Mary Obodai, Director	Accra
			Charlotte Oduro-Yeboah, Senior Research Scientist (Head Food Technology Research Division)	
		WIAD Northern Region – MOFA	Brigette Adjei-Parwar, Regional WIAD Officer	
	CSO	Savannah Women Integrated Development Agency (SWIDA)	Alima Sagito-Saeed, Executive Director	Northern
		Upper West Region Women in Agric Platform	Philip Donkere, Field Officer	Upper West
		Central and Western Fish Mongers Improvement Association in Ghana (CEWEFIA)	Victoria Koomson, President	Central
			Nicholas Smith, Project Officer	
			Josephine Opare Addo	
Health	USAID/Ghana	Health Office	Janean Davis	Greater Accra
			Nadia Tagoe, Gender POC	
			Emmanuel Essandoh	
			Robert Tindamdo	
			Aimee Ogunro	
			Charles Llewellyn	
			Maternal and child health	
			WASH	
		Health Office	Dominic	Northern
	IP	USAID Strengthening the Care Continuum	Henri Nagai, COP	Greater Accra
		USAID PMI VectorLink	Abdulai Karim, Operations Manager	Northern
			Helen Amegbletlor, SBCC and Gender Focal Point	
			Frances, Finance and Administration	
		SEND Foundation	Mohammed Mumuni, Regional Programme Manager	Northern
			Jonathan, Project Officer	
			Richard, Field Officer	
			M&E Officer	
	Government	Ghana Health Service (GHS), Tamale	John Leeza, Regional Health Director	Northern
			John Abayire, Health Promotion Coordinator	
			Dr. Barekisu, Malaria Coordinator	
		GHS, Tamale	Patricia Amadu, Regional Nutrition Officer	Northern
			Adeishetu Adams, Regional Nutrition Officer	
		GHS, Bewku	Josephat Nyuzaghl, Deputy Director of Health	Upper East
			King James, Health Promotion Officer	
			Dora, Reproductive and Child Health	

			Officer	
		GHS, Pusiga	Antwi O. Pat-Thomas, DDCO	Upper East
			Kasim Matida, DRHN	
			Sulemana Abdul-Basic, Health Promotion Officer	
			Bashiratu Saliu Jayeda, NSP	
			Samuel Alilia, DC	
			Peter Gurimi, DCO	
			Ophelia Dika, Community Health Nurse	
			Clementia L. Mgambie, Public Health Nurse	
			Prince A. Opoku, DCO	
			Solomon Kyereh, DCO	
			Alan Frank Jebuni, Public Health Officer	
			James Zambi, Accounts	
			Hamidu Daude A., Accounts	
	CSO	Center for Popular Education and Human Right Ghana (CEPEHRG)	Samuel Owiredu, Technical Coordinator/Program Manager	Greater Accra
		Global Communities	Dominic Dapaah, Regional Coordinator for the Northern Zone	Northern
		Hope for Future Generations	Cecelia, Executive Director	Greater Accra
		JPHIEGO	Julia, Former Technical Advisor	Greater Accra
	Donor	UNFPA	Mammah Tenii, Programme Specialist	Northern
	Expert		Joana Opare	Greater Accra
	Academic		Alberta Amu-Quartey	Greater Accra
Education	USAID/Ghana	Education Office	Jim	Greater Accra
			Joana	
			Judith	
			Edith	
			Sammy	
		Education Office	Paul Nagai	Northern
	IP	USAID/Ghana Partnership for Education- Learning T2E (FHI360)	Mama Layrea, COP	Greater Accra
			Dr. Stephen Adu, Sr. Technical Liason	
			Nana Osei, Senior Communication and Publications Specialist	
			Elizabeth Acheampong, National Training and Coaching Coordinator/Gender POC	
	Government	Ghana Education Service (GES)	Edward Azure, Regional Director of Education	Northern
		GES, Tamale	Felicia Oso, SPED Coordinator	Northern
			Bernadette Kafari, SHEP Coordinator	
		GES, Savelugu	Dr. Issahaque Munakaru, Municipal Director of Education	Northern
			Apuri Clothilda, Administration and Finance	
			Abulai Iddrisu Kofe, HRMD	
			Cecelia Dennir Yelyang, Second	

			Cycle/Girls Model Coordinator	
			Mohammed Krahim, Municipal Training Officer	
			Azumah Bawumia, Special Educator Coordinator	
		GES, Bewku	Rose, Girls Education Coordinator	Upper East
		Regional Education Directorate	Peter Brown, ICT/Statistics	Central
			Emmanuel Narh Tuago, TVET Coordinator	
			Richard Ebow Bentil, Regional Examination Officer	
			Emmanuel Koranteng, Regional Statistics Officer	
			Alexander S. Taviah, Regional Chief Inspector of Basic and Second Cycle Schools	
	Donor	UNICEF	Madeez	Greater Accra
			Rhoda	
		UNICEF	Timoah Kunchire, Education Officer	Northern
	Academic	University of Cape Coast	John Oti Amoah	Central

TABLE 2. PRIMARY AND SECONDARY ACTORS CONSULTED

Project/Entity	Participants	Place
District Women in Agriculture Platform (Lawra)	Evelyne	Upper West
District Women in Agriculture Platform (Lawra)	Anita	Upper West
Women Integrated Development Organisation (WIDO)	Philip Donkere, Field Officer	Upper West
District Citizens' Monitoring Committee (DCMC)	Augustine, Member	Upper West
Fishmonger Community	Fishmongers	Central
"Witches camp" Gambaga	Accused witches	North East
	Members, Father-to-Father Support Group	Northern
Savelugu Experimental B Primary School	Hasam Iddi Sualesu, Headmaster	Northern
	Iddi Abdulai, Teacher	
	Rolanda Apaabe Farabachoga, Teacher	
	Zakaria Salome, Teacher	
	Sulemana M Rashad, Teacher	
Sandu CHPS Compound	Mohammed Mustaffa, Rural Nurse	Northern
	Roger, National Builders Corps	
Out Patient Department Pusiga Government Hospital	Azuma, General Nurse	Upper East
Reproductive and Child Health Unit, Pusiga Government Hospital	Munira Awine, Nurse	Upper East
	Matilda W. Awapuani, Nurse	
	Fatima Musah, Nurse	
	Jerry Ababio, Nurse	
	David Kojo Agyekum, Nurse	
Maternity Unit, Pusiga Government Hospital	Salomey, Midwife	Upper East
	Haruna, Midwife	

Tribal Council, Assim Edubiase	Chief and Tribal Elders	Central
Assim Foso CHPS Compound	Doris, Midwife	Central

ANNEX C. DELIVERABLES TABLE

Products	Deliverables	USAID Due Date
Inception report	Inception report and work plan for the gender analysis	January 15, 2020
Field work and draft reports	Field work gender analysis: Meetings, stakeholder interviews, and focus groups in Ghana	January 27–February 21, 2020
	Inputs into behavioral profiles	February 12, 2020
	Presentation of preliminary findings to USAID/Ghana and end of field mission slideshow	February 20, 2020
Final reports	Draft gender analysis report, including recommendations	March 17, 2020
	Final gender analysis	April 3, 2020

ANNEX D. DETAILED METHODOLOGY

GENERAL RESEARCH-GUIDING PRINCIPLES

The research team will use an integrated-analysis framework to carry out the gender analysis. Close cooperation between the research team and stakeholders at the national and regional levels were needed to facilitate the implementation of this complex exercise. The following methodological principles guided the research:

- **Holistic approach**. The analysis adopted a systemic and holistic approach on the four thematic areas and the different units of analysis (including targeted groups and vulnerable populations) and across different crosscutting themes (that is gender-based violence, self-reliance, and women's economic empowerment and equality).
- **Pragmatic and user-oriented approach**. The study's findings and recommendations aimed to improve the United States Agency for International Development's (USAID) strategy and programming on gender equality and women's empowerment (GEWE). To achieve this goal, the research team concentrated on developing recommendations for the USAID/Ghana Program Office, as well as the following mission technical offices: Democracy Office, Education Office, Economic Growth Office, and Health Office.
- **Approach based on participation and learning**. The research approach was inclusive, participatory, and collaborative to ensure all actors and project participants contributed to the findings and recommendations. The team strove to consider the inputs of all stakeholders, their expectations and needs, and the comments and observations they made. To do so, the team used multiple tools, including briefings, debriefings, individual interviews, and focus groups with stakeholders.

Other guiding principles of the Ghana gender analysis are the following:

- The analysis and recommendations reflect the different gender roles, responsibilities, interests, and expertise in Ghana.
- The analysis and recommendations consider women, men, girls, and boys as full and equal partners and beneficiaries of USAID programming.
- The guiding questions for the analysis addressed gender equality in an intersectional manner by considering age, sex, education, marital status, disability, and other context-specific factors.
- The consultations with stakeholders in USAID partner and nonpartner organizations took into account socioeconomic, age, regional, and cultural characteristics of the organization as a whole and the individuals participating in the organization.
- The consultations considered the political, social, and economic contexts and potential opportunities for reducing gender gaps and promoting women's empowerment in each project assessed.

- The analysis and its proposed recommendations avoid unintended negative effects on current or future USAID project participants.

- The team is aware that the attitude, knowledge, and skills in view of GEWE may differ among USAID staff members. As much as possible, the team accounted for these differences and adapted its explanations.

- The team took all necessary measures to ensure a safe and respectful environment for all participants in the research by ensuring gender-sensitive communication and methodological tools, respecting the confidentiality of participants, requesting informed consent from participants in interviews, and ensuring nondiscrimination and full respect for the human rights of all participants in the process.

The team ensured that the data-collection strategy and questions adhered to industry standard ethical standards. The team also obtained informed consent from all respondents, as mentioned previously.

GENDER ANALYSIS STEPS

Inception Report

The research team submitted an inception report on January 15, 2020, which included a literature review of secondary data as well as a detailed description of how the gender analysis would be conducted. The research team conducted a desk review of secondary data sources from December 2019 to January 2020. The purpose of the desk review was to identify the major gender advances, gaps, and constraints in Ghana as a whole, with a specific focus on the four aforementioned sectors that will be the main units of analysis for the USAID/Ghana country development cooperation strategy (CDCS).

Based on the findings of the preliminary literature review, the mission's objectives, and the experience of the team, the research team designed a gender analysis research matrix. It linked the analysis questions to the types of data sources and methods. The team also elaborated a second matrix that collected research questions in relation to women's economic empowerment for each thematic area. The design matrix informed the development of the tools for primary data information, tailored to each stakeholder, which allowed researchers to collect data on the advances and gaps identified in the literature review (presented in the following section). In addition, from the information that USAID/Ghana provided and the team's knowledge of Ghana's context, the research team developed a preliminary list of potential stakeholders to consult during interviews.

Fieldwork: Primary Data Collection

A team of four consultants (two international and two national) conducted the primary data collection in Ghana over four weeks. On January 28, 2020, the team provided an in-briefing to USAID/Ghana to present the objectives of the gender analysis and to review USAID's expectations regarding the approach to the in-country data collection, methodology, and data-collection tools. During the first week of data collection, the team also gathered additional information from USAID/Ghana mission and project staff, finalizing the mission methodology, and nuancing the agenda for the fieldwork in and outside of Accra.

The research team conducted semi-structured interviews (individual and group) and focus group discussions with USAID staff, implementing partners, government officials (national, regional, and local levels), civil society organizations (CSO), donors, academics, and other experts. Data collection took place in the following regions: Greater Accra, Northern, Northeast, Upper East, Upper West, Savannah, Central, and Western. More detail is provided in Table 2 about the 244 stakeholders (128 females and 116 males) that took part in primary data-collection events. Annex B outlines the stakeholders interviewed.

The research team split in two sub-teams to carry out data collection in each focus area. The distribution of these two sub-teams was based on areas of expertise, USAID's priority sectors, and logistical considerations. Visits to specific project implementation sites were selected in consultation with USAID/Ghana. The team's proposed criteria to select those visits include balance of activities under each sector, representation of project beneficiary groups, and mission resources.

The team registered the basic demographic data of the respondents (name, sex, organization, sector) to allow for verification of the extent and type of consultation. The team produced typed briefing minutes from each meeting and field activity, which it made available to USAID/Ghana at the end of primary data collection in Ghana.

Table 1. Tools for Collecting Primary Information

Technique	Stakeholders	Purpose
Semi structured interviews	USAID offices/teams USAID implementing partners Government of Ghana (GoG) counterparts (national, regional, and district level) GEWE CSOs (central and local level) Donor representatives Academics and other experts	• To gather data on gender equality advances, gaps, challenges, constraints, and opportunities in line with the USAID/Ghana priority areas of intervention, crosscutting issues, and geographical areas of intervention. • To assess gender integration within USAID's policy, planning, operations, and gender capacities, and to identify opportunities for future programming. • To identify opportunities for enhancing collaboration. • To gather potential recommendations.
Focus group discussions (FGDs)	Women and Men Participants in USAID Programs/Projects or other primary and secondary actors	• To identify opportunities for future USAID programming. • To capture project participants' opinions and perceptions regarding gender constraints and the benefits and opportunities associated with USAID programming. • To determine the way that the projects and implementing partners are identifying and addressing advances and gaps.

Table 2. Composition of Interviews and FGDs by sector and type

	Democracy, Rights, and Governance	Economic growth	Health	Education	General	Total
USAID/Ghana	2	2	2	2	2	10
Implementing partner	4	1	3	1	1	10
Government	2	2	4	5	8	21
CSO, academic, donor	5	3	6	3	8	25
Actor(s)	1	4	5	2	3	15
Total	14	12	20	13	22	81

Synthesis and Drafting Phase

The main audience for the gender analysis was USAID and its implementing partners. To ensure findings and recommendations would be useful for the CDCS development process, on February 12, 2020, the research team submitted a detailed list of gender-related findings and proposed recommendations for each of the draft behavior profiles, based on the team's understanding of the context from the literature review and primary data collected.

Building on the preliminary results submitted, on February 20, 2020, the research team provided an on-site presentation of the preliminary findings and recommendations of the gender analysis to USAID/Ghana staff as well as to validate potential recommendations. Before departing Ghana, the team submitted an annotated table of contents for USAID/Ghana's review.

The research team conducted a thematic analysis on the primary data collected using a deductive approach. Themes using a preset scheme according to the gender analysis objectives were systematically extracted. Findings from the qualitative data were then triangulated with findings from the literature review. The team applied a behavioral lens to support the identification of priority behavioral outcomes and highlight areas for collaborating, learning, and adapting. The team analyzed gender disparities and women's empowerment issues to better understand how identified disparities may or may not influence priority behavioral outcomes in the thematic areas. These efforts will support the mission's focus on addressing Ghana's gender gaps, needs, assets, and opportunities to identify potential interventions that will change citizens' views and behaviors related to gender inequality and women's empowerment.

The team submitted the draft gender analysis report by March 17, 2020, and the final report by April 3, 2020, which incorporated USAID/Ghana's feedback on the draft.

ASSUMPTIONS AND RISK MANAGEMENT

The assignment was based on assumptions that were relevant for its successful implementation:

- USAID staff members understood the importance of GEWE as an objective and a principle in development policy.
- The team enjoyed full technical support from key USAID program officers and USAID project staff, implementing partners, and GoG counterparts.

The approach to risk management contained the following elements:

Table 3. Risks and Assumptions

Risk	Mitigation action
Availability of USAID/Ghana strategies and documentation for the representative sample of activities to be assessed.	Contractor requested documentation for each project to be assessed. The methodology was validated in adequate time and measure.
Stakeholders may have different levels of understanding of the integration of gender issues.	The research team explained the purpose of the gender analysis's goal and activities to all USAID/Ghana staff and partners.
Implementing partners have not carried out a gender analysis or do not have in-depth knowledge of the regional and national contexts with respect to gender equality.	The research team contributed to providing nuanced findings and recommendations, and it identified issues relevant to the particular region before each field visit.

ANNEX E. GENDER ANALYSIS RESEARCH MATRICES

The tables below include the research instrument to facilitate gathering the required information for the USAID/Ghana Gender Analysis. The table reports the Research Objectives, the specific information needs, and the tools proposed to gather the information from both secondary (documents) and primary sources (persons and institutions/organizations). The information needs are the base for designing the information gathering tools (interviews and focus group discussions) that were tailored according to stakeholder and context.

GENDER ANALYSIS RESEARCH OBJECTIVES

N°	Research Theme	Information Needs	Tools and Sources of Information
General GEWE Context			
1	Current gender gaps and advances between females and males that belong to the targeted groups,[407] regarding USAID's key priority intervention areas and main domains.[408]	• Gender gaps and advances in Democracy and Governance; Economic Growth; Education; and Health. • Specific gender gaps for young women and men, particularly in rural areas and targeted regions and/or districts, and vulnerabilities related to marital status and education levels.	Literature review: National statistics and databases, research reports, global indexes, USAID's studies.
2	Key issues and constraints to equitable political and socio-economic participation and access to opportunities for women and men.	• Main restrictions/obstacles/limitations to equitable access to sector's opportunities. • Gender stereotypes and patterns of discrimination; gender cultural norms (including potential intersection based on age, sex, education levels, marital status, disability and other relevant context-specific factors).	Literature review: Research reports, USAID and others donor's studies, national reports to international mechanisms (CEDAW, ILO Conventions, SDG's, etc.). Semi-structured interviews: GEWE experts, USAID staff and implementing partners, government counterparts, the UN System, national NGOs, program beneficiaries, and key civil society stakeholders.

[407] Primary: Youth, and Rural/Urban inhabitants; Secondary: Marital Status and Education Level.
[408] Laws, Policies, Regulations, and Institutional Practices; Cultural Norms and Beliefs; Gender Roles, Responsibilities, and Time Use; Access to and Control over Assets and Resources; Patterns of Power and Decision-making.

3	Areas of opportunity for gender integration across key thematic areas[409]	• Potential entry points for gender integration	Semi-structured interviews: GEWE experts, USAID staff and implementing partners, Mission Gender Advisor. Focus groups: USAID project participants, donors, GEWE experts, and others to be identified by USAID/Ghana.
4	Legal-policy framework to support gender mainstreaming, including gender-sensitive policies at central and local level.	• Legal framework for gender equality at local and national level. • Public policies and programs addressing gender equality and women's empowerment in the sectors. • Relationship/coordination between sectors and national/local mechanisms for the advancement of women. • Institutional capacities for GEWE in the public implementing institutions.	Literature review: National laws, regulations and policies, gender equality policies and instruments at national and local level. Semi-structured interviews: USAID staff, implementing partners, government counterparts, the UN System, national NGOs, program beneficiaries, and/or key civil society stakeholders.
5	Effects and costs of GBV for the different group populations, within USAID/Ghana key priority intervention areas.	• Characterization of GBV against women and girls (home, community, work place). • Human rights violations for women and men: human trafficking, prostitution, early marriage and adolescent pregnancy, access to sexual and reproductive health services.	Literature review: INE reports, USAID and others donor's studies, national reports to international mechanisms (e.g., CEDAW, Istanbul). Semi-structured interviews: GBV experts and CSOs, USAID staff and implementing partners. Focus groups: Women participants in USAID projects, UNFPA, UN Women, and/or GBV CSOs to be identified by USAID/Ghana.

[409] Namely: (1) Democracy and Governance: improving local government service delivery and accountability as well as local governance; (2) Economic Growth: sustainable and broadly shared poverty-reduction, working with smallholder and women farmers, expanding access to credit, and increasing fisheries protection to reduce depletion of fish stocks; (3) Health: equitable and integrated health, population, and nutrition improvements for women, children, and vulnerable populations; (4) Education: inclusive education that increases fluency and comprehension at the primary level, works with out-of-school children to integrate them back into the system, and supports the needs of special needs children.

USAID/Ghana Programming			
6	Results and impacts of gender integration in USAID/Ghana strategic approach and programming	• Steps and actions taken by USAID after the 2011 gender analysis for Project Appraisal Documents (PADs). • Gender objectives in 2011-2020 programming by development objective. • Evolution of gender gaps identified in 2011 and contribution from USAID/Ghana. • Results and impacts of mission's approach to GEWE from 2011 up to now. • Successful examples/good practices of USAID on GEWE and addressing gender-based violence.	Literature review: USAID project documents, M&E reports. Semi-structured interviews: USAID staff, implementing partners. Focus groups: USAID project participants.
7	Gender-based constraints and opportunities	• Women's and girls' specific constraints to access USAID/Ghana programs' opportunities. • Potential entry points for enhancing GEWE through USAID/Ghana present and future programs.	Literature review: USAID program documents, M&E reports. Semi-structured interviews: USAID staff, implementing partners. Focus groups: USAID project participants.
8	USAID/Ghana comparative advantage	• What is USAID doing better in terms of promoting GEWE? • Present and potential synergies and complementarities with other public/private or development initiatives on GEWE.	Literature review: USAID program documents, M&E reports. Semi-structured interviews: USAID staff, implementing partners, int. donors, GEWE experts and CSOs.
9	GBV affecting programming	• Lessons learned from gender integration and female empowerment • Best practices for addressing GBV	Semi-structured interviews: USAID program management, MEL staff, USAID Mission Gender Advisor, GBV experts and CSOs, USAID staff and implementing partners.
USAID/Ghana Gender Capacities			
10	Gender Policy implementation and budgeting/ADS 205	• Adoption, revision, and periodic update of Mission Order (MO) on gender. • Compliance with the GEP in program cycle (PAD gender analysis, program objectives). • Role and impact of gender institutional mechanisms (Mission Gender Advisor or/and Gender Points of Contact).	Literature review: USAID gender and inclusion policies; USAID/Ghana program documents, M&E reports and gender-related documents. Semi-structured interviews: USAID Mission Gender Advisor, program management and directors.

		• Gender integration in solicitations. • Implementing partners' accountability on gender integration.	
11	Said staff and partners gender capacity	• Gender training for USAID/Ghana staff and implementing partners. • Availability and use of gender integration technical/practical tools. • Production and reporting of gender-sensitive data and information. • Existence of appropriate gender indicators in Performance Plans and Reports (PPRs). • Gender integration in staff performance plans. • Development of gender sensitizing processes (ex. gender champions).	Literature review: USAID program documents, M&E reports, and other documents produced. Semi-structured interviews: USAID human resources management, Mission Gender Advisor, MEL staff
12	Accountability on GEWE	• Coordination and dialogue spaces between USAID/Ghana and other actors, particularly civil society and academy. • Accountability mechanisms on GEWE (to international. community, government and CSOs).	Semi-structured interviews: USAID senior management, Mission Gender Advisor, implementing partners and GEWE CSOs.

KEY QUESTIONS FROM THE WOMEN´S ECONOMIC EMPOWERMENT DOMAINS FOR EACH USAID THEMATIC AREA

USAID/Ghana theme	Women´s Economic Empowerment Domains[410]				
	Agency	**Enabling environment**	**Leadership**	**Access**	**Risk Mitigation**
Democracy and Governance	**Principal Questions** • To what extent are women vs. men able to exercise their voice in decisions made by public, private, and civil society organizations, both individually and as collectives? • What are the governance structures (national, regional, or local) for decision-making over public resource allocation at the community level and how do they affect women's access to services to upgrade their business, enter the workforce, and withstand economic shocks?	**Principal Questions** • To what extent do laws, policies, regulations, and institutional practices contain explicit gender and other social biases? (Explicit provisions that treat women and men differently). • To what extent do laws, policies, regulations, and institutional practices contain implicit gender and other social biases? (Policies and regulations that impact men and women differently, because of different social arrangement and economic behavior). • Do policies exist to incentivize the creation of community-based childcare solutions? • Are legal mechanisms in place for women to register property, thereby formalizing ownership and enabling asset use as collateral?	**Principal Questions** • What decision-making and leadership roles and opportunities do women have nationally and regionally? **Macroeconomy** • What proportion of seats is held by women in national parliaments and local governments? • What has the impact of female leadership been on macroeconomic policy reforms, including issues affecting trade, value chains, the informal sector, and access to public services? • Do policies exist to encourage or require women's membership and leadership in committees dedicated to safety and inclusion in public spaces, such as markets?	**Macroeconomy** • Are gender-responsive budgeting or informal economy budgeting being used to drive discussions on macroeconomic policy? • Do laws exist to protect women's access to assets and property rights? • Do women and men equally have access to social security coverage, annual paid leave, parental leave, and paid sick leave?	**Safety** • What is the prevalence of gender-based violence? • What are attitudes about violence against women? • Which forms of GBV are illegal (including workplace, street, and other forms of public harassment?)

[410] Banyan Global. Women's Economic Empowerment and Equality Technical Guide (forthcoming 2020).

		• Does national level legislation guarantee equal pay for equal work? • What type of national legislation exists to prohibit workplace-specific sexual harassment and abuse of power? • What are the inheritance rights of daughters and widows? • What are the inheritance rights for women in informal cohabitation marriages? • Do land reform initiatives include widespread efforts to raise awareness about land rights among citizens, stakeholders, and local leaders - both male and female?			
Economic Growth	**Credit** • Do women have equal access to credit? • Are women able to access financial services that meet their specific needs? • At the level of financial institutions, are women engaged in the design of financial services that meet their specific need? **Savings** • How much do women vs. men control income and make decisions on savings? • Are group-level savings organizations available to	**Value Chains** • Are commitments to address gender equity included in sector policies? • How do women's contributions throughout the value chain and in the sector lead to global, regional or country-level policy goals? **Credit** • Do policies cite data about and solutions to address gender gaps in access to credit? • Do financial institutions have strategies or policies	**Value Chains** • At what levels in the value chain do women hold leadership positions and what has the impact been on economic empowerment opportunities for women? • What stereotypes affect women's ability to take on leadership positions at various levels in agricultural sector? • Do women hold leadership positions	**Wealth** • What types of assets do women own and how does this differ from men? • How many women vs. men have a bank account? **Credit** • Are there differences in the average interest rates paid on loans for female- vs. male-owned enterprises? • What types of credit do women have access to?	**Property** • To what extent are women able to access and control land and other property legally owned by a spouse or other male family members? **Workload/Labor** • What is the division of labor between men and women, and how does this affect agricultural productivity and available time?

	women and how are women using them? **Digital Financial Services** • To what extent are women able to use digital financial services? • To what extent are women engaged in defining what digital financial services are available and for what purposes? **Education/Training** • What are literacy rates for women of diverse backgrounds and locales (e.g., rural vs. urban, marital status), and how does it impact their ability to use different kinds of technology, including mobile technology? **Business Ownership and Entrepreneurship** • With respect to income-generating activities, do men and women use mobile phones differently (i.e. agriculture weather forecasts, market prices, etc.)? • Are women able to independently start and operate a business without the involvement of male family members? • How do women's sense of self-worth, confidence, self-esteem and efficacy affect their wage-earning or profit-earning work?	directed at the creation of financial products that meet the needs and demands of women? • Have financial institutions included capacity building programs integrated into credit activities to ensure the success of female entrepreneurs and business owners? **Business Ownership and Entrepreneurship** • At what rates do women vs. men consider business registration requirements to be simple, transparent, and low-cost? **Pay Disparities** • Does national level legislation guarantee equal pay for equal work? • Are any businesses or sectors exempt from these regulations? **Property** • Do policies cite data about and solutions to address gender gaps in access to inputs, equipment, technology, and land? • Do national laws give men and women the same rights to rent, own, sell and inherit property? • Do laws allow for customary practices or religious laws to be exempt from or to	(e.g., in agricultural cooperatives, Regional Coordinating Councils, Regional Agriculture Development Units, and/or District Assemblies)? **Formal** • What proportion of women is in managerial positions? • What leadership positions do women commonly hold? For example, do they typically hold administrative positions, such as secretary or accountant and not decision-making positions, such as president or chairperson? • What stereotypes affect women's ability to take on leadership positions? **Advocacy** • To what extent are lawmakers engaging female community leaders to help increase women's access to land and property (and implement national gender equality policies)?	• How many women vs. men use micro-credit programs? • From which institutions do women vs. men access credit? ○ Formal banks, micro-finance institutions, and credit unions ○ Mobile banking ○ Buyers, input dealers, or other actors within the value chain ○ Cooperatives or other formal organizations ○ Informal savings and lending groups, such as village savings and loan associations ○ Friends and family ○ Rogue lenders or "loan sharks" who offer high interest rates and few protections • Where do women access information about credit? • Do women have apprehension about debt accrual? • How do social norms and practices (such as on decision-making, mobile phone use, women's mobility) affect women's access to and use of credit and collateral?	**Mobility/Safety** • Are trade routes considered safe to travel by female traders? • What GBV risks, including sexual harassment, do women face in bringing products to market and/or with traders? • Do women have access to decent roads and public transportation services that are safe, affordable and reliable?

	• How do gender norms about women as wage earners or engagement in profit-earning work affect their level of self-worth, confidence, self-esteem and vice versa? **Networks** • How many women vs. men have membership in any group or association, including participation in trade unions? • Do women play key roles in such decision-making in networks, cooperatives or business associations?	supersede national laws on renting, owning, selling and inheriting property? • Are legal mechanisms in place for women to register property, thereby formalizing ownership and enabling asset use as collateral? • Do laws exist to protect women's property rights? **Networks** • Do the policies cite data about and solutions to address gender gaps in access to farming groups, such as cooperatives? • Do national cooperative laws prohibit or encourage discrimination? • Is only one family member allowed to participate in a cooperative's membership?	**Workload/Labor** • How does the lack of co-responsibility in households and lack of community-based childcare services factor into women's ability to participate and take on leadership positions in business networks, cooperatives, unions or business associations? **Networks** • What role do women/men have in economic networks, such as farmers' cooperatives, women's enterprise networks, and trade associations play in access to capital, etc.? • Are there initiatives to increase women's leadership and participation in networks, cooperatives or business associations?	**Savings** • At what rates do women vs. men save for household needs or as a safety net during shocks (i.e. for medical emergencies, to buy a house, pay school fees, pay for a wedding or funeral, or buy household goods and appliances)? • At what rates do women vs. men save to start or expand a business? • What savings mechanisms do women vs. men use and why? **Value Chains** • How many women vs. men work in a specific value chain by activity (supply, production, processing, transportation, trade)? • Are women involved at points in the value chain where income is earned? • What is the visibility and value of women's roles at each stage in the value chain? • Do they have access to income earned? **Business Ownership and Entrepreneurship** • How many female-owned vs. male-owned businesses in the formal market have access to	

				credit and/or startup investments? • What is the average loan size for female- vs. male-owned enterprises? • Do female entrepreneurs have access to financial literacy programs? **Property** • Do women have equal access to legal property rights? • Do socially acceptable practices restrict women's access to property ownership? **Public Spaces** • How many women vs. men have access to a formal market place to buy and sell goods? • Do women have access to decent roads and public transportation services that are safe, affordable and reliable?	
Education	**Human Capital** • What is the literacy rate, by sex and age? For women of diverse backgrounds? • How do gender gaps in literacy rates impact the ability of women and girls to use mobile technology? • Do women feel they have the freedom to move independently to pursue education opportunities?	**Human Capital** • Are policies in place to address gaps in general education among women and men, girls and boys? • Is there a formal mechanism by which girls and women are mentored for success through schools, community groups, or municipal efforts?	**Human Capital** • Are girls and boys equally given opportunities for leadership in schools, universities, and social programming? • Are high-quality trainings on leadership skills and roles available to women and girls?	**Human Capital**	**Human Capital**

				• What are the educational attainment rates of women vs. men at primary, secondary, and tertiary levels? Are they accessible? • To what extent are women vs. men enrolling in university and vocational training programs, by targeted sector? • What proportion of women are currently pursuing STEM careers in vocational schools or universities? • How do social norms impact women's ability to participate in training, vocational, educational, or other capacity building programs? • Do social norms restrict or constrain women and girls' online access? • Do women have access to trainings on digital skills? • How does the level of unpaid care-taking and household work for women and girls affect their access to education and training?	• Do women/girls feel comfortable in study environments? Do women feel comfortable in work environments? • Are there unique constraints to education faced by girls? • Do education leaders, administrators, and teachers practice gender-equal teaching methods and encourage girls and boys equally in STEM? • What are the differences in age and education between women and men who are married?
Health	**Human Capital** • To what extent are women and girls able to choose their spouse?	**Public Spaces** • Are health services set up to accommodate women, men, girls, and boys?	**Human Capital**	**Human Capital**	

	• What percentage of women or girls report that family members have the final say on their decision to use contraception? • What proportion of women aged 15-49 years make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care? • Who controls the narratives around marriage and family planning norms in the family and community as well as nationally?	**Human Capital** • Do laws and regulations guarantee women access to all types of health care, information, and education, including sexual and reproductive health care? • Is there legislation that specifically addresses domestic violence? • To what extent do domestic violence laws include criminal penalties and address each of the following areas: emotional violence, economic violence, physical violence, and sexual violence?	• Are girls engaged as leaders in discussions about early marriage and sexual and reproductive health? • Do policies exist to encourage or require women's membership and leadership in water and sanitation committees? What are they?	• At what rates do women vs. men access sexual and reproductive health services? • Do social norms hinder women from moving independently in public spaces? • Do both women and men use contraceptives at similar rates? • Has menstrual hygiene management been considered in water and sanitation activities? • What are the traditional rules and beliefs regarding use of sanitation facilities?	

ANNEX F. DATA-COLLECTION TOOLS

1a. INTERVIEW GUIDE—United States Agency for International Development (USAID) program office and gender focal points *(to be adapted based on sector and composition of data-collection event participants)*

Name(s) of interviewee(s)	
Title(s)	
Organization	
Sex(es)	
Date of interview	
Names of interviewers	

INTRODUCTION (5 minutes)

Thank you very much for setting aside time to talk with me today.

We are conducting a gender analysis to inform the USAID/Ghana 2020–2025 Country Development Cooperation Strategy. This analysis focuses on identifying gender-related trends that advance or exacerbate outcomes for women, men, girls, and boys in Ghana as well as identifying strategies, approaches, and lessons learned that the program can use to strengthen USAID/Ghana activities.

For this analysis, we are conducting interviews and focus group discussions with USAID staff, implementing partners, and stakeholders. You were chosen to do this interview because you were identified as a relevant and influential stakeholder to the project. Findings from all interviews and focus group discussions will contribute to a report that will be finalized in March and made publicly available on the USAID website.

The interview will take approximately one hour. All information that you share with me will be completely confidential and no personal information will be disclosed in any setting. Participation in this interview is voluntary; if you would like to stop the interview at any time, please let us know. Please feel free to give as much information as you can in response to the questions, and please ask me for clarification if you don't understand a question. Do you have any questions about this interview?

If you wouldn't mind, my colleague will be taking notes to capture the highlights of our conversation to use in our analysis. Would that be alright?

WARM-UP STATE (5 minutes)

1. First, I'd like you to learn a bit about you. In general terms, what is the focus and the objectives of your office? What is your role?

CENTER OF INTERVIEW

2. Does the mission have a gender or inclusive-development work order? Who is in charge of implementing it? What measures has the mission taken to implement it?

3. Does the mission have a gender or inclusive-development working group? How does it function? What purpose does it serve?
    a. What are its greatest advantages?
    b. What are its greatest challenges?
4. Does each office have a gender specialist?
    a. What steps are taken to ensure that gender equality and female empowerment is incorporated into the performance management plan[411]?
    b. Do you think previous USAID/Ghana project appraisal documents adequately addressed gender equality and female empowerment? What have been the main advances and challenges in this regard?
    c. Do USAID/Ghana requests for proposals include information on the need to integrate gender and female empowerment considerations in proposals and in scoring?
5. What are the current specific gender equality and female empowerment objectives of the mission? Are there any specific strategies and activities implemented across projects to achieve them? Is everyone (in the office and at the project level) aware of them?
6. How do you measure gender performance of implementing partners' program activities and results?
    a. Has monitoring and reporting captured information or changes to gender relations and female empowerment?
    b. What evidence is there of good gender results?
    c. Are there any good practices or challenges to cite?
7. What type of support does the mission provide to its implementing partners to integrate gender equality and women's empowerment or to facilitate cross-partner learning?
    a. What could be or should be done to support mission staff and partners to integrate gender equality and female empowerment?
8. What is USAID's added value in gender equality and female empowerment? Please provide examples.
9. Are you coordinating or working with other donors to generate synergies for achieving greater impact on gender equality and female empowerment?
10. According to your knowledge, what are the main advantages and challenges of the national gender policy landscape and legal and institutional capacities (in general and those this office supports through the programs)? Is your office developing any activities to strengthen them?
11. Our team will conduct interviews on gender and female empowerment in Accra and the Greater Accra, Northern, and Central Regions. What issues should we explore in these regions? What questions do you think are the most important to ask?

[411] This document is a project monitoring, evaluation, and learning plan for the whole mission.

WRAP UP (5 minutes)

12. What do you think USAID should prioritize to reduce gender gaps and promote female empowerment for the new CDCS?
13. Is there anything else you want to add or ask about that we didn't discuss in the interview?

Here is my contact information in case you have any questions or additional information to share.

1b. INTERVIEW GUIDE—USAID office director, agreement officer's representative or contract officer's representative, technical staff (sector or project specific) *(to be adapted based on sector and composition of data-collection event participants)*

Name(s) of interviewee(s)	
Title(s)	
Organization	
Sex(es)	
Date of interview	
Names of interviewers	

INTRODUCTION (5 minutes)

Thank you very much for setting aside time to talk with me today.

We are conducting a gender analysis to inform the USAID/Ghana 2020–2025 Country Development Cooperation Strategy. This analysis focuses on identifying key gender-related trends that advance or exacerbate key outcomes for women, men, girls, and boys in Ghana as well as identifying successful strategies, approaches, and lessons learned that the program can use to strengthen USAID/Ghana's activities.

For this analysis, we are conducting interviews and focus group discussions with USAID staff, implementing partners, and stakeholders. You were chosen to do this interview because you were identified as a relevant and influential stakeholder to the project. Findings from all interviews and focus group discussions will contribute to a report that will be finalized in March and made publicly available on the USAID website.

The interview will take approximately one hour. All information you share with me will be completely confidential and no personal information will be disclosed in any setting. Participation in this interview is voluntary; if you would like to stop the interview at any time, please let us know. Please feel free to give as much information as you can in response to the questions, and please ask me for clarification if you don't understand a question. Do you have any questions about this interview?

If you wouldn't mind, my colleague will be taking notes to capture the highlights of our conversation to use in our analysis. Would that be alright?

1. First, I'd like you to learn a bit about you. In general terms, what is the focus and the objectives of your office? What is your role?

CENTER OF INTERVIEW

2. Please tell us what your team or office has done to promote more-equal relationships between women and men and the empowerment of women and girls?
    a. In your opinion, what are the biggest challenges or gaps to address these issues?
        1. What are the key issues and constraints that impede equal participation and access to program activities, opportunities, and benefits?
        2. How do other conditions (such as age, rurality, education, and marriage status (including cohabitation)) affect those gaps or constraints? Can you give us concrete examples?
    b. In your opinion, what are the main advances or opportunities to address these issues?
    c. Can you mention any successful examples or good practices of USAID on gender equality and women's empowerment ?
3. What are some of the incidents of gender-based violence at the program level? How does it manifest?
    a. Does it affect the participation and access to benefits for women, girls, men, and boys?
    b. What is your office doing to mitigate the risk of GBV or address GBV when it occurred during program implementation?
    c. What are successful examples or good practices of USAID in addressing GBV?
4. Is migration, from rural areas into cities an issue in the context of the programs of this office? Does it affect men, women, boys, or girls differently? Why? How does it affect USAID programming in regard to gender?
5. What gender equality and female empowerment results has your office produced (under the current CDCS)?
6. Our team will conduct interviews on gender and female empowerment in Accra and the Greater Accra, Northern, and Central Regions. What advice do you have on key issues we should explore in those regions? What questions do you think are the most important to investigate?

Gender Capacities of Office Staff and Implementing Partners

7. What are the main constraints your office faces in ensuring that implementing partners integrate gender equality in concrete and effective ways (such as in requests for proposals; project appraisal documents; project-level gender strategies; project monitoring, evaluation, and learning plans, project quarterly reports; and project annual reports)?
    a. How effective has monitoring and reporting been in capturing information on changes in gender relations and female empowerment?
8. What kind of support do implementing partners receive to strengthen their gender-integration capacities?
    a. Do you have any suggestions on how to improve them?
    b. Is there any support you need to better advance the integration of gender equality and female empowerment?

WRAP UP (5 minutes)

9. What do you think USAID should prioritize to reduce gender gaps and promote female empowerment in the new CDCS?
10. Is there anything else you want to add or ask about that we didn't discuss in the interview?

Here is my contact information in case you have any questions or additional information to share.

1c. INTERVIEW GUIDE—USAID IMPLEMENTING PARTNERS *(to be adapted based on sector and composition of data collection event participants)*

Name(s) of interviewee(s)	
Title(s)	
Organization	
Sex(es)	
Date of interview	
Names of interviewers	

INTRODUCTION (5 minutes)

Thank you very much for setting aside time to talk with me today.

We are conducting a gender analysis to inform the USAID/Ghana 2020–2025 Country Development Cooperation Strategy. This analysis focuses on identifying gender-related trends that advance or exacerbate key outcomes for women, men, girls, and boys in Ghana as well as identifying successful strategies, approaches, and lessons learned that the program can use to strengthen USAID/Ghana activities.

For this analysis, we are conducting interviews and focus group discussions with USAID staff, implementing partners, and stakeholders. You were chosen to do this interview because you were identified as a relevant and influential stakeholder for the project. Findings from all interviews and focus group discussions will contribute to a report that will be finalized in March and made publicly available on the USAID website.

The interview will take approximately one hour. All information you share with me will be completely confidential and no personal information will be disclosed in any setting. Participation in this interview is voluntary; if you would like to stop the interview at any time, please let us know. Please feel free to give as much information as you can in response to the questions, and please ask me for clarification if you don't understand a question. Do you have any questions about this interview?

If you wouldn't mind, my colleague will be taking notes to capture the highlights of our conversation to use in our analysis. Would that be alright?

1. First, I'd like you to learn a bit about you. Can you tell us in general terms what is the focus and the scope of your organization or project that you manage? What is your role?

CENTER OF INTERVIEW

2. What has your team done to promote more-equal relationships between women and men and the empowerment of women and girls?
    a. In your opinion, what are the biggest challenges or gaps to address these issues?

b. In your opinion, what are the main advances or opportunities to address these issues?

3. How do other conditions, such as age, rurality, education, and marriage status (including cohabitation) affect those gaps or constraints? Can you give us some concrete examples?

   a. What are the advances or opportunities that specifically affect XX (these areas or people)?

4. What are some of the incidents of gender-based violence at the program level?

   a. How does it manifest?

   b. Does it affect in any way the participation and access to benefits for women, girls, men, and boys regarding the programs?

   c. Is this considered in the program or project design and implementation?

5. Is migration, from rural areas into cities an issue for your projects? Does it affect men, women, boys, and girls differently? Why? How?

6. What are the key strategies and actions (specific or nonspecific) that the project puts in place to support advances or overcome potential constraints for ensuring active participation and empowerment of women, girls, men, and boys?

   a. Do you have any specific objectives regarding these topics?

   b. Is everyone in the office and at the project level aware of them?

7. Did the project conduct a gender assessment? If yes, when? Are there any good practices that you want to cite about the assessment? What were some of the challenges in conducting the assessment?

8. Does the project do anything to advance gender equality through behavioral and social norms change approaches? If yes, how? If no, do you think that it should do this?

   a. Does the project disaggregate indicator data by gender? Does the project have gender-sensitive indicators? If so, what are they?

   b. Did the project integrate the findings of the gender assessment or strategy in its monitoring, evaluation and learning (MEL) ? What were some of the challenges in so doing?

   c. Could you share your project's MEL plan and gender assessment (if one exists that is separate from the gender strategy)?

   d. Are there any good practices that you want to cite?

9. In your experience working on this project (or in another capacity), what are the most important successes the program has produced (or is producing) in reducing gender gaps and constraints and promoting women's participation and empowerment? Can you provide some examples?

About the collaboration with USAID/Ghana

10. Are you aware of any USAID/Ghana guidance on the integration of gender equality and female empowerment? If so, has the guidance informed your planning or programming in any way?

    a. Are you aware of USAID's Gender Equality and Female Empowerment Policy? Could you tell us briefly what it requires from implementing partners?

11. Does USAID monitor your work as an implementing partner in promoting gender equality and female empowerment? How does it do so? Do you think these mechanisms are effective?

12. Has USAID provided any technical support to the project?
    a. Is there additional support that you would recommend USAID/Ghana provide?

WRAP UP (5 minutes)

13. If you could re-design the project or design a new project today, what recommendations do you have for increasing gender impact (reducing gender gaps and promoting female empowerment)?
    a. At the strategic level, what do you think that USAID should prioritize in this sector?
14. Is there anything else you want to add or ask about that we didn't discuss in the interview?

Here is my contact information in case you have any questions or additional information to share.

1d. INTERVIEW GUIDE—GOVERNMENT OF GHANA (national and local) *(to be adapted based on sector and composition of data collection event participants)*

Name(s) of Interviewee(s)	
Title(s)	
Organization	
Sex(es)	
Date of interview	
Names of interviewers	

INTRODUCTION (5 minutes)

Thank you very much for setting aside time to talk with me today.

We are conducting a gender analysis to inform the USAID/Ghana 2020–2025 Country Development Cooperation Strategy. This analysis focuses on identifying key gender-related trends that advance and/or exacerbate key outcomes for women, men, girls, and boys in Ghana as well as identifying successful strategies, approaches, and lessons learned that the program can use to strengthen USAID/Ghana activities.

For this analysis, we are conducting interviews and focus group discussions with USAID staff, implementing partners, and stakeholders. You were chosen to do this interview because you were identified as a relevant and influential stakeholder to the project. Findings from all interviews and focus group discussions will contribute to a report that will be finalized in March and made publicly available on the USAID website.

The interview will take approximately one hour. All information you share with me will be completely confidential and no personal information will be disclosed in any setting. Participation in this interview is voluntary; if you would like to stop the interview at any time, please let us know. Please feel free to give as much information as you can in response to the questions and please ask me for clarification if you don't understand a question. Do you have any questions about this interview?

If you wouldn't mind, my colleague will be taking notes to capture the highlights of our conversation to use in our analysis. Would that be alright?

WARM-UP STATE (5 minutes)

1. First, I'd like you to learn a bit about you. Can you tell us in general terms what is the focus and the scope of your organization or project that you manage? What is your role?

CENTER OF INTERVIEW

2. What has your ministry/department/office done to promote more equal relationships between women and men and the empowerment of women and girls?
    a. In your opinion, what are the biggest challenges or gaps?
    b. In your opinion, what are the main advance or opportunities?
3. Does your ministry/department/office have any policies or other guidance related to gender equality and female empowerment? If so, what? (Ask for copies of documents)
    a. Are there any issues related to gender equality and female empowerment for which you would like to have guidance? If so, what kinds of issues?
4. What are the main advantages or challenges of the national gender policy landscape and legal/institutional capacities in public sector institutions (at the national or local levels)? Is your office developing any activities to strengthen them?
5. What are the main challenges in your work/sector/ministry/office to working on gender and female empowerment?
6. Over the past five to ten years, what progress has been made in relation to gender equality and female empowerment? Can you provide some examples of successes? In your opinion, what were the main reasons for these successes?
7. In what ways has USAID supported your work in relation to gender and female empowerment? In your opinion, what kind of support would be most useful for USAID to provide in the future?

WRAP UP (5 minutes)

8. Thinking about the future of work in your ministry/sector/office, what recommendations do you have for changes in policy or approach related to gender and female empowerment?
9. Is there anything else you want to add or ask about that we didn't discuss in the interview?

Here is my contact information in case you have any questions or additional information to share.

1e. INTERVIEW GUIDE —CIVIL SOCIETY ORGANIZATION/EXPERT *(to be adapted based on sector and composition of data collection event participants)*

Name(s) of Interviewee(s)	
Title(s)	
Institution/Organization	
Sex(es)	
Date of interview	
Names of interviewers	

INTRODUCTION (5 minutes)

Thank you very much for setting aside time to talk with me today.

We are conducting a gender analysis to inform the USAID/Ghana 2020–2025 Country Development Cooperation Strategy. This analysis focuses on identifying key gender-related trends that advance and/or exacerbate key outcomes for women, men, girls, and boys in Ghana as well as identifying successful strategies, approaches, and lessons learned that the program can use to strengthen USAID/Ghana activities.

For this analysis, we are conducting interviews and focus group discussions with USAID staff, implementing partners, and stakeholders. You were chosen to do this interview because you were identified as a relevant and influential stakeholder to the project. Findings from all interviews and focus group discussions will contribute to a report that will be finalized in March and made publicly available on the USAID website.

The interview will take approximately one hour. All information you share with me will be completely confidential and no personal information will be disclosed in any setting. Participation in this interview is voluntary; if you would like to stop the interview at any time, please let us know. Please feel free to give as much information as you can in response to the questions and please ask me for clarification if you don't understand a question. Do you have any questions about this interview?

If you wouldn't mind, my colleague will be taking notes to capture the highlights of our conversation to use in our analysis. Would that be alright?

WARM-UP STATE (5 minutes)

1. First, I'd like you to learn a bit about you. Can you tell us in general terms what is the focus and the scope of your organization/project that you manage? What is your role?

CENTER OF INTERVIEW:

2. What has your team done to promote more equal relationships between women and men and the empowerment of women and girls?
    a. In your opinion, what are the biggest challenges or gaps to address these issues?
    b. In your opinion, what are the main advance or opportunities to address these issues?
3. Do you work with XXXX (youth, disadvantaged regions, rural/urban inhabitants, those with low education levels, and by marital status)?
    a. What are the gaps or constraints that specifically affect XX (these areas or people)?
    b. What are the advances or opportunities that specifically affect XX (these areas or people)?
4. What do you think USAID should prioritize to reduce gender gaps and promote female empowerment?

Additional sector-specific questions to consider and/or adapt (see table of key questions from the forthcoming USAID ADVANTAGE IDIQ Women's Economic Empowerment and Equality Technical Guide (***for each USAID sector)***

D&G	Economic Growth	Health	Education
• To what extent are women vs. men able to exercise their voice in decisions made by public, private, and civil society organizations, both individually and as collectives? • What decision-making and leadership roles and opportunities do women have nationally and regionally? • What has the impact of female leadership been on policy reforms, including issues affecting trade, value chains, the informal sector, and access to public services? • Do women and men equally have access to social security coverage, annual paid leave, parental leave, and paid sick leave?	• Are women able to independently start and operate a business without the involvement of male family members? • At what levels in the value chain do women hold leadership positions and what has the impact been on economic empowerment opportunities for women? • How does the lack of co-responsibility in households and lack of community-based childcare services factor into women's ability to participate and take on leadership positions in business networks, cooperatives, unions or business associations? • What types of assets do women own and how does this differ from men? • What GBV risks, including sexual harassment, do women face in bringing products to market and/or with traders?	• To what extent are women able to choose their spouse? • Have you been able to address issues of child marriage? • Who controls the narratives around marriage and family planning norms in the family and community as well as nationally? • Are health services set up to accommodate women, men, girls, and boys? • Do social norms hinder women from moving independently in public spaces? • What are the traditional rules and beliefs • regarding use of sanitation facilities?	• How do gender gaps in literacy rates impact the ability of women and girls to use mobile technology? • Do women feel they have the freedom to move independently to pursue education opportunities? • Is there a formal mechanism by which girls and women are mentored for success through schools, community groups, or municipal efforts? • Are girls and boys equally given opportunities for leadership in schools, universities, and social programming? • How do social norms impact women's ability to participate in training, vocational, educational, or other capacity building programs?
• What barriers exist to women's access to employment within the targeted sector? • How does the level of unpaid care-taking and household work for women and girls affect their access to education and training and employment opportunities? • Do women play key roles in decision-making in networks, cooperatives, and business associations? • What stereotypes affect women's ability to take on leadership positions at various levels in different sectors? • Do social norms restrict or constrain women and girls' online access?			

WRAP UP (5 minutes):

5. What progress do you want to see in the future? What is your dream? What would you make happen 5if you had a magic wand?
6. Is there anything else you want to add or ask about that we didn't discuss in the interview?

Here is my contact information in case you have any questions or additional information to share.

2a. FOCUS GROUP DISCUSSION GUIDE – USAID PROJECT BENEFICIARIES *(to be adapted based on sector and composition of data collection event participants)*

INTRODUCTION (5 minutes):

Welcome. My name is [name of interviewer]. I would like to thank you for your willingness to speak with me today. I would also like to introduce you to [name of notetaker].

We are conducting a gender analysis to inform the USAID/Ghana 2020-2025 Country Development Cooperation Strategy. This analysis focuses on identifying key gender-related trends that advance and/or exacerbate key outcomes for women, men, girls, and boys in Ghana as well as identifying successful strategies, approaches, and lessons learned that the program can use to strengthen USAID/Ghana activities.

For this analysis, we are conducting interviews and focus group discussions with USAID staff, implementing partners, and stakeholders. You were chosen to do this interview because you were identified as a relevant and influential stakeholder to the project. Findings from all interviews and focus group discussions will contribute to a report that will be finalized in March and made publicly available on the USAID website.

The FGD will take approximately 90 minutes. All information that you share with me will be completely confidential and no personal information will be disclosed in any setting. Participation in this discussion is voluntary; [*Each participant is handed copies of all informed consent documents and confidentiality forms.*] Do you want me to read these documents to you? *[If any participant says yes, or seems to be having difficulty reading the documents, the moderator will read all documents aloud.]* Do you have any questions? Do you agree to the content on each form? *[If the participants agree, they will sign the forms.]*

If possible, I would like us to follow a few simple guidelines during the discussion to best respect all participants. There is no need to speak in order and there are no right or wrong answers. Only one person should speak at a time so we can best hear the opinions and experiences of others. Please feel free to respectfully disagree with the opinions of others; we want to hear your honest opinions to best understand the experiences of women in your community.

If you wouldn't mind, my colleague will be taking notes to capture the highlights of our conversation to use in our analysis. Would that be alright?

WARM-UP STATE (10 minutes):

1. I'd like us to learn a bit about each other, so let's go around the room and introduce yourself. Please tell us your name, your relationship with the program, and anything else you'd like to share.

CENTER OF INTERVIEW:

2. Can you tell us a little about what activities take place?
    a. How does the program help or improve the lives of participants, their families, and /or their communities?
3. Please describe your participation in program activities.
    a. Do women participate in the same activities as men and vice versa?
        i. Are there activities in which they participate more than others or vice versa?
        ii. Does this impact participation?
    b. Could your participation be improved in any way?
    c. What are the reasons that led you to participate in the program?

4. Have you faced any problems in being able to participate? If yes, is this from your family, the community, or the program itself?
    a. What are the reasons that limit or prevent your ability to participate?
5. In your opinion, do you think the project takes into account the specific needs of women and men? How? What is missing?
6. Did you or members of you community/organization participate in the design of the project?
7. If you look back and see yourself before starting to participate in these activities, and look now, has something changed in you (your way of thinking or relating to other people)? Has anything changed in your families (in relationships with husbands/partners, sons and daughters)? Or in your participation in the community?
8. In general, what are the main problems that women face in order to get ahead, get their families ahead and be more successful? Is support available to solve these? If so, what?

WRAP UP (10 minutes):

9. Do you have any recommendations about how the project could be improved so that more women, men, and a more diverse population could actively participate to improve their and their families' lives and/or make the program more impactful?
10. Is there anything else you want to add or ask about that we didn't discuss in the discussion today?

ANNEX G. SCOPE OF WORK

USAID/GHANA Gender Analysis
Statement of Work (SOW)
November 13, 2019

1. PURPOSE

Gender equality and women's empowerment are core objectives fundamental for the realization of human rights, and key to effectively achieving sustainable development outcomes. To ensure gender and women's empowerment issues are appropriately considered and integrated into Mission strategies, projects, and activities, USAID/Ghana will conduct a Gender Analysis to ascertain the challenges and inequities Ghanaian citizens experience as a result of their gender identity. The Gender Analysis will inform the Mission's strategic and programmatic direction for the new five-year Country Development Cooperation Strategy (CDCS). USAID/Ghana will provide a holistic overview of gender-related constraints to development, as currently identified through the following key sectors: Health, Economic Growth, Education, and Democracy and Governance.

2. BACKGROUND

Ghana's economy has grown significantly during the last decade. According to the World Bank, Ghana's economy expanded by 8.5 percent in 2017, sustaining its status as a low-middle income country. Further, Ghana has made significant strides to achieve is Sustainable Development Goals in Health, Education, and Democracy and Governance. USAID/Ghana's previous Gender Assessment (2011) highlighted the persistence of disparities and inequality across genders. Unfortunately, little change has occurred since the 2011 assessment was completed. Ghanaian women and girls continue to experience shortcomings in economic participation, health, education and political participation. These challenges are further exacerbated in Ghana's rural areas. Women in Ghana are constrained by limited access to adequate and productive resources to increase agricultural productivity. Gender inequalities produce long-term repercussions that affect literacy rates; access to health care; and employment decisions/opportunities. Further, women are less likely to be the primary decision makers in the household and have control over family resources.

USAID/Ghana will conduct stakeholder interviews and site visits to collect, analyze, and report on gender equality and women's empowerment data from development partners, civil society, academia, private sector, and government stakeholders to understand the behaviors that contribute gender inequality in Ghana.

Applying a behavioral lens, USAID/Ghana will develop an integrated Mission-wide Results Framework that focuses on priority behavioral outcomes, highlighting areas for collaborating, learning and adapting within the Mission environment. The Mission will focus on supporting under-served citizens, including women and youth and vulnerable populations; strengthening host government systems; and strengthening private sector engagement.

The Mission will analyze gender disparities and women's empowerment issues that generally affect Ghanaians and examine how identified disparities may or may not influence priority behavioral outcomes within the three aforementioned thematic areas. The Gender Analysis should support the Mission's focus to consider and address Ghana's existing gender gaps, needs, assets, and opportunities to identify potential interventions that will change citizen's views and behaviors related to gender inequality and women's empowerment.

Data collection should take place in the following Regions: Northern, Greater Accra or Kumasi, Oti and Western region.

An illustrative list of USAID/Ghana's priority behavioral outcomes are included in Annex 1.

3. OBJECTIVES AND TIMELINE OF THE GENDER ANALYSIS

Objective
To conduct a holistic Gender Analysis that considers opportunities for women's empowerment in Ghana.

Purpose
To provide a review of existing Ghana-specific gender data to inform the new five-year strategy by:

1. Analyzing gender equality and women's empowerment in Ghana across all relevant USAID/Ghana engaged sectors (i.e., Health, Education, Democracy and Governance, and Economic Growth), and identify how gender might or might not influence each sector's priority behavioral outcomes. Gender-based violence prevention and response is a key cross-cutting priority for all sectors. Key populations will include: Youth, region, rural/urban and perhaps education levels and marital status.

2. Assessing gaps in gender equality and women's empowerment programming in Ghana (including USAID/Ghana programming), including how the issues relate to priority behavioral outcomes.

3. Identifying opportunities (programmatic and partnerships) for gender and women's empowerment to be integrated into USAID/Ghana's strategy and programming, and identifying common cross-cutting gender-related opportunities to help the Mission to achieve priority behavioral outcomes.

4. Leveraging knowledge and data collected by other key players in Ghana including but not limited to the private sector, civil society, academia, think tanks, and other key donor partners, especially adding behavioral knowledge and data as available.

Methodology
The gender analysis will comprise a combination of primary and secondary data collection. The desk review will include analysis of secondary data, including national and regional statistical databases, as well as literature relevant to the sector and the region. Relevant statistical indicators will be selected and updated, focused on the sector and region prioritized by each sector. Banyan Global will create a secured Google Drive Folder to provide all the reports that are not found on the internet (i.e., USAID/Colombia CDCS, PAD gender analyses, as well as other relevant reports and information).

Primary data collection will include semi-structured interviews and focus group meetings with USAID staff, implementing partners, government counterparts, the UN System, national NGOs, program beneficiaries, and key civil society stakeholders. For the gender analysis, the research team will consider the following:

1. Comprehensive review and analysis of pertinent literature and documents. Relevant materials might include, but not be limited to:

2. USAID/Washington documents including, but not limited to:
    a. The Automated Directives System (ADS) 201 and 205 (2019 and 2017 respectively)
    b. The 2012 Gender Equality and Female Empowerment Policy (2012)
    c. U.S. Strategy to Prevent and Respond to Gender-based Violence (2016)

d. USAID Vision for Ending Child Marriage and Meeting the Needs of Married Children (2012)
e. USAID Journey to Self-Reliance – Ghana Country Map (2018)
f. USAID Policy Framework (2019)
g. USG 2018 Act on Women's Entrepreneurship and Economic Empowerment Act
h. U.S. Strategy to Empower Adolescent Girls (March 2016)
i. Counter-Trafficking in Persons Policy (2012)
j. USAID's Youth in Development Policy (2012)
k. USAID Disability Policy Paper (1997)
l. Advancing Disability-Inclusive Development
m. USAID LGBT Vision for Action (2014)
n. USAID Policy on Non-Discrimination (2011)
o. Equal Employment Opportunity, Diversity and Inclusion (2011)
p. Presidential Memorandum on International Initiatives to Advance the Human Rights of LGBT Persons (2011)

3. USAID/Ghana documents, such as, but not limited to:
    a. Gender Analysis
    b. The Mission's 2014-2019 CDCS, results frameworks for the DOs, Gender & Social Inclusion Mission Order (2015), relevant evaluations
    c. PAD Gender analyses for USAID-funded awards.
    d. Gender and social inclusion strategies developed by implementing partners after the 2015 Mission Order.
    e. Studies and assessments concerning gender conducted by donors, NGOs, national governments, regional organizations, and the academic community;
    f. National statistics on women from the national statistics institute and the UNDP Human Development Index Reports.
    g. Recent literature that addresses gender equality and women's empowerment issues in specific sectors and areas of strategic interest for the Mission: Health, Education, Democracy and Governance, and Economic Growth.

4. Key stakeholder interviews and focus groups with USAID/Ghana and implementing partners' staff involved in developing the Mission program. These will include where possible:
    a. Entry briefings with the Gender/Inclusive Development Advisor, the gender and social inclusion working group, the Program Office, the Front Office .
    b. Meetings with Office teams and implementing partners on specific sectors and areas of interest, to identify possible entry points for the incorporation of gender equality and women's empowerment into ongoing and future activities taking into consideration the current context of Ghana, and to recommend how inclusive development considerations can be adequately treated in the Mission draft CDCS;
    c. Presentation of the draft gender analysis to USAID/Ghana staff to validate preliminary findings and recommendations.
    d. Exit briefings with the Gender/Inclusive Development Advisor, Program Office, and the Front Office.

5. Interview selected key expert stakeholders, beneficiaries and other community members involved in current and proposed programs; conduct site visits to selected program activities as time permits to identify gender equality and women's empowerment priorities and potentialities for improving attention to gender in USAID activities.

4. Gender Analysis Deliverables and Guidelines

Deliverables

The associated work should include the following deliverables:

Inception Report/Desk Review:

- This should include a desk review of pertinent literature, work plan and agreed upon methodology
- **In brief with the Mission:** The team will meet with the Mission to provide an overview of the purpose of the Gender Analysis; proposed research questions; methodology; suggested time frames for field work
- **Out brief with the Mission:** The out brief will be an opportunity for the analysis team to meet with the Front Office, Program Office and the entire Mission to discuss preliminary findings per focus region. The team will be able to draw some initial and illustrative recommendations as it pertains to each sector.
- **Draft Gender Analysis Report:** The team should draft a Gender Analysis and Assessment taking into account the literature review and the inception report and information gathered on the ground from the mission and the field.
- **Final Gender Analysis Report:** This report will take into all issues and concerns raised by the USAID Ghana Mission as it pertains to the Draft Gender Report.

Reporting Guidelines

- The Gender Analysis report (33 pages excluding Executive Summary, Table of Contents, Acronyms and Annexes) should follow the format below and be submitted electronically in Microsoft word and PDF versions:

1. Executive Summary (2 pp.)
2. Table of Contents (1 pp.)
3. Acronyms (1 pp.)
4. Introduction (1 pp.)
5. Background (2-3 pp.)
6. Methodology (1 pp.)
7. Finding, by ADS205 domain (5 pages)
8. Findings/Conclusions/Recommendations, by Sector, including a list of potential partnerships and key players working on gender in Ghana (17- 20 pp.)
    - Specific findings for each sector and set of priority behavioral outcomes, including challenges and opportunities based on evidence (to be developed with ACCELERATE team)
    - Recommendations (concrete and inclusive of priority behaviors)
    - Recommendations for future USAID programming that highlight lessons learned from current programming with consideration of linkages to existing programs
9. Annexes
    - Gender Analysis SOW
    - List of Key Documents
    - List of participants and organizations consultants

Team Composition

Team Leader

This position seeks an international consultant with core experience working with and knowledge of USAID programs and must be an experienced social scientist with expert level knowledge in conducting gender assessments in Africa (required), preference given for relevant Ghana experience. Other qualifications include:

- Minimum of 10 years' experience in operations research, policy formulation and program design
- S/he must have at least ten years of experience in gender analysis and assessments –including gender-based violence prevention and response.
- Familiarity with USAID Strategic Direction and Program management; and
- Exceptional inter-personal and inter-cultural skills.
- Excellent leadership skills.
- Sector expertise in one of the priority sectors areas (Health, Education, Democracy and Governance, and Economic Growth)

Senior Gender Expert

- S/he must have at least eight years of experience in gender analysis and assessments –including gender-based violence prevention and response.
- S/he must have formal studies in gender and/or social inclusion and a minimum of a Master's degree in sociology, anthropology, economics, or relevant social science field.
- Excellent speaking and writing English language skills are required.
- S/he must have experience in the drafting and implementation of qualitative research instruments and possess working computer skills, particularly in Word and Excel.

National Gender Expert (2)

The team must include a national Ghanaian Gender Expert who exhibits complementary skills to the Team Lead and core experience conducting thorough evidence-based research gender issues in Ghana. Other qualifications include:

- Minimum of 7 years' experience in conducting evidence-based research and expert knowledge on gender and women's economic empowerment issues in Ghana;
- Knowledge in technical areas such as strengthening democracy and governance, education, health and economic growth;
- Deep knowledge of with the Government of Ghana gender mainstreaming programs; development partner engagement in the gender space and a sound working relationship with the Ministry of Gender, Children and Social Protection.
- Must be conversant with socio-cultural beliefs and practices in Ghanaian societies; and
- Exceptional inter-personal and inter-cultural skills

Examples of past analysis and assessment reports produced under the direction of the proposed team leader and National Gender Expert may be requested as well as character and professional references.

Other team members can be considered if the need presents itself.

Analysis Management

A. Logistics

- A USAID focal point will be assigned to work with the team to assist with logistics. USAID will assist the team to gather relevant contact information from those groups, organizations and individuals identified for interviews.

B. Scheduling

- The expected period of performance for the assessment will be roughly 120 days per the outline below (extended timeframe due to end of year holidays).
- The team will have 3 weeks (21) working days after completing the fieldwork to submit preliminary draft to USAID/Ghana.
- Due to office space constraints the team will need to identify an ideal workspace and will have to occasionally schedule meetings with USAID/Ghana staff for interviews and to discuss issues.

Deliverable/Task	Due Date (Period of Implementation)
1. Inception Report	1/15/20 (12/16/19- 1/15/20)
2. Inbriefing – Mission Staff	1/20/20
3. Data Collection	1/20/19-2/14/20 (Data collection outside of Accra in four aforementioned regions from 1/28/20-2/20/20)
4. USAID/Ghana Debriefing – Presentation of Preliminary Findings and Recommendations	2/14/20
5. Draft Gender Analysis Report	3/10/20 (2/17/20- 3/10/20)
6. Final Gender Analysis Report (incorporating USAID/Ghana	3/27/20 (3/17/20-3/27/20)

Note that this TO includes a five-day work week while in the United States and six-day work week for international staff only while in Ghana; therefore, LOE and salaries are calculated on that basis.