



USAID
FROM THE AMERICAN PEOPLE

Gender Assessment USAID/Ghana

December 2, 2011

This publication was produced for review by the United States Agency for International Development.

It was prepared by Cultural Practice, LLC for USAID/Ghana under Purchase Order # 641-O-00-11-00023-00 and modifications.

DISCLAIMER:

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Women at microcredit meeting in Ghana

Photo credit: D.Rubin



Table of Contents

ACKNOWLEDGEMENTS	v
EXECUTIVE SUMMARY	vi
Acronyms	xiv
I. INTRODUCTION	1
A. Gender and Growth in Ghana	1
Economic Growth	2
Health	3
Democracy and Governance	6
Education	9
B. Public Policy Framework for Gender in Ghana	11
Economic Growth	11
Health	14
Democracy and Governance	16
Education	17
II. DISCUSSION OF USAID MISSION STRATEGIC PRIORITIES AND RECOMMENDATIONS	19
Economic Growth	19
Health	33
Democracy and Governance	42
Education	53
III. POSTSCRIPT ON RECOMMENDATIONS	60
IV. ILLUSTRATIVE GENDER RESULTS FRAMEWORK	61
V. GENDER ACTION PLAN	63
VI. ANNEXES	
Annex 1: Bibliography	
Annex 2: Basic Concepts	
Annex 3: Scope of Work	
Annex 4: Gender Assessment Methodology	

ACKNOWLEDGEMENTS

The assessment team would like to thank Cheryl Anderson, USAID/Ghana Mission Director, and the staff of USAID/Ghana for their tremendous support during the assessment process. Particular thanks go to Belien Tadesse, Project Development Officer; and Abdulai Mahama, Program Budget and Reporting Specialist, for their coordination of this complex process. We are also indebted to the USAID technical teams who generously shared their time, reflections, and recommendations with us despite multiple competing priorities and assessment processes.

Our thanks also go to the USAID implementing partners with whom we met and who were so accommodating of our schedule. Their dedication to their work is inspiring. Our deep gratitude goes to Mark Fenn, Chief of Party of Hen Mpoano/Our Coast, and Peter Fricker, Chief of Party of Local Governance and Decentralization Program, for making it possible for us to see these projects and meet with project staff and beneficiaries.

We would also like to acknowledge the generosity of the numerous development partners, academic experts, and the Ghanaian government ministry officials with whom we were able to meet. We very much appreciated being welcomed by Graham Gass of Department for International Development (UK) and the other members of the Gender Equity Stakeholder Team to participate in their monthly meeting.

Finally, our thanks and appreciation to the Ghanaian NGOs who participated in the roundtables and made time in their hectic schedules to travel to the USAID office to share their visions and lessons learned with us. Your work is the heart of the matter.

This version of the report has been significantly changed in response to reviewers of the first draft from USAID/Washington, including Caren Grown, Senior Gender Advisor (PPL/P) and Chloe Schwenke, Senior Advisor, Democracy and Governance (AFR/AA). With these revisions, we trust that it is a more strategically oriented document that will meet the Mission's need to develop a Country Development Cooperation Strategy to guide future USAID investments to reduce gender inequalities in Ghana.

The Gender Assessment Team
Deborah Caro, Cristina Manfre, and Deborah Rubin (Cultural Practice, LLC)
Deborah Gordis, and Rudith King (Independent Consultants)

EXECUTIVE SUMMARY

The last two decades in Ghana have witnessed a real decline in poverty, even as its population increased. The number of poor people declined by 1.6 million between 1992 and 2006, with the percentage of poor in the population decreasing from over half (51.7%) in 1992 to 28.5% in 2006. This decline was also evident in the number of people living in households headed by women, which can be among the poorest households. The population in these households decreased from 22% in 1992 to 15% in 2006, even though the proportion of households headed by women remained around 25% over the same period (World Bank 2011a). National GDP per capita is also increasing, with new data and calculation methods boosting Ghana's GDP per capita to US \$1,100 in 2009 and \$1,347 in 2010, placing it within the lower middle-income country category (World Bank 2011b; Ghana Statistical Service 2011). The country is also on track to achieve some of its key targets under the Millennium Development Goals (MDGs).

Despite this important progress, two relative areas of disparity persist and require targeted attention: regional and gender inequalities. First there is long-standing and well-documented regional disparity between the north and the south. Between 1992 and 2006, the northern regions have not seen the same reduction in poverty as the south, with the number of the poor in the rural north growing. The poverty gap is also greater in the north. Further, the emerging growth of the oil and gas industry in the south and the drain of north-to-south migration threaten to widen these gaps between the regions (World Bank 2011a).

Gender inequalities remain significant across sectors. The Human Development Index rank of 130 for Ghana (out of 168 countries) puts it in the high end of the “low human development” ranking, between Kenya (128) and Bangladesh (129) and ahead of Cameroon (131) and Myanmar (132). As calculated in the Global Gender Gap (Hausmann et al. 2010) and the Gender Inequality Index (GII) (UNDP 2010), women remain disadvantaged relative to men across a range of measures related to employment, health, education, and political participation. The Global Gender Gap index ranks Ghana 15 out of 134 countries in economic opportunity for women, but considerably lower in other sectors (103). Ghana ranks 114 out of 168 on the GII which uses a different set of indicators to reflect inequality in achievements between women and men in reproductive health, empowerment, and the labor market. Both indices reflect in different ways that although women are economically active and contribute significantly to the economy, they also experience serious shortcomings in education, health, and political voice.

Government of Ghana (GOG) public policies address gender inequalities and meeting the needs of women, but implementation remains a challenge. USAID can support the GOG through interventions in each sector can benefit from policy reforms to address specific areas of gender disparities which are briefly summarized below and elaborated on in the report.

USAID/Ghana is in the process of developing a new Country Development Cooperation Strategy (CDCS) that will cover fiscal years 2011-2015. The new strategy will focus on the same four development objectives (DO) as the current strategy: Economic Growth, Education, Democracy and Governance, and Health. The USAID/Ghana Mission anticipates substantially realigning program activities to address the USAID Forward strategy, as well as reprioritizing activities in

line with the Government of Ghana's (GoG) Medium-Term Development Strategy known as the Ghana Shared Growth and Development Agenda. USAID/Ghana is also a participant in two Presidential Initiatives: Feed the Future (FTF) and Global Health Initiative (GHI) and has been selected as one of four countries world-wide to be involved in the new –Partnership for Growth.”

USAID/Ghana requested this gender assessment as part of its new strategy development process. The mission is aware that gender relations and roles affect the allocation, use, and control over community and national resources. When these roles are unequal and hierarchical they prevent achievement of development that is equitable and just (rights-based). Development policies, programs, and institutions often create inequities for both men and women. This assessment provides information to assist USAID/Ghana develop its new Country Development Cooperation Strategy to address the different needs and interests of men and women (boys and girls), reduce constraints to their engagement in and benefit from development interventions.

Economic Growth

The goal of USAID/Ghana’s Feed the Future Strategy—to improve the livelihood and nutritional status of households in Ghana—is closely aligned with the Government of Ghana’s Medium Term Agricultural Sector Investment Plan (METASIP) 2011-2015.

According to the Ministry of Food and Agriculture (MOFA) figures in 2007, Ghana meets 51% of its cereal needs, 60% of its fish requirements, and 50% of its meat needs, while producing less than 30% of the raw materials needed for agro-based industries. Nearly 80% of this production comes from small holder farms of under two hectares in size. USAID/Ghana’s Feed the Future multi-year strategy (2011-2015) recognizes the important role of women in these household production systems and has made it a priority to include women in efforts to modernize the agricultural sector and is committed to removing the constraints that limit women, as well as men, from contributing fully to food security.”

Women are constrained by unequal access to, control over, and ownership of land and other assets, and this inhibits their ability to both participate in and fully benefit from market-oriented agriculture. Unequal land access is often raised as a critical gender disparity facing women in Ghana; the inequality is shaped by a number of factors. There is a lack of harmonization in laws governing land ownership and tenure security. Women are also disadvantaged because their access to land is contingent on their relations with men, whether by birth or by marriage, and their access does not necessarily afford them control over the use of the land.

Gender disparities in access to assets can have implications for agricultural productivity. Studies in Ghana and elsewhere have found that women typically have smaller and less fertile plots, less access to resources, and greater land tenure insecurity (Udry et al. 1995, FAO 2011, Sarpong et al. 2010). The specific relationships between gender and productivity however need to be investigated for each crop and location so that programming benefits both men and women.

Lack of access to energy has been identified as a binding constraint to economic growth in Ghana. Women, who have responsibilities for manual work in the home and in their fields and businesses shoulder a heavy burden that could be alleviated if their access to energy were improved. In the Northern Ghana town of Tamale, a women-governed project to provide

diesel-powered engines to power appliances is credited with helping women increase their incomes by freeing up time from food processing and travel that can be more profitably applied to agriculture and other business efforts (Park 2010, KITE 2010, UNDP 2007). At a larger scale, women's groups and women's needs should be better integrated into national energy sector policies so that benefits can be managed in a gender-equitable manner.

Health

The principal focus of USAID/Ghana's health strategy is on strengthening the Ghanaian health system to increase access and make access more equitable, while improving the quality of services. The health objectives align closely with Ghana's Health Sector Medium Term Development Plan strategic objectives, with greatest emphasis on the objective of improving access to quality Maternal, Neonatal and Child Health services. USAID/Ghana, through its health programs has an opportunity to ensure that Ghana policies on HIV/AIDS, nutrition, reproductive health/family planning, maternal child health, and malaria are implemented according to shared U.S. Government (USG) and Government of Ghana (GOG) principles and practices on gender equality and inclusivity, regardless of their gender identities and sexual orientations.

A significant challenge for the Ghanaian healthcare system is designing services and governance systems that accommodate differences in men's and women's time and mobility patterns, needs, and preferences. Men's and women's work and household obligations often prevent them from attending health services during hours when they are open. The location of health services may be too far for a woman with small children to walk to or too expensive to get to by public transportation. Ghana's Health Sector Gender Policy cites anecdotal evidence that men may be deterred from using health services when the majority of providers are female, as is the case in most primary healthcare centers (Ministry of Health 2009). Adolescent boys and girls may fear reprisals from providers and parents if they seek sexual and reproductive health information or services. Health services frequently discriminate against people with nonconforming sexual and gender behaviors, or inadvertently put women at risk of reprisals from their partners for seeking contraception without their partners' prior knowledge, or disclosing they are HIV positive.

Women face particular disadvantages in accessing health care as a consequence of their lower levels of education, time and mobility constraints, their limited decision making, and lack of access to and control over family resources.¹ Their dual reproductive roles and work responsibilities place them and their children at greater risk of poor health outcomes. In many households, where men are the primary decision makers, they exercise decisions about medical expenditures, and investment in and use of contraception, skilled delivery and child healthcare, and bed nets. These patterns also influence men's and women's different responses to ill health and their burdens for caring for others who fall ill.

Plans to expand the community-based health planning and services (CHPS) do not adequately consider decision-making patterns, time and mobility, and participatory health

¹ See Ministry of Health 2009.

planning at the local level. The CHPS model has been in place in Ghana since 1999; however, implementation still faces challenges to including men and women in the planning processes. Emerging evidence highlights the advantages of community-based approaches for preventive and palliative care. These must be weighed against the costs, in terms of time and workload, to women who take on the majority of these responsibilities.

Gender Based-Violence (GBV) is a significant public health problem in Ghana and is both a violation of human rights under Ghanaian law as well as a public health problem.

According to the Demographic and Health Survey, the percentage of women who experienced physical violence ranges from 23% in the Western region to 46% in the Brong Ahafo region. Women with no education are more likely to have experienced violence than women with secondary or higher education (17% versus 9%). Wealth does not confer a protective effect on the lifetime experience of violence even though it does lower somewhat the experience of violence in the past 12 months (20% lowest quintile, 13% highest).

Democracy and Governance (DG)

USAID's *Governing Justly and Democratically* Program supports two linked strategic directions: 1) strengthened participation of civil society in local governance, and 2) improved service delivery. These aim to advance the USG foreign policy priority to promote the continued consolidation of democracy and good governance in Ghana so that Ghana can “continue to serve as a model and catalyst for good governance and sustainable development in Africa.” Both strategic priorities align closely with GOG policies, which seek to increase and broaden participation, as well as improve the quality and reach of government provided services through strengthened management of human and financial resources, enhanced capacity of service managers and providers, and improved communication and infrastructure.

While there are many fora through which women and men in Ghana participate in community groups, there are many fewer opportunities for women than for men to participate as leaders and decision makers. Many factors contribute to women's marginal role in national and local political decision-making. These include women's low literacy, time constraints from work inside and outside the household, negative stereotyping of women who take on roles perceived to be more appropriately played by men, and the lack of resources necessary to build large social networks and influence. In addition, the workings of local government also present barriers to women's participation. Both bureaucratic and representative bodies reflect status structures associated with men. They require meeting at times when men tend to have more free time. They require moving about independently to consult with others who are available at the same time, and assume autonomous decision-making over resources, as well as a familiarity with the structures and procedures of governing.

Despite the stipulation to ensure women occupy 40-50% of appointed Assembly seats, this is not universally applied and does not address structural barriers that limit women's ability to influence decision-making once elected. Few women are qualified or willing to seek nominations for public office. Furthermore, quotas do not address women's ability to serve effectively once elected or appointed to office.

Although men and women share a number of similar needs for service provision, men are

better positioned to bring resources into their communities. Moreover, even when men's and women's needs are similar, they require them at different times, in different locations, or delivered through different types of mechanisms. In a survey conducted by the World Bank (2010) on gender and governance in rural services, women elected officials were less able to mobilize resources and had less contact with members of Parliament and fellow Assembly members. Men were better positioned to bring resources into their communities but were less responsive than women politicians were to the different needs of men and women.

Programs such as Government Accountability Improves Trust (GAIT I and II), as well as work by other donors (e.g., BUSAC and STAR) provide promising approaches. GAIT I activities demonstrated the great importance of supporting coalition building as a means of increasing women's political power, influence, and agency. GAIT II (2004-2009) built on and continued the objectives of the earlier project to increase the capacity of the District Assemblies to be more responsive to citizen needs and concerns. DANIDA's Business Sector Advocacy Challenge (BUSAC) program offers a promising approach for mainstreaming gender in business advocacy.

Attention to Gender-based Violence GBV was found to be among the greatest gaps in the Democracy and Governance portfolio of activities. GBV continues to be a major gender and rights issue facing Ghana. It is cited in documents, newspapers and by partners as an enormous health and human and constitutional rights issue, and one of many for which women do not know their rights. Despite passage of the Domestic Violence Act in 2007, and the establishment of the Domestic Violence Secretariat, not much has been done to implement the national plan of action. Even though USAID/Ghana's DG objectives do not support strengthening the judicial and security sectors explicitly, there is room for preventing and responding to GBV through USAID's support for strengthening civil society groups and improvements in service delivery.

USAID has not been as active as other donor partners on the Gender Equality Support Team (GEST). The GEST is a donor group co-chaired by the Ministry of Women's Affairs and Children (MOWAC) and UN Women. It has been supportive of efforts to address gender issues and inequities in national policies and plans, to share information about integration of gender into bilateral and multilateral programs, and to help MOWAC act more strategically.

Education

USAID/Ghana's education strategy will focus efforts on three areas of action: 1) improved reading instruction; 2) strengthened basic education delivery systems; and 3) improved accountability and transparency between parents and local government. The program will emphasize improvements in the quality of education in line with the National Literacy Acceleration Program (NALAP) implemented by the Ghana Education Service (GES). The overall objective of USAID/Ghana's education programming is aimed at improving proficiency in reading at the completion of primary school.

Poverty is one of the major barriers to reaching the goal of universal basic education in Ghana and educational enrollment and attainment for boys and girls is lowest, and the gender gap is the largest, in the three northern regions. Poverty contributes to children's nutritional deficits resulting from food insecurity in the poorer regions of Ghana. Poor nutrition

affects children's capacity to learn and increases their susceptibility to illness which affects their attendance. Gender, household conditions, and distance to school are poverty related factors that also delay a child's age appropriate enrollment in school (Ananga 2011; Pridmore 2007). These factors influence parents' decisions to keep children out of school for work. The combination of factors affects children's ability to attend and stay in school and perform well academically.

In "hard to reach" areas, distances between home and school are a primary reason why children, particularly girls, do not attend school or drop out; rural locations also work against the recruitment of women teachers. The further a community school is from the district capital, the poorer its performance in the Basic Education Certificate Examination (BECE). In most remote rural schools, girls performed worse than boys in reading and math. Schools in remote areas generally are of poor quality resulting in poor student performance. The schools also suffer from extended teacher absences, lack of materials, and poor quality of instruction. Women teachers are reluctant to take posts in these areas and the lack of women teachers and poor infrastructure appear to deter parents from sending girls to school.

The school experience is highly gendered, reinforcing negative stereotypes about girls' and boys' abilities and interests. A 2005 study of gendered school experiences in Ghana found that schools created segregated learning environments and perpetuated gender differences and inequalities, which limited learning opportunities, particularly for girls (Dunne and Leach et al. 2005). Girls were discouraged from studying subjects like math and science or technical skills that would most likely provide future job opportunities. Furthermore, both male and female teachers reinforced gender stereotypes and disparaged women's leadership roles. Officials from the Girl Child Education unit of the Ministry of Education emphasized that many teachers assume girls do not have the interest or capacity to study mathematics and science. There are also few women teachers who teach these subjects in secondary schools.

Lack of appropriate infrastructure, incentives for women teachers, and teacher training on gender equality also create barriers to improving performance. Attention to infrastructural constraints that affect girls' attendance, such as toilets and transportation is still required. Both men and women teachers need continued sensitization on gender equality, although the approach may differ. Both men and women teachers need an understanding of how to facilitate and support more gender equitable behavior among boys towards girls. These issues apply equally to moving boys and girls into higher levels of education, at parity and equitably.

The most daunting challenge ahead is how to move from the accomplishments of sex parity and equity to achieving gender equality in education. To-date, Ghana has made impressive advances in addressing gender equity and achieving near gender parity in primary education by removing many of the gender-based barriers to school attendance. With USAID's new focus on improving the quality of primary reading instruction, it faces the challenge of helping the Ghanaian government to address gender equality in the learning process, performance, and with regard to opportunities for going on to higher levels of education.

Recommended Areas of Action

The recommendations outlined in this assessment are considered to be the most strategic areas of

action for reducing gender inequality in the context of USAID/Ghana priorities. Each sector is provided with a list of ‘top-line’ recommendations that identify core areas of action, as well as a set of programmatic or policy activities. While supporting programs and projects to advance all the recommendations is ideal, doing so is not necessarily within the manageable interest of USAID/Ghana. The areas of action have therefore been prioritized. The list below provides a summary of the ‘top-line’ areas of action. Additional detail and recommendations for the monitoring and evaluation are included in the sector discussions and in the implementation plan.

Economic Growth and Environment²

1. Overcome gender-based constraints to productivity and competitiveness in smallholder and commercial agriculture.
2. Improve the resiliency of rural populations and ensure equitable access to diverse quality food.
3. Engage men and women in improving the nutritional status of all household members.
4. Address the distinctive needs of rural women.
5. Ensure that gender issues are more explicitly addressed in the development of policies in the gas and oil sector, including attention to the mechanisms for channeling revenue to men, women, and the communities in which they live,
6. Improve women’s access to energy sources for value-added processing and meeting domestic responsibilities.

Health

1. Promote more effective civil society involvement in health facility governance to ensure quality of care from a gender and rights-based perspective.
2. Elaborate companion addenda for the BEST Action Plan, PFIP, and PMI/MOP to ensure more comprehensive gender integration across the strategies and plans.
3. Overcome rural women’s reluctance to and difficulties in accessing delivery care in distant healthcare facilities, support changes in policies to allow CHO’s trained in midwifery skills to offer women skilled labor, delivery, and postpartum care closer to home.
4. Conduct research to examine the impact of relying on women’s unpaid workload in order to bring services closer to communities.
5. Expand efforts to reach teens and youth with age- and gender- responsive interventions and messaging.
6. Integrate attention to GBV into all USAID family planning, HIV, and maternal health programs.
7. Increase outreach and involvement of some MARP groups, which do not form social affinity groups or choose to self-identify, such as MSM, non-customer partners of female sex workers, and female partners of MSM, provide access to anonymous telephone hotlines, websites, and texting services.
8. Ensure that women and men have equal employment and participation opportunities in program generated work, such as in IRS malaria prevention.

² The FTF-related recommendations are based on contributions made to the USAID/Ghana’s Feed the Future Strategy by Cristina Manfre in consultation with Deborah Rubin.

Democracy and Governance

1. Build the capacity of women and women's groups (e.g., trade associations, Queen Mother's associations) to participate more actively in local governance.
2. Improve capacity of service delivery institutions across the Mission's portfolio to meet men's and women's needs.
3. Improve the environment for women who wish to run for office.
4. Enhance MOWAC's capacity through collaboration with other donors in the Gender Equality Support Team (GEST).

Education

1. Remove barriers to women teachers' employment, especially in —hard to reach” areas.
2. Engage members of the household, the community, and CSOs to promote attendance and improve performance of girls and boys.
3. Address gender-based violence in schools.
4. Engage students, parents, the community, and CSOs to improve gender-equitable practices in schools.
5. Improve monitoring and performance of Mission's gender-related investments in education
6. Develop initiatives and incentives to motivate parents who still are not convinced of the value of education, or are facing obstacles that are seemingly insurmountable to getting the remaining group of girls into school.

USAID/Ghana Management

1. Support technical assistance to USAID staff and partners on critical gender topics in each sector.
2. Improve monitoring, performance and evaluation of USAID/Ghana programs.
3. Identify gender champions in the Mission to ensure that recommendations adopted under the DOs are carried out and monitored.

Acronyms

ACT	Artemisinin-based Combination Therapy
AfDB	African Development Bank
AH	Adolescent Health
ANC	Antenatal Care
BCC	Behavior Change Communications
BCS	Behavior Change Support project
BECE	Basic Education Certificate Examination
BUSAC	Business Sector Advocacy Challenge
CAADP	Comprehensive Africa Agriculture Development Programme
CDCS	Country Development Cooperation Strategy
CECIK	Centre for Cosmvision and Indigenous Knowledge
CEDEP	Center for the Development of People
CHO	Community Health Officer
CHPS	Community-based Health Planning and Services
CIDA	Canadian International Development Agency
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organization
DA	District Assembly
DACF	District Assembly Common Fund
DANIDA	Danish International Development Agency
DfID	Department for International Development (UK)
DG	Democracy and Governance
DHS	Demographic and Health Survey
DO	Development Objectives
DOVVSU	Domestic Violence and Victims Support Unit
DP	Development partner
DTST	District Teacher Support Team
EC	Emergency Contraception
EDC	Educational Development Center, Inc.
EG	Economic Growth
EKN	Embassy of the Kingdom of the Netherlands
EU	European Union
FASDEP	Food and Agricultural Sector Development Plan
FCUBE	Free Compulsory Universal Basic Education
FGM/C	Female Genital Mutilation/Cutting
FHI	Family Health International
FOAT	Functional and Organizational Assessment Tool
FP	Family Planning
FSW	Female Sex Workers
FTF	Feed the Future
GAIT	Government Accountability Improves Trust
GDHS	Ghana Demographic and Health Survey
GDO	Gender Desk Officers
GDP	Gross Domestic Product

GER	Gross Enrollment Rate
GES	Ghana Education Service
GEST	Gender Equality Support Team (also known as Gender Equality Sector Group, Gender Equity Sector Group, and Gender Equality Sector Team)
GHS	Ghana Health Service
GNECC	Ghana National Education Campaign Coalition
GOG	Government of Ghana
GPI	Gender Parity Index (education)
GPRS	Growth and Poverty Reduction Strategy
GSS	Ghana Statistical Service
GSGDA	Ghana Shared Growth and Development Agenda
GSSP	Ghana Strategic Support Program
GWASH	Ghana Water Sanitation and Hygiene
HIPC	Highly Indebted Poor Countries
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HSMTDP	Health Sector Medium Term Development Plan
ICT	Information and Communication Technology
IGF	Internally Generated Fund
ICFG	Integrated Coastal and Fisheries Governance Initiative
IFAD	International Fund for Agricultural Development
IFC	International Finance Corporation
IFPRI	International Food Policy Research Institute
ILGS	Institute of Local Government Studies
IRI	International Republican Institute
ISSER	Institute of Statistical Social and Economic Research (Univ. of Ghana)
ITN	Insecticide Treated Net
JHS	Junior High School
JSI	John Snow, Inc.
LAP	Land Administration Project
LOGODEP	Local Governance and Decentralization Program
MARP	Most At-Risk Populations
MASTESS	Mathematics, Science and Scholarship Scheme
MCA	Millennium Challenge Authority
MCC	Millennium Challenge Corporation
MCH	Maternal Child Health
MH	Maternal Health
MNH	Maternal Neonatal Health
MDA	Ministries, Departments, Agencies
MDG	Millennium Development Goals
METSS	Monitoring and Evaluation Technical Support Service
MICS	Multiple Indicator Cluster Survey (UNICEF)
MIDA	Millennium Development Authority
MMDA	Metropolitan, Municipal, District Assemblies
MOESS	Ministry of Education, Science, and Sports

MOFA	Ministry of Food and Agriculture
MOFEP	Ministry of Finance and Economic Planning
MOH	Ministry of Health
MOWAC	Ministry of Women and Children Affairs
MSI	Management Systems International
MSM	Men who have Sex with Men
NALAP	National Literacy Acceleration Program
NGO	Non-Government Organization
NDI	National Democratic Institute
PASA	Participating Agency Service Agreement
PEPFAR	President's Emergency Plan For AIDS Relief
PFIP	Partnership Framework Implementation Plan (for HIV)
PLWHA	People Living With HIV and AIDS
PLHIV	People Living with HIV
PMI	President's Malaria Initiative
PMT/SPAM	Performance Monitoring Test/School Performance Appraisal Meeting
PPAG	Planned Parenthood Association of Ghana
PPME	Program Planning Monitoring and Evaluation
PTA	Parent Teacher Association
QUIPS	Quality Improvement for Primary Schools
RH	Reproductive Health
RH/FP	Reproductive Health/Family Planning
SADA	Savannah Accelerated Development Authority
SHARPER	Strengthening HIV/AIDS Response Partnerships through Evidence-based Results
SHS	Senior High School
SMC	School Management Committees
STAR	Strengthening Transparency Accountability and Responsiveness in Ghana
STI	Sexually Transmitted Infection
TAP	Transition and Persistence Program
TB	Tuberculosis
TFR	Total Fertility Rate
UNDP	United National Development Program
UNFPA	United National Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USDA	United States Department of Agriculture
USG	United States Government
WAEC	West Africa Examination Council
WHO	World Health Organization
WHO/RBM	World Health Organization/Rollback Malaria
WIAD	Women in Agricultural Development
WST	Whole School Development

I. INTRODUCTION³

USAID/Ghana is in the process of developing a new Country Development Cooperation Strategy (CDCS) that will cover fiscal years 2011-2015. The new strategy will focus on the same four development objectives (DO) as the current strategy: Economic Growth, Education, Democracy and Governance, and Health. The USAID/Ghana Mission anticipates substantially realigning program activities to address the USAID Forward strategy, as well as reprioritizing activities in line with the Government of Ghana's (GoG) Medium-Term Development Strategy known as the Ghana Shared Growth and Development Agenda. USAID/Ghana is also a participant in two Presidential Initiatives: Feed the Future (FTF) and Global Health Initiative (GHI) and has been selected as one of four countries world-wide to be involved in the new “Partnership for Growth.”

USAID/Ghana requested this gender assessment as part of its new strategy development process. The mission is aware that gender relations and roles affect the allocation, use, and control over community and national resources. When these roles are unequal and hierarchical they prevent achievement of development that is equitable and just (rights-based). Development policies, programs, and institutions often create inequities for both men and women. This assessment provides information to assist USAID/Ghana develop its new Country Development Cooperation Strategy to address the different needs and interests of men and women (boys and girls), reduce constraints to their engagement in and benefit from development interventions.

A. Gender and Growth in Ghana

Table 1: Ghana's Progress Towards the Millennium Development Goals

Millennium Development Goal Indicator	Initial	Date	Most Recent	Date	Status
MDG1a. Poverty headcount ratio, national poverty line (% of population)	51.7	1992	28.5	2006	on track
MDG1b Malnutrition prevalence, weight for age (% of children under 5)	27.4	1993	13.9	2008	on track
MDG2 Primary completion rate, total (% of relevant age group)	61.2	1991	88.7	2009	on track
MDG3 Ratio of girls to boys in primary and secondary education (%)	78.5	1991	95.0	2009	on track

³The Gender Assessment for USAID/Ghana was conducted by Cultural Practice LLC under two contracts with the mission, P.O.s 641-O-00-11-00023-00 with modifications REQM-641-11-000014 and REQM-641-11-000015. Team leader was Deborah Caro of Cultural Practice LLC. The field work in Ghana for this assessment was conducted by Deborah Gordis and Rudith King (independent consultants) in February 2011. Additional information was provided by Cristina Manfre and Deborah Rubin of Cultural Practice LLC based on their assignments to integrate attention to gender into the country and regional missions' Feed the Future Strategies in November 2010 and January 2011, respectively, under different contracts.

MDG4 Mortality rate, under 5 (per 1,000)	120	1990	80	2008	off track
MDG5 Pregnancy-related mortality rate (per 100,000 live births)	740	1990	451	2008	off track

Economic Growth

There is consensus among the Government of Ghana, key donors, and academic and research institutions about the gender disparities that need to be addressed in Ghana to expand opportunities for women’s full participation in economic activities. Because agriculture is expected to drive Ghana’s growth and development agenda and because women are such a critical part of the agricultural economy, addressing and reducing gender disparities in areas related to agriculture is expected to benefit both men and women. It will also empower women to be better positioned to guide the nation’s development. Thus, improving women’s access to and ownership of land and credit are high priorities, followed by a need for targeted agricultural extension support, technical education, and decreasing women’s workloads by increasing access to energy.

In 2009, agriculture contributed 34.5% to the country’s GDP, reduced from 40.4% in 1997 (MOFA 2010), and employed half of the economically active population. About 90 percent of farm holdings are less than two hectares in size (World Bank 2011). The sector operates below its potential and suffers from low productivity as a result of factors such as: limited use of mechanized technology, poor post-harvest infrastructure, low adoption rates of new technologies, and limited availability of quality inputs. Ghana faces significant food security problems while at the same time shows an increasing volume of agricultural exports in horticulture and export-oriented processing of commodities such as cocoa (Wolter 2008; MOFA 2007).

Most women in Ghana build their livelihoods on farming and self-employment in the informal economy, as producers, processors, and traders of agricultural products including food crops, livestock (including fish), and natural products. Over one-third of women (34.9%) between the ages of 15 to 64 are self-employed in agriculture either on their own or on family farms and another 26.1% are otherwise self-employed. There are few formal sector jobs filled by women, whether in government (2.5%) or in the private sector (4.8%). The remainder are students (10.5%) or apprentices (5.1%), unemployed (3.6%), or otherwise not in the labor force (Nsawah-Nuamah, Teal, and Awoonor-Williams 2010).

Improving women’s opportunities in the agriculture sector will improve the livelihoods of a large proportion of women. Building a more equitable agricultural sector in Ghana will entail promoting opportunities for women to access key productive resources in agriculture: land, input, credit, and knowledge (whether from formal schooling or from extension services). Despite a history of strong entrepreneurial women in Ghana’s markets, most women remain disadvantaged relative to men in the intra-household allocation of benefits from agricultural production. Equitable access to jobs and entrepreneurial participation throughout the value chain for women means fairness in hiring, promotion, and retention, and special efforts to use women-owned businesses to forge forward and backwards linkages.

Health

The poor health status of much of Ghana's population, reflected in key health indicators, is partially attributable to gender inequalities, which interact with physiological differences to influence the prevalence and presentation of disease. Understanding patterns of ill health among men and women (i.e., who gets ill, when, where, and what they do about it) requires understanding how gender relations influence risk and patterns of morbidity and mortality. Unequal gender roles, access to resources, and decision making also influence men's and women's different responses to ill health and their burdens for caring for others who fall ill.

Women face particular disadvantages in accessing health care as a consequence of their lower levels of education, their limited decision-making, and lack of access to and control over family resources. Their dual reproductive roles and work responsibilities place them and their children at greater risk of poor health outcomes. In many households, where men are the primary decision makers, they exercise decisions about medical expenditures, and investment in and use of contraception, skilled delivery and child healthcare (Ministry of Health 2009:10). According to the DHS, nationally (60% of women compared to 70% of men) and across all regions, women are less likely to have health insurance than men (Ghana Statistical Service August 201)

Men's access to healthcare is also affected by gender-based constraints. Anecdotal evidence cited in the MOH Gender Policy found men are reluctant to use health services if the healthcare provider is a woman. Men who have sex with men (MSM) are affected by discrimination and experience stigma as a consequence of gender norms proscribing homosexuality. Doctors and Nurses routinely refuse to treat MSM (EngenderHealth 2009).

Maternal Health: Maternal mortality is a leading indicator of women's unequal status. According to the Ghana Maternal Health Survey in 2007 (Ghana Statistical Service 2009), Ghana's Maternal Mortality ratio is 451/100,000 live births. It is the second largest cause of death of women after infectious diseases. Difficulties in accessing skilled care are a primary reason why women, particularly rural women, do not have access to skilled delivery care. Gender-based access barriers include:

- Women's limited influence over the decision to seek skilled care, especially when obstetric emergencies arise;
- Lack of access to funds to pay transport and other expenses at healthcare facilities (e.g. for drugs and supplies, or illicit fees charged by poorly stocked and supervised facilities) even when delivery services are free;⁴
- Lack of childcare for older children;
- Fear of discriminatory treatment by healthcare providers; and
- Health programs routinely ignore or exclude men from maternal health behavior change, communication, and social mobilization activities leaving them unaware of the benefits of skilled delivery care and without knowledge of the danger signs of life threatening obstetric complications necessary for making informed decisions. Their general exclusion from most maternal, child, and reproductive health programs also contributes to men's lack of awareness of the imp

⁴ The National Health Insurance Scheme was passed in 2003 with the objective of removing financial barriers to accessing healthcare. Nevertheless, as of 2008, 70% of men and 60% of women were not enrolled (GDHS 2008).

The risk of maternal mortality and morbidity is even greater for adolescent girls, particularly from induced abortion (35% compared to 12% of all women of reproductive age) (Ghana Statistical Service 2009). About 13% of adolescent girls between the ages of 15 and 19 have either had a child or are pregnant with their first child. In the Central, Brong Ahafo, and Northern regions of the country, 20% of adolescent girls will have a child by age 19.

Reproductive Health and Family Planning: Men and women have different fertility preferences. Nationally, 37% of women and 31% of men want no more children. The Total Fertility Rate (TFR) in Ghana is 4; however, regional variations range from a TFR of 2.5 births in Greater Accra to 6.8 births in the Northern region. The contraceptive prevalence rate is low at 24% and reportedly declining, possibly due to recent decreases in funding for family planning (FP). Throughout the country, women's desires for limiting the number of children they have are greater than men's. In the northern part of the country (Upper West, Upper East, and Northern Regions), women's desire not to have any more children is almost twice that of men's (GDHS 2008; USAID/Ghana BEST Action Plan n.d.).

At the core of women's ability to participate economically and politically is the degree to which they are able to make decisions about their sexual and reproductive lives and health. The data from Ghana suggest a complex dynamic of how gender relations affect reproductive and health outcomes. According to the Ghana Demographic and Health Survey (GDHS, 2008?), 44% of couples jointly make decisions about the woman's health care, and for 30%, the man alone makes decisions about the woman's health care. In addition, socio-cultural inhibitions around negotiating with one's partner about sex, contraception, and childbearing, or around discussing sexuality issues with one's children, make it very difficult to get reliable information or to seek care. Some women's limited decision-making capacity over when and with whom they have sex, affect their ability to protect themselves from nonconsensual sex, unwanted pregnancy, and STIs, including HIV. Men also suffer from limited access to information about sexual and reproductive health and child health. They are often ignored by health programs, particularly those focused on family planning and child health.

HIV/AIDS: In Ghana HIV/AIDS is "a low level generalized epidemic with pockets of high infection among certain populations" (USG/PEPFAR 2010) (e.g., FSW, their clients, their non-paying partners, and MSM). In the general population, there is 1.1% prevalence among women and 0.1% prevalence among men. Among most at risk populations (MARP) prevalence is much higher, with an estimated prevalence of 35-40% among female sex workers (FSW) and a 26% prevalence among men who have sex with men (MSM) (USG/PEPFAR 2010). There appear to be several favorable factors that have kept prevalence in the general population relatively low. First, reported average age for sexual debut is 18 for women and 20 years old for men. The average age of marriage is also relatively late, 19 for women and 25 for men. There is a 91% rate of male circumcision, which has been shown to be protective against HIV (USG/PEPFAR, 2010). Relatively low levels of multiple partnering is also a likely contributory factor to Ghana's low HIV prevalence.

Cultural beliefs about sexuality and sexual conduct impose different freedoms and restrictions on men and women. This puts both groups at risk for HIV in different ways, especially among

MARP and their sexual partners. According to the 2008 GDHS, 1% of women and 11% of men report having multiple concurrent partners. The HIV/AIDS Partnership Framework Implementation Plan, citing a Behavioral Sentinel Surveillance study, indicates that while 85% of FSW use condoms with their paying clients, only 27% use them with their non-paying partners. About 50% of MSM have sex with both men and women (USG/PEPFAR and GOG 2010). As sex work, homosexuality, and HIV are highly stigmatized in Ghana, it is very likely that there is little disclosure of HIV status to long-term partners.

Tuberculosis: Ghana's tuberculosis (TB) case detection rate (smear positives) is low at 36% (The Global Fund 2010). There are regional variations in case notification. In 2008, there were 14,022 cases reported; 8929 among men, and 5093 among women. Greater Accra Region recorded the highest notification rate (83/100 000 population) and the Brong-Ahafo Region recorded the lowest notification rate (30/100 000 population.) The peak age group for TB in women is 25 to 34 years; for men it is 35 to 44 years. The overall male to female ratio of TB patients is 2:1. While more cases are reported in men, the Ministry of Health (MOH) identified a longer delay in diagnosis and case notification among women. Women also bear additional burden in caring for sick family members and the consequences of stigma, which has led to the MOH identifying the need for social protections for TB affected populations, including marriage protection for women (The Global Fund 2010).

Nutrition: Population growth rates and family size, in addition to household feeding practices, affect the ability of the poor to adequately feed their families. Although women have principle responsibility for the preparation of food and nutrition in the family, they may prioritize men's needs over their own and those of their children. Among some ethnic groups in Ghana, sex and age determine priority and preference in both portion size and eating order, favoring more senior men over boys, girls, and women (Meischer 2005). The 2008 Ghana Millennium Development Goals report explicitly cites men's preferential access to a greater share of protein-rich foods as a contributing factor to malnutrition (particularly anemia) in women and children,.

Malaria: Pregnant women and young children are at particular physiological risk for malaria infection, with HIV positive women at greatest risk of developing severe anemia from malaria infection. This physiological risk compounded by gender-based access barriers to insecticide treated mosquito nets for prevention.⁵ According to the 2008 GDHS, only 20% of pregnant women slept under an ITN the night prior to the survey. While this appears to indicate low usage, there is no evidence to attribute that low usage to gender issues. The DHS does not provide information on men's usage. Nevertheless, a study of factors affecting treatment-seeking behavior for malaria demonstrates that men do influence women's capacity to make decisions about Malaria prevention and care. It found that women who lacked economic support from male relatives or disagreed with their partners or male family elders about seeking malaria care, encountered difficulties in getting healthcare for their children (Tolhurst and Nyongator 2006). Adolescent girls are also least likely to seek care as they have even greater difficulty than adult women in accessing health services for malaria treatment and antenatal care. Additionally, beliefs that regard men as primary breadwinners may also contribute to favoring men's access to

⁵ According to the USAID Mission, gender issues that may affect access to LNs are currently being addressed by campaigns distributing LNs to achieve universal coverage of LNs (1 net for every 2 people, regardless of gender or age).

treatment over women's when they are sick. Women's workloads may preclude them from getting to health services and economically and socially disadvantaged women may bear a disproportional burden of disease (WHO/RBM 2007).

Health Systems: Gender-based constraints embedded in the health system differentially impede women's and men's access to health information and care. Men's and women's work and household obligations may prevent them from attending health services during hours when clinics are open. The location of health services may be too far for a woman with small children to walk to or too expensive to get to by public transportation. Men may be reluctant to go for HIV or STI testing in a maternal health clinic. Ghana's Health Sector Gender Policy cites anecdotal evidence that men may be deterred from using health services when the majority of providers are female, as is the case in most primary healthcare centers (Ministry of Health 2009). Adolescent boys and girls may fear reprisals from providers and parents if they seek sexual and reproductive health information or services. Healthcare providers frequently discriminate against people with nonconforming sexual and gender behaviors. They also inadvertently put women at risk of reprisals from their partners by disclosing information to women's partners about their contraceptive use or HIV status when women have not disclosed this information to their partners previously. During interviews conducted by the gender assessment team, Ministry of Health staff and implementing partners, NGOs, and communities stated that women's inability to exercise their reproductive rights is the most intractable challenge to meeting the MDGs.

Democracy and Governance

The recent USAID Democracy and Governance Assessment characterized the Ghanaian democracy as extremely successful in protecting human rights and civil liberties and in holding free and fair elections. Nevertheless, it faults the system on measures of equity, particularly with regard to equitable participation in the political process and socioeconomic exclusion. It highlights that exclusion is based on differences in wealth rather than on ethnicity, race, sex, or religion (Fox et. al 2011). Nevertheless, the evidence from both civic and political participation at the local and national levels demonstrates that women and men are not equal decision makers or participants, even among the ruling elite.

Rights: The Ghanaian legal framework, with the exception of land and property rights (discussed in the introduction and the section on Economic Growth above), treats men and women equally. Ghana has made progress in supporting gender equality through the passage of laws on critical rights issues such as, domestic violence, Female Genital Mutilation/Cutting (FGM/C), early marriage, and child labor.

Customary and local practices, however, often differ from the legal statutes. This is particularly the case with domestic violence.⁶ Although a domestic violence law has existed since 2007, incidence of domestic violence continues to be high. The latest GDHS documents that more than a third (37%) of women ages 15-49 report have experienced domestic or GBV more broadly as defined below? violence at some point since age 15, and 17% report experiencing it in the last 12 months (GDHS 2008). Approximately 41% of men also report having experienced domestic

⁶Domestic violence is only one form of gender-based violence which more broadly defines the use of physical and psychological violence to reinforce unequal gender relations and roles, and to punish deviation from those roles.

violence perpetrated by their partners or other family members since age 15, and 13% state they experienced it in the last 12 months.⁷

Acceptance of gender-based violence (GBV) by both men and women is an indicator of women's subordinate status and incapacity to fully exercise their rights. Attitudes towards the acceptability of men using violence against their women partners also vary across the country. In Ghana, the percentage of women (37%) who believe a man is justified in beating his wife under certain circumstances⁸ is the same as the percentage that report having experienced violence at some time since age 15. A lower percentage of men (22%) concur that a man is justified in beating his wife under the same circumstances. Both men's and women's attitudes have changed considerably since 2003, when 32% of men and 48.5% of women accepted the premise that a husband is justified in beating his wife under at least one of the conditions specified.⁹

Parliament: According to the 2010 assessment of the Inter-Parliamentary Union, Ghana ranks 115 out of 141 countries in the world in percentage of women in Parliament.¹⁰ Fewer than 8% of elected officials are women. Women have had difficulty getting on the slate of candidates for different parties. They often are not competitive in primary elections as a consequence of having less financial and political support for their campaigns (Open Society Initiative for West Africa 2007). Few run for election and even fewer are elected. Women, often face additional challenges once in Parliament, including time constraints, lack of support from spouses and constituents, and little prior experience with governing. Consequently, few gain positions on the more powerful legislative committees such as financial and economic affairs, security, and foreign relations where decisions about resource allocation are made, even though some women rise to positions of power in Parliament, such as Speaker Joyce Bamford-Addo.

⁷ Domestic violence includes violence by parents toward children, intimate partner violence, as well as violence by other members of the household. Not all domestic violence is gender-based violence (GBV) which is best understood as violence used against another person, regardless of their relationship, to reinforce conformity with socially defined gender roles, or to punish transgressions of those roles and expectations. GBV (physical, sexual, or psychological violence) therefore can be perpetrated by a woman against another woman or girl, or by a man against another man or boy, as well as by men against women or women against men to reinforce socially sanctioned roles and behaviors (definitions used in USAID/GH/Inter-Agency Gender Working Group and USAID/EGAT/GenDev training materials).

⁸ The circumstances given in the GDHS question about acceptability of the use of physical violence by a man toward his wife under one of the following scenarios are: wife burns the food, wife argues with her husband, wife goes out without telling him, wife neglects the children, or wife refuses to have sex with him. The acceptance of violence by women is much higher in the North where nearly 2/3 of women accept her partner's use of violence under one of the specified conditions, while only 18% of women in Greater Accra agree. Men's acceptance, while lower than women's throughout the country, vary across regions in roughly the same pattern as women's (GDHS 2008).

⁹ There was no comparative data in the 2003 GDHS on percentages of men and women who reported experiencing violence after age 15 or in the last 12 months so it is not possible to know if there has been an increase or decrease in reported experience of violence between 2003 and 2008.

¹⁰ Inter-Parliamentary Union (http://www.ipu.org/pdf/publications/wmmmap10_en.pdf)

Table 2: Percentages of Women and Men in Parliament 1993-2009

Year	Women		Men		Total
	No.	%	No.	%	
1993	19	8%	209	92%	228
1997	19	8%	209	92%	228
2001	19	8%	209	92%	228
2005	25	11%	203	89%	228
2009	18	8%	210	92%	228

Sources: Ghana Statistical Service, Years 1993, 1997, 2001, 2005; Inter-parliamentary Union (2009), Year 2009

Civil Society: It is important to emphasize that civil society groups focused on gender equality have had considerable influence over the policies and political platforms of the two principal political parties despite women's underrepresentation as legislators. Civil society organizations have been successful in getting through such policy measures as passage of the Domestic Violence Law and the New Patriotic Party's free maternal health care and school feeding programs which have been instrumental in getting and keeping girls and boys in school (Tandoh-Offin 2010).

Representation in Houses of Chiefs: Women face similar exclusion from important chieftaincy councils, even though there is no constitutional barrier to Queen Mothers' representation in the National and Regional House of Chiefs. It is simply because male Chiefs have kept Queen Mothers from serving despite demands by Queen Mothers to do so (Open Society Initiative for Africa 2007) and the reasons are....

Local Government: In most regions women hold public office at even lower rates than their representation in the national Parliament. The 2010 district assembly elections fielded very few women candidates, representing about 10% of Unit Committee candidates and only 8% of the total candidates. It is noteworthy that as more women put themselves forward as candidates, the proportion elected decreased, and the proportion of candidates elected (30%) was smaller than the proportion of men candidates elected (36%).¹¹

The Judiciary:

Women are not well represented in the judiciary. Although the current Chief Justice is a woman, women represent a small percentage of the judiciary (18% of all justice positions in 2005) (Allah-Mensah 2005). Since 2005, the number of female justices on the Supreme Court has increased from three to five out of thirteen.

¹¹ Information on Candidates comes from Ghana Business News (12/27/2010) and the information on unofficial election results comes from AllAfrica.com (March 2011). There was no explanation offered of why this is the case. It would be a worthwhile research question to pursue.

Education

Gender equitable education is a gateway to women's and men's economic empowerment, good health, and active political participation. Improvements in education also correlate with better maternal and child health outcomes, improved nutrition, and increased access to water and sanitation. A report by the African Economic Research Consortium in Nairobi, found that both mothers' and fathers' educational attainment significantly increased the likelihood that children of both sexes would attend school, although there were some differential effects for boys and girls (Sackey 2007). For instance, for children 6-11 years old, a mother's completion of primary school is associated with a higher probability that her daughter compared to her son will attend school. When a mother attains schooling beyond the primary level, it is more likely a son than a daughter will attend school (Sackey 2007:18). Fathers' educational attainment, at any level, favors school attendance by sons more than daughters (Sackey 2007). Other factors also influence boys' and girls' relative attendance in school. Higher household incomes have a greater impact on girls going to school than boys. Not surprisingly, given the gendered division of labor in most Ghanaian households, the presence of younger siblings reduces the probability of girls attending school to a greater extent than it does for boys (Sackey 2007). USAID Safe Schools Program demonstrated how improvements in school safety and hygiene infrastructure had a positive impact on girls' school attendance.

Ghana is on its way to reaching some key targets in their primary education gender parity millennium development goal, and close to reaching their universal primary education goal. Girls and boys are on par in attending school (74% and 73% respectively for net school attendance).¹² Primary school completion rates for girls, however, continue to lag behind those of boys (Ministry of Education, Science, and Sports, 2008). Dropout rates are generally higher for girls, and they are underrepresented in junior (JHS) and senior high schools (SHS), especially in rural areas.

The quality of basic education has not improved greatly since the Constitution of 1992 made primary education a right, compulsory, and free. Lack of quality likely influences parents' decisions to send girls on to higher levels of learning when weighed against potential to assist with domestic chores and income generation. Schools where children have the lowest scores on the NEA and the BECE are schools with the lowest percentage of trained teachers (World Bank 2011). Additionally, evidence indicates that high absenteeism of children from class and little time on task significantly constrains learning (World Bank 2011). In a 2004 study conducted by the World Bank, poor quality was the third most cited reason, for parents not sending their children to school.¹³

There continues to be a wide difference in the national literacy rate for women (59%) compared

¹² The figures presented here are from UNICEF's 2011 State of World Children Report. There is some variation among the figures given for net enrollment among different sources such as the GDHS (2008), the GOG EMIS, the NPDC 2008 Millennium Development Goals Report (NPDC 2010) and the SOWC report (UNICEF 2011). Some of the variations have to do with reporting time frame and sampling frames. It was not possible to evaluate which figures were the most up to date and the most accurate. We have identified the source of all figures provided in the report.

¹³ The most frequent reason for not sending a child to school was "Parents cannot afford/children need to work at home," and the second most common reason was "parents do not value education (cited in World Bank 2011:14)."

to men (72%), although the gap is much narrower for younger people than for older adults. The reported literacy rate post primary school completion is 26%, with only 23% proficient in English and 10% proficient in mathematics (Educational Development Center, 2007).¹⁴ Nationally, a greater percentage of boys passed the BECE than girls, except in Greater Accra.

Table 3: Percentage of Boys and Girls with Aggregate 630¹⁵ on BECE, by Region

Region	Boys (%)	Girls (%)
Upper West	62.08	37.92
Greater Accra	49.91	50.09
Eastern	57.08	42.92
Central	57.94	42.06
Western	58.59	41.41
Ashanti	55.97	44.03
Brong Ahafo	61.59	38.41
Volta	60.35	39.65
Northern	69.86	30.14
Upper East	60.55	39.45
National BECE Pass Rate	62.08	37.92

Source: Special Tabulations by West African Examination Council (WAEC) for Planning, Budgeting, Monitoring, and Evaluation (PBME) of the Ministry of Education, Science, and Sports (Preliminary Education Sector Performance Report, 2008: 73).

Girls did slightly better than boys on English proficiency and boys did significantly better than girls on mathematics in primary grades 3 and 6, with both higher mean scores and higher percentages of boys reaching proficiency. The gender gap in science and math poses a real constraint for women's entry into some of the most dynamic sectors of the economy, such as agriculture and energy.

Ghana now faces the dual challenge of sustaining gains made in primary education, continuing to increase access for the roughly 17% of children ages 6-12 who are not in school, and increasing the number of children of both sexes who complete primary school and successfully move on and complete higher levels of education, particularly Junior High School (JHS) in the near future. The major challenge facing the Government of Ghana (GOG) is how to address inequalities in access and achievement across different regions. The rapid increase in the number of children going to school has put a strain on resources which has an impact on the quality of education and the government's capacity to keep pace with demand. In an environment of scarce resources, accommodations for the different needs of girls and boys, particularly those who are socially and economically disadvantaged or have disabilities, are likely to be sacrificed. One of the greatest lessons learned is that investments that make schools more accessible to girls also increase boys' attendance.

¹⁴ These statistics come from the Ministry of Education's 2007 National Education Assessment.

¹⁵ This is the benchmark used as a passing score.

B. Public Policy Framework for Gender in Ghana

Although the Government of Ghana refers to the needs of women in its public policy frameworks and many of its national programs, it is still challenged to i) monitor and enforce gender-equitable laws and policies and ii) to effectively reform laws, policies, and institutions that reinforce inequalities between men and women.

Ministry of Women and Children Affairs:

The Ministry of Women and Children Affairs (MOWAC) plays an important role as a government voice of policy reform on gender issues. It was established in 2001 to increase attention to and accountability for gender equality throughout government ministries and programs. The ministry's two operational departments – for women and for children – develop plans, implement programs, and enforce policies, including the National Gender Policy covering all sectoral plans and budgets. MOWAC operates in each district through gender focal points.

Much of the donor support that has been channeled to MOWAC has focused on developing its national strategies and has neglected strengthening its operations, including maintaining a skilled staff and its ability to work with Gender Desk Officers (GDO) in other ministries or providing sufficient resources to implement programs at the district level. A report examining the effectiveness of donor assistance to achieve gender-equitable results notes that in Ghana, MOWAC's funding is 0.1 percent of the national budget, ~~under~~mining its capacity to undertake a gender analysis of sector policies, programmes, and budgets as a central part of its mandate” (Chiwara and Karandenizli 2008: 11).

Economic Growth

The GOG's commitment to invest in agriculture as an avenue towards increased economic growth is covered in several key documents. Although its contribution to GDP is decreasing, agriculture remains the foundation of Ghana's economy. Its share of GDP is now about 38%, down from nearly 43% in 1995. The Food and Agriculture Sector Development Policy (FASDEP II) and Agriculture Sector Plan (2009-2015) are both part of the National Development Programme, which supports Ghana's Comprehensive Africa Agriculture Development Programme (CAADP) Compact. The goal of FASDEP II is to achieve sustainable economic growth and social development, leading to the increase and diversification of household incomes, and ensuring food and nutrition security for the entire population (MOFA 2007). Implementation of the policy is outlined in the Medium Term Agriculture Sector Investment Plan (METASIP).

FASDEP II identifies gender-based constraints that negatively impact agricultural production, processing, and markets. It describes the relative lack of access, control, and ownership of land for women when compared to men and states that the lack of collateral inhibits women's access to credit and improved inputs such as seeds and fertilizer. It also notes that extension systems, whether public or private, have not developed content appropriate to women's needs or promoted delivery of advisory services to women. According to FASDEP II, progress in implementing these strategies is in part limited by the lack of a gender-sensitive monitoring framework to hold the Ministry of Agriculture (MOFA) and its projects accountable. It has implemented training programs and made efforts to increase gender-awareness, and to clarify the responsibilities of gender focal points.

FASDEP II also describes additional strategies it plans to take to:

- –Strengthen [MOFA’s] institutional capacity for effective gender mainstreaming.
- Advocate affirmative action in recruitment and training in MOFA.
- Ensure gender disaggregation¹⁶ of data in MOFA.
- Ensure collection, use and maintenance of gender disaggregated data at all levels.
- Prioritize a key gender mainstreaming strategy annually for implementation.
- Promote systematic and regular gender analysis of agricultural programs to ensure they do not increase the workload of poor women and men farmers.” (FASDEP II 2007: 45).

The combination of FASDEP’s value chain approach¹⁷ and its stated attention to ensuring that women benefit from agricultural development provide USAID with a useful entry point for supporting gender-equitable agricultural programming. Agricultural policies are being implemented through national and regional programs, some of which are discussed later in the report, including the Savannah Accelerated Development Authority (SADA).

The Ministry of Agriculture (MOFA) reorganized the Women in Agriculture Department (WIAD) in 2005, guided by the Gender and Agricultural Development Strategy of 2004. In practice, the unit follows a “women in development” approach, targeting women primarily with extension information or small projects to improve agricultural and post-production practices for adoption on crops typically grown by women and to provide information on food-based nutrition programs. Its current activities include food-based nutrition programs; food production, processing, preservation, and utilization; on-farm resource management; and food hygiene and safety. For example, women receive training and information from WIAD on safety and health aspects of processing oil, fish, peppers, sweet potato flour, and other products. This work contributes to addressing MOFA’s increasing concerns with improving standards in local markets and for food safety (MOFA 2010).

Ghana’s Feed the Future Multi-Year Strategy (2011-2015) has noted a need for improving the application of gender analysis by MOFA and WIAD. In the past, MOFA successfully seconded staff to work with a USAID-funded project¹⁸ to improve women’s access to microcredit, develop microenterprises, and improve children’s nutritional status. The effort helped to build capacity among Ministry staff and to establish strong links between the implementing partners and the Ministry.

Women remain underrepresented in MOFA. According to FASDEP II, women comprise about 16% of the MOFA staff. In 2011, two of the ten regional directors are women: one in Greater Accra and one in Western Region and three of the thirteen directors of line and technical

¹⁶ While USAID prefers to use the terms “se-disaggregated data” and “gender integration” (see glossary), GOG uses the different terms in its strategy documents.

¹⁷ FASDEP II states that it target “value chains of commodities targeted for food security, income growth, diversification and external markets, and linkages with industry.” These include range of commodities including mangoes, cashew, oil palm, plantains, rubber, citrus, small ruminants, poultry, maize, rice, yam, cassava and cowpea. MOFA will select which commodities will be supported in different agro ecological zones based on their comparative advantage and policy strategies. USAID/Ghana’s entry point is limited to the crops included in its Feed the Future strategy.

¹⁸ The Global Livestock Collaborative Support Program’s activity with the University of Ghana, Legon, “Enhancing Child Nutrition through Animal Source Food Management.”

offices were women, with one of those positions being the director of the Women in Agricultural Development Unit. All of the Deputy Ministers are men.¹⁹ Recently, the WIAD unit has started to assist the Ministry in generating sex-disaggregated data. WIAD largely plays an advisory role and has limited decision-making power.

Ghanaian land policies are multiple and complex, reflecting the complicated bundles of land rights that exist in the country; but women’s access to, control over, and ownership of land is generally more restricted than that of men.²⁰ The existing policy framework on land presents a significant challenge to meeting USAID/Ghana’s Feed the Future intermediate results to improve the enabling environment for private sector investment (IR-1.3) and increase agricultural productivity (IR-1.1). Insecure land tenure raises the transaction costs for commercial investors and reduces the incentives for smallholder farmers to upgrade production. As noted in the gender discussion in Ghana’s FTF strategy, the current land tenure system is also one of the most pervasive gender-based constraints, limiting women’s ability to farm on equal footing with men.

The 1992 Constitution guarantees the rights of all people to own property. The 1986 Land Title Registration Law protects the security of tenure of existing and future land users and proprietors. Another law on inheritance, the Intestate Succession Law (1985, amended 1991) is intended to protect the nuclear family in case of the death of a spouse or parent. The National Land Policy (1999) sought to further increase tenure security and to reduce lengthy disputes (Afutu-Kotey and Adjei-Holmes 2009).

Despite these and other legal provisions, women’s tenure rights to land accessed through their husbands are frequently less secure (Agbosu et al. 2007: 36-40). FASDEP II states that while pressures on agricultural land from population growth and urbanization are also affecting men’s land tenure security, women face additional constraints to ownership because customary tenure regimes often favor men. Women’s lower incomes and lack of collateral further limits their ability to purchase land by accessing credit. Quisumbing et al. (2001) found that women in some cocoa-growing regions of Ghana which have inheritance practices that follow matrilineal descent, women own nearly 30% of the land and also provide about 30% of the labor in cocoa production. But she adds, “[T]his does not imply, however, that women have never been discriminated against in intergenerational land transfers. In Ghana, social discrimination against women persists, even though it has been weakened considerably over time. There is also the incidence of parental discrimination against daughters in land transfers” (Quisumbing et al. 2003: 232). In Northern Ghana, descent is commonly patrilineal, and women are afforded limited independent rights to farm land even though land itself is less constrained than elsewhere in the country (except in Upper East) (World Bank 2011).

Ghana’s Land Administration Project (LAP) is seeking to demarcate titles and to register the land interests of groups and individuals, while simplifying the whole process. It is not yet clear

¹⁹ Ministry of Food and Agriculture, http://mofa.gov.gh/site/?page_id=58.

²⁰ There are regional and ethnic variations; e.g., in the matrilineal Ashanti region, women are reported to own half of the land (UNECA 2009). A relatively comprehensive review of women’s land rights, land law, and NGOs involved in land and governance issues was conducted by Minkah-Premo and Dowouna-Hammond (2005).

what effects this will have on the land claims of poorer people, women, and vulnerable groups; there are concerns that as land rights systems become more formalized, holders of “secondary land rights”—rights which are held as a result of relationships with others rather than independently under the law—including women and herders, will be disadvantaged (Afutu-Kotey and Adjei-Holmes 2009; Agbosu et al. 2007). To address these concerns, the second phase of the LAP will “promote the establishment of agri-business zones and land banks with special consideration for needs of women” (World Bank 2011). Although it is not specifically involved with the Land Administration Project, USAID/Ghana might choose to support this effort through targeted research efforts to document women’s access to land in northern Ghana, support efforts to harmonize legislation pertaining to land and gender, and analyze the potential for women to participate in land bank schemes (Aryeetey and Udry n.d.) as part of its support, with the World Bank, to the expansion of commercial agriculture in the north.

Health

The USAID Mission’s BEST Action Plan, HIV/AIDS Partnership Framework Implementation Plan, and the President’s Malaria Initiative Operational Plan align with Ghana health policies. Additionally, USG guidance on gender for the President’s Emergency Plan For AIDS Relief (PEPFAR), President’s Malaria Initiative (PMI) and GHI are supportive of Ghana’s Health Sector Gender Policy which states: “gender equality in the Ghanaian health sector is crucial and critical based on these important principles:

- The Health sector provides services for people of different gender needs and socioeconomic status;
- Access to healthcare is an equal right and inherent human dignity for men and women;
- Gender equality promotion in health will support elimination of all discrimination based on gender and sex and the infringement of one’s human right;
- Gender equality is vital to the achievement of the Millennium Development Goals (MDGs);
- Lifelong accessibility to healthcare is crucial to poverty reduction for men and women;
- Women and men have different biological and social differences which affect health needs and roles;
- Gender mainstreaming and sensitivity in health service delivery will support effective and efficient programming; and
- Partnership with stakeholders in health.” (Ministry of Health 2009: 19)

The objectives of the MOH Gender Policy are also consistent with USG gender equality policy objectives. These include reducing gender-based access barriers; promoting professional ethics and nondiscrimination in service delivery by healthcare providers; improving quality of service delivery through gender integration; addressing stigma and discrimination against PLHIV; prevention and responding to GBV; and addressing gender gaps in healthcare delivery at the household level. In addition, the Ghana Health Sector Gender policy commits to narrowing the gender gap in the health management structure and promoting gender equality in health

financing and governance.²¹

Other recent national policies are also supportive of gender equitable healthcare. Ghana developed a plan for MDG 5 (UNDP October 2007) which committed to accelerating improvements in access to family planning, skilled care at delivery, and emergency obstetric and neonatal care. The plan prioritized removal of “bottlenecks” inhibiting progress towards MDG 5. These include poor distribution of commodities; lack of and inadequate performance of health care providers; gender and other cultural barriers; and financial constraints. The work plan identified little involvement of men (including inadequate services for men), negative perceptions on the use of family planning, and maternity units/FP clinics that discriminate against poor women and men as key socio-cultural barriers. The national MDG 5 acceleration plan highlights socio-cultural barriers, which impede women’s ability to exercise their rights to health, and weak involvement of men in health, which suggests that gender relations and norms are a significant challenge to making progress on the MDG 5.

The Health Sector Medium Term Development Plan (HSMTDP, 2010-2013) emphasizes achievement of the MDGs and is based on five principal objectives:

1. Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor;
2. Strengthen governance and improve the efficiency and effectiveness of the health system;
3. Improve access to quality maternal, neonatal, child and adolescent health services;
4. Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles; and
5. Improve institutional care including mental health and service delivery.

The Ghana Shared Growth and Development Agenda (2010-2013) health component emphasizes improving access to health care for all Ghanaians, including malaria control and preventing the spread of HIV. It does not explicitly address gender inequalities, although it does focus some of its objectives on women’s health needs. To do so, the Ghana Health Service is working to achieve equitable access to health and nutrition services; implementing a pro-poor financing scheme; and increasing efficiency in service delivery. The Ministry has recognized that special attention is needed to focus on the ways gender disparities affect health status and health care utilization. To increase access to quality maternal, child and adolescent health services, the government has committed to re-initiating certificate midwifery training and ensuring that providers with midwifery skills are present in CHPS health facilities. At higher-level health facilities, the National Plan stipulates the provision of comprehensive emergency obstetric care, including availability of a blood supply and ambulance transport.

²¹ USAID defines gender-based violence as any act that is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life.
(http://www.usaid.gov/our_work/global_health/pop/news/16days/16days_2011.html)

For PLHIV, the National Plan includes a strategy objective to address gender-based vulnerability including violence and coercion, and marginalization of PLHIV. The Plan also has several objectives directed at improved implementation of the Domestic Violence Law, as well as to identify and address practices that are discriminatory and injurious to women's health and well-being. Finally, the National Plan recognizes the need to develop a National Food Security Strategy in order to address nutritional deficits among young children and women of reproductive age and rural and urban inequalities.

Democracy and Governance

The Ghanaian Constitution establishes a legal framework for treating men and women equally under the law.²² The USAID/Ghana Democracy and Governance Assessment confirms that Ghana has had a good record on human rights and civil liberties since the 1992 constitution and does not support discrimination against any group (Fox et al. 2011). Ghana has made progress in addressing gender inequalities and discrimination through enactment of laws on critical rights issues such as domestic violence, Female Genital Mutilation/Cutting (FGM/C), early marriage, and child labor. One area that lags behind is a long delayed bill to make property rights more gender equitable.

The Ghanaian Government's *Shared Growth and Development Agenda* (GSGDA 2010-2013) establishes strategic directions for reconciling policies supportive of gender equality in the political and judicial sectors with actual practice (National Development Planning Commission 2010). The GSGDA 2010-2013 highlights the participation of women in governance as one of the principal areas for policy reform. To this end, the GSGDA 2010-2013 proposes —to formulate and implement gender public policies and legislative reforms aimed at attaining a minimum of 40% women's representation in Government and public sector appointments” (National Development Planning Commission 2010: 31). It highlights the need to intensify the pace of affirmative action to empower women for —accelerated socio-economic development” (National Development Planning Commission 2010: 67). It supports strengthening governmental institutions —dealing with women's and children's issues.” It proposes to conduct a national review of current laws and policies to ensure women's rights are upheld and protected. The objective will be implemented by strengthening the capacity of institutions charged with enforcement of existing laws that protect women's rights, expansion of the coverage of institutions that address women's rights, and improve implementation of the Domestic Violence Law (National Development Planning Commission 2010 : 107).

The GSGDA 2010-2013 does not explicitly address constraints to women's political participation aside from promoting affirmative action. There have been other policy initiatives and executive actions aimed at addressing women's limited political participation, especially at the local level.²³ The President issued a circular instructing the Metropolitan, Municipal, and District Assemblies (MMDAs) to ensure that 40% of the appointees to the District Assemblies are women to compensate for the less than 10% (412 out of 4583) elected in the December 2010

²² The one exception is with regard to land and property rights (discussed above in Economic Growth above).

²³ In many countries, setting legal quotas for a specific percentage of women candidates on political parties' slates and other clear policy benchmarks have resulted in notable increases in women serving in parliaments and local legislatures (e.g. India, Rwanda, Peru, and Bolivia)..

District Assembly Elections. This directive is not legally binding and it is a difficult benchmark to meet without addressing the various constraints that women currently face in running for and serving in office. If all MMDAs adhered to the directive, it would increase the percentage of women councilors to approximately 19%.

Another approach has been MOWAC's attempts to increase women's political participation through the mechanism of gender focal points in each District. It has had little impact to date. Each of the 170 local governments are expected to have a gender focal person. In most cases, however, the person assigned to be the gender focal point has a fulltime job, often as community development officer (Ofei-Aboagye 2004). Many local governments simply do not assign anyone to serve as a gender focal point. Community development officers are not trained in gender integration and do not have sufficient status or influence over leaders and policies. MOWAC's strained budget makes it impossible for MOWAC to train the gender focal points in Districts and the gender desk officers in Ministries.

The GSGDA observes that the location of responsibilities for oversight of policies for women and children in one Ministry (MOWAC) marginalizes the needs of women and children. At local government levels, it has therefore proposed to handle oversight of children's policies separate from that for women. The GSGDA does not comment on whether this separation of responsibility whether will have negative consequences on performance in light of the Ministry's limited budget and lack of human and ICT resources.

Ghana scores 54 out of 100 on the International Budget Partnership's budget transparency index.²⁴ The index measures government's transparency on how they allocate and spend public resources. Ghana also has been part of a UNDP initiative to conduct a gender analysis on national accounts as a means of increasing transparency and accountability of the government on how they allocate resources and to what extent those investments benefit men/boys and women/girls equitably across different sectors.²⁵

Education

Supportive policies and strong commitment within the Ghanaian government to make changes in schools has contributed greatly to the promising outcomes. The educational sector has undergone several reforms intended to provide relevant and quality education for all Ghanaians. The Ministry of Education in 1997 established the Girls Education Unit of the Ghana Education Service (GES) with the objective of increasing girls' enrollment to ensure gender parity by the year 2005. Furthermore, in 2005, the Government scaled up the capitation grant after a successful pilot study in a few districts in 2004. All these policies and programs underscore the Ministry of Education's determination to bridge the gender gaps in access and quality of education in Ghana.

²⁴ The International Budget Partnership –collaborates with civil society around the world to analyze and influence public budgets in order to reduce poverty and improve the quality of governance (<http://internationalbudget.org/>).” The average score of the 94 countries surveyed in 2010 is 42 (higher is better). South Africa had the highest score, and only one other African country, Uganda scored higher (55) than Ghana.

²⁵ This is an ongoing effort conducted by MOWAC with support from UNWomen. There is no country report yet and it is unclear when it will be published.

To strengthen the quality of education for all children the government enacted a policy guaranteeing education for all, including the disadvantaged. In 1995, the “free compulsory universal basic education” (FCUBE) reforms aimed to achieve universal primary education by 2005 and to improve girls’ enrollment. Although the first objective has not yet been achieved, elimination of school fees and economic incentives for poor children to attend school through the capitation grants program in 2005 had a dramatic impact on increasing school attendance, particularly for girls. This is borne out by Ghana Human Development Scale (GHDS) data between 2005 and 2008. The effects are more evident for younger students than for older ones. The policy also supported increased time and improved quality of instruction, as well as investment in construction of classrooms and teachers’ housing.

The GSGDA 2010-2013 proposes continuation of several strategies to close the gender gap in access to education, such as:

- Providing adequate toilet facilities and water sources;
- Increasing the numbers of female teachers, especially in deprived areas;
- Establishing and enforcing a ‘no tolerance’ policy for sexual harassment and disciplining perpetrators, especially teachers;
- Expanding the incentive schemes to increase girls’ enrollment, retention and completion particularly in poor regions;
- Increasing community mobilization and awareness of the importance of girls’ education;
- Monitoring boys participation and achievement in schools;
- Reinitiating science and technology workshops for girls in JHS and SHS;
- Increasing availability of vacation camps for girls from rural/deprived communities.

Many of the measures suggested by the GSGDA contribute to better quality of education for both boys and girls. In addition, the GSGDA proposes several measures to improve the quality of education, such as better teacher training and pedagogical skills and upgrading of infrastructure to address the needs of children with disabilities. As with the improvements designed to address gender inequalities, improvements to make schools more accessible to children with disabilities will improve the quality of school for all children.

Another critical strategic objective proposed in the GSGDA is “to ensure respect for human rights, human survival and safety, and better life choices for improved well-being” (NDPC 2010: 78). Strategies include integrating life skills into classroom curriculum. The suggested changes to the curriculum are aimed at building respect for human rights, well-being, and safety, as well as to promote positive changes in health, RH, HIV/AIDS, gender, fire and road safety, conflict prevention and civic education, prevention of human trafficking, and management of the environment.

The Girls Education Unit (GEU) is a notable exception to the lack of gender integration in ministries. The GEU operates in 10 regions and 138 districts. The Gender Desk Officers in the regions have been effective in sensitizing local officials and communities on the importance of girls’ education. Its impact of getting girls in school at grade appropriate ages and keeping them enrolled has been greater at the basic education level than for higher levels of education (ADF 2008).

USAID's education program has contributed to Ghana's achievement of gender parity in girls and boys attendance. USAID's new strategy is supportive of some aspects of the Ghanaian education strategy and policies particularly those focused on improving the quality of education and strengthening teacher training.

II. DISCUSSION OF USAID MISSION STRATEGIC PRIORITIES AND RECOMMENDATIONS

Economic Growth

The goal of USAID/Ghana's Feed the Future Strategy—to improve the livelihood and nutritional status of households in Ghana—is closely aligned with the Government of Ghana's Medium Term Agricultural Sector Investment Plan (METASIP) 2011-2015.

According to the Ministry of Food and Agriculture (MOFA) figures in 2007, Ghana meets 51% of its cereal needs, 60% of its fish requirements, and 50% of its meat needs, while producing less than 30% of the raw materials needed for agro-based industries. Nearly 80% of this production comes from small holder farms of under two hectares in size. USAID/Ghana's Feed the Future multi-year strategy (2011-2015) recognizes the important role of women in these household production systems and has made it a priority –to include women in efforts to modernize the agricultural sector and is committed to removing the constraints that limit women, as well as men, from contributing fully to food security.”

The objectives for USAID/Ghana in the Economic Growth sector support strategies that redress gender inequalities and build men's and women's assets to reduce poverty and vulnerability and enhance the resiliency of their communities. Building on the draft Development Objective of –Broad-Based Economic Growth,” the amended SO 6, –Competitiveness of Ghanaian Private Sector in World Markets Increased” and the Feed the Future Strategy, USAID anticipates working in the following sub-sectors,: agriculture (including both smallholder and larger-scale commercial agriculture), natural resource management, and energy sector development.

Feed the Future:

Feed the Future is a \$3.5 billion USG commitment that supports country-driven approaches to address the root causes of poverty, hunger, and under-nutrition. In Ghana, FTF investments aim to increase agricultural productivity and incomes through market-oriented development, especially the competitiveness of major food value chains; strengthen the resilience of vulnerable communities, and improve the nutritional status of the population, especially of women and young children.

Box 1: FEED THE FUTURE IMPACT IN GHANA

Over the next five years, Feed the Future will:

- Assist more than 860,000 vulnerable Ghanaian women, children and family members – mostly smallholder farmers – to escape hunger and poverty.
- Reach nearly 324,000 children, improving their nutrition to prevent stunting and child mortality.
- Invest in strategic policy and institutional reforms to help rural populations to achieve improved income and nutritional status.

Source: Feed the Future Fact Sheet 2011

Activities will also support government capacity and private sector investments. In agriculture, major efforts will target the three northern regions of Ghana – Upper West, Upper East and Northern – where poverty remains almost two times as high as in the south. The focus in the north will be on building larger-scale commercial production of rice, maize, and soya value chains.

Additional efforts will focus on the marine fisheries in the Western Region. Maintaining a healthy fisheries sector is critical for a number of reasons. About 60% of the protein in the Ghanaian diet comes from fish, making it an important part of sustaining nutritional advancements. Fishing is also a major source of livelihood among the coastal communities where poverty is extensive. Finally the pressure to protect marine fisheries from environmental degradation is increasing with the development of the oil and gas industry. FTF's key focus in this area will be on governance issues related to the sustainable management of coastal resources.

Attention to nutrition under FTF will link to programs in health under the Global Health Initiative. The two initiatives share a goal of reducing under-nutrition; both acknowledge its multifaceted causes and the need to work across sectors to reduce it. In Ghana, the objectives under FTF include improving access to diverse quality food, improving nutrition-related behaviors, working with communities, and helping the government to better meet food security and nutrition objectives (Ghana Feed the Future Multi-Year Strategy 2011).

Partnership for Growth:

Ghana's recent positive efforts in reducing poverty and increasing its economic growth has resulted in it being selected by the U.S. government as one of only four countries in the new Presidential Initiative: "Partnership for Growth" (PfG) along with Tanzania, El Salvador, and the Philippines. The U.S. will improve its coordination across multiple agencies to achieve better development outcomes, starting with conducting an economic growth constraints analysis to clarify the binding constraints from those that are less severe (Box 2).

Box 2: Partnership for Growth Model

The Partnership for Growth model is described as an approach that seeks to shift development away from assistance towards economic growth mechanisms. Interagency teams from the USG will work with the participating government officials to conduct the constraints analyses to identify the critical entry points for driving growth, making development “about more than foreign aid.”

Source: Center for Global Development

Box 3: Gendered Dimensions of Binding Growth Constraints

- Occupational segregation by men and women in the presence of macroeconomic shocks
- Weak demand from female-headed households
- Increases in the risks of firms hiring labor
- Barriers to export markets specific to women
- Inequalities in human capital allocation when the informal and unpaid sectors are considered, as well as intergenerational effects
- Access to finance, especially for female-owned firms

• Source: Reyes et al. 2011

The analysis builds on the model developed by economists Hausmann, Rodrick, and Velasco (2005). For Ghana, graduate students at American University (Reyes et al. 2011) reviewed the model to identify where gender disparities contributed to the growth constraints (Box 3). The gendered analysis clarifies how a constraint such as “access to credit” or “access to energy” is experienced differently by men and women. Policies to overcome the general constraints need also to take into consideration how they can overcome the associated gender-based constraints.

Description of gender-based constraints:

Based on a combination of literature and key informant interviews, this gender analysis identifies four key gender-based constraint areas related to **land, labor and other agricultural inputs, credit, and the dynamics of intra-household resource allocation**. The contours of each constraint are discussed in this section. It is followed by a review of “promising practices” from Ghana or elsewhere that offer possible pathways for alleviating the constraints. It is important to acknowledge, however, that there is a serious lack of baseline data against which to measure the ability of development interventions to reduce gender-based constraints and few impact evaluations to provide guidance. The last two sub-sections identify gaps to be considered in future programming and a listing of recommended areas for action.

Women are constrained by unequal access to, control over, and ownership of land and other assets, and this inhibits their ability to both participate in and fully benefit from market-oriented agriculture.²⁶ Unequal land access is often raised as a critical gender disparity facing women in Ghana and gender disparities in land have been well-documented by a wide range of studies conducted by Ghanaian (Afutu-Kotey and Adjei-Holmes 2009, Agbosu et al. 2007, Kotey and Tsikata 1998, and Minkah-Premo and Dowuona-Hammond 2005, and Oduro et al. 2011 among others) and acknowledged by the Government of Ghana in its agricultural strategy documents (e.g., GOG 2007).

²⁶ As briefly discussed in Section 1, the issue of land in Ghana is quite complicated. There are multiple forms of tenure and use that shape and are shaped by gender relations amidst other factors. Much research has been done in Ghana on these issues; when designing projects in different regions, additional site-specific reviews will be needed.

Inequality in land access, control, and ownership is shaped by a number of factors. There is a lack of harmonization in laws governing land ownership and tenure security. Women are also disadvantaged because their access to land is contingent on their relations with men, whether by birth or by marriage, and their access does not necessarily afford them control over the use of the land. These factors limit women's ability to enter into land purchase independently (Afutu-Kotey and Adjei-Holmes 2009). Because of the prevalence of customary tenure regimes, land allocation system in some parts of Ghana frequently favors men. Furthermore, fallow fields can be expropriated, so those who are more socially disadvantaged (including women heads of household), will continue to farm to maintain their rights to farmland even though continued cultivation reduces fertility (Goldstein and Udry 2008).²⁷

Customary social norms combined with different types of production systems mean that patterns of land ownership by men and women vary across the country. Based on analysis of the 1998-99 Ghana LSMS, the national averages reveal that of land that is individually owned, men own land in between 16-23% of Ghanaian households, compared to women's ownership of land in 10 percent of households (Doss 2006). In the northern region, however, a UNICEF/IFPRI/UDS study found that in the districts of Saveluge and Nanton, men in 72.3% and women in 47.7% of households owned land (Doss, Grown, and Deere 2008). More recent data confirms that women continue to own less agricultural land than men and that women's share of physical assets is lower in the northern regions (Oduor et al. 2011). Rising land prices also make land purchases more difficult for many women, whose access to cash and credit are often more limited than men's access (see below).

Women own different assets from men, and they are typically of lower value and quality. Men are more likely to have more jobs in the formal sector, formal bank accounts, and own physical property other than land, such as bicycles and mechanical equipment. Women own their own enterprises, rely on informal savings programs, and own jewelry, cooking pots, sewing machines, and stocks of cloth (Oduor et al. 2011).

Links to FTF Priorities:

These differences in men's and women's levels of asset ownership, particularly land, have been identified as severe, if not binding constraints on Ghana's growth. Women's relatively lower asset levels inhibit their ability to participate in and benefit from the growth of agricultural value chains that are part of FTF programming.

Women and men also have unequal access to or control over labor and other inputs. Labor is a critical input to on-farm activities, and one of the top three costs in agricultural production, along with fertilizer and plowing (Sarpong et al. 2010). Married women are typically expected to provide labor for their husbands and fathers' farms, but these rights to labor are not reciprocal and men are not expected to provide labor to their wives on garden plots. In the north, McCarthy and Sun (2009) found that women continued to work in the fields, but that men would shift out of farming and take on more lucrative off-farm work. They conclude that —programs aimed at

²⁷ The gender dynamics of unequal land access which limit women's ability to purchase and/or inherit land have implications for agricultural productivity and environmental sustainability (also discussed later).

improving crops yields will need to take into consideration the opportunity costs of allocating labor off-farm,” which they find to vary for men and women based on the relative labor availability within the household (men’s and women’s), the household members’ levels of education, and farm productivity (McCarthy and Sun 2009: 23). These are important considerations for the development of commercial agriculture in the north under FtF.

Women are underserved relative to men by extension advisory services and they access services in different way. Visits by extension agents are positively associated with adoption of new agricultural techniques, but according to data reported in FASDEP II, women received 20% or less of offered extension services, limiting their knowledge of improved technologies. Less than 2% of women are visited by extension agent visits compared to 11-12% of men. Men are also more likely than women to receive extension services in community or other group meetings—not unrelated to the point above about women’s lower participation in groups (World Bank and IFPRI 2010). The low reach of extension to women farmers is not surprising given that women extension agents, who make up 27% of field extension officers, are more likely to serve women farmers than men extension agents (FAO 1993; World Bank and IFPRI 2010). Both men and women extension agents report that addressing the specific concerns of women farmers is a low priority and few extension agents receive gender training (World Bank and IFPRI 2010). If women’s access to extension services could be increased there are also studies that confirm that in Ghana, men and women producing cocoa have the same yields when they do adopt and using the same levels of inputs (Quisumbing and Otsuka 2001).

Across a range of community based or producer organizations, available data suggests that women are less likely to become members than are men. Generally, membership in such groups is low across Ghana, with women even less likely than men to become members, and married women even less than women who are heads of households (2-5% and 3-7%, respectively, and varying by region) (World Bank and IFPRI 2010). Data collected from specific projects show that women do join groups at a higher rate when an effort is made to include them and found some groups with 36% women as members (Kabutha 2010). Neither NGOs nor private sector firms yet play a large role in providing extension advice (World Bank and IFPRI 2010) but as commercial agriculture and fishery expands the design of alternative extension methods will need to include strategies for reaching women.

In fishing communities, women are largely absent from the organizations that manage resources even though they finance most of the activities conducted by fishermen. Equitable participation in these organizations is critical as the governance around this resource is shifting from open to controlled access and will need to engage a wider range of stakeholders in enforcing new rules.

Gender disparities in access to assets can have implications for agricultural productivity Emerging research on the gender and assets is underscoring the critical role that assets play in reducing poverty. Access to productive assets, such as access to inputs, services, and land are also important for raising agricultural productivity. Gender differences in access to assets have been shown to result in differences in agricultural productivity. Doss and Morris (2001) suggest that gender differences in adoption rates in Ghana for improved maize varieties (39% of women farmers adopt versus 59% of men) is the result of differences in access to inputs. Quisumbing et al (2001) found that gifts or transfers of land to women improve cocoa productivity. Yet the

relationship between assets and productivity is complicated.

As an example, table 4 provides production data disaggregated by sex from the ADVANCE baseline survey for maize, soyabean, and rice. The total amount of land cultivated by women across the three crops is less than men's yet women consistently dedicated a higher proportion of land size to improved agricultural methods. In the case of maize, women farmers appear to be more efficient than men given their lower production costs and the higher value of output relative to men. The reverse is true in soyabean: men appear to more efficient than women with lower production costs and higher value of output. The baseline survey also found that women maize farmers were among those with a higher proportion of different types of asset ownership than women soyabean, or rice farmers. This suggests that women maize farmers, with higher asset levels, may be better placed to improve productivity but additional research would be needed to substantiate that claim. Moreover, greater attention to the differences in productivity outcomes in soyabean may provide insights into the production challenges faced by women, although these will vary by crop.

Since this survey was conducted prior to the implementation of ADVANCE interventions, it does not suggest that ADVANCE is favoring men or women. The baseline data however shows some interesting differences that warrant greater attention because of the potential implications they would have on programming strategies.

Table 4: Crop production data, by sex

	Yields (tons/ha)	Average total cost of production (USD/Ha)	Value of output (USD/Ha)	Gross margin (USD/Ha)	Proportion of land size cultivated under improved methods (% , Ha)	
Maize	1.84	331.02	636.33			
Women	1.72	329.79	715.16	385.37	46	61.6/141.37
Men	1.88	331.40	612.05	280.66	34	207.71/606.28
Soyabean	0.86	237.84	248.99	11.16		
Women	0.71	275.44	210.74	-	16.20	5.6/34.6
Men	0.89	229.34	257.63	+	14.40	30/207.8
Rice	3.53	816.56	2079.44	1262.88		
Women	n/a	797.59	2061.35	1265.76	57.90	34.58/59.74
Men	n/a	824.06	2085.90	1261.84	52.80	116.4/220.37

Source: ADVANCE Baseline study 2010.

Note: The data reflects the mean across data collected from the 6 geographic focal areas of ADVANCE. Considerable regional variations exist.

Links to FTF priorities:

The constraints that women face in gaining access to extension advice and to improved inputs influence their ability to participate in major food and export-oriented agricultural value chains. Removing these constraints to women's participation will improve their incentives to participate, linking to both FTF strategic priorities of increasing competitiveness and increasing resilience of vulnerable communities, though increase participation in markets and/or wage labor opportunities.

Although many women in Ghana are active entrepreneurs, they face several inequalities in accessing credit. Part of their difficulty stems from their inability to use land for collateral, as discussed above. As a result on average women are half as likely to be able to access credit as men (UNECA 2009). However women who are heads of households are more likely than men who are heads of households to borrow from traders, while men are more likely to borrow from friends and relatives (GSS 2008). The patterns of loan source and use vary by region of the country as well as the sex of the household head (GSS 2008).

In the late 1990s, LSMS data showed that more men than women had formal savings accounts (19 percent compared to 12 percent) (Doss, Grown, and Deere 2008). More recent data also confirms that women are more likely to use informal financial assets and men formal financial assets (e.g., savings accounts) (Oduro et al. 2011)

Links to FTF priorities:

Credit has been identified as a binding constraint for private sector investment in Ghana and an engendered constraint analysis found it to be particularly difficult for women (Reyes et al. 2011). The inability to raise credit negatively impacts women's abilities to expand their agricultural and other enterprises. Microfinance is an important start, but making the leap from accessing microcredit schemes to accessing commercial bank lending mechanisms can be difficult. Projects that link microcredit with business development skills can support entrepreneurs in growing their businesses.

Increasing women's control over assets, mainly land, physical, and financial, has positive effects on a number of important development outcomes for the household, including food security, child nutrition, and education, as well as women's own well-being (Quisumbing 2003). In Ghana as elsewhere in West Africa, however, households do not necessarily pool resources; women often must provide or earn some income to purchase the ingredients for the sauces of vegetables, fish, or chicken that accompanies the main starch, provided by the men. A World Bank (2011) report on Northern Ghana notes that these household responsibilities make the off-farm income of women critical to the well-being of children, citing research by Gordon (1973) and Whitehead's (2006) which both confirm the mother's role in determining child welfare and nutritional status.

Furthermore, women's well-being in a household does not correlate with men's prosperity (World Bank 2011). In a recent survey of assets control and ownership, University of Ghana researchers also found as household wealth increased, the equity in asset ownership declined.

Women's assets tended to have lower value and thus became a smaller share of the household's total asset pool (Oduro et al. 2011).

Links to FTF strategic priorities:

The issue of intrahousehold allocation of resources is central to all three of the ability of FtF activities to achieve their objectives of increasing the competitiveness of major food value chains, strengthening the resilience of vulnerable communities and households, and improving nutritional status, especially of women and children.

Lack of access to sources of energy has been identified as a binding constraint to economic growth in Ghana, and women, who have responsibilities for manual work in the home, in their fields, and businesses, shoulder a heavy burden that could be alleviated if access to energy were improved.

Improving the population's access to energy is a critical development and particularly important to relieve women of their greater time burden for manually carrying out domestic and agricultural tasks. UNDP works with NGOs to build multi-functional platforms (MFPs) to provide electrical energy by hooking up a diesel-powered 10-horsepower engine to different pieces of equipment that grinds grain or cassava, charges batteries for cars and cell phones, or operates water pumps. In the Northern Ghana town of Tamale, the project is credited with helping women increase their incomes by freeing up time from food processing and travel that can be more profitably applied to agriculture and other business efforts (Park 2010; UNDP 2007).

Box 4: GOG Statement on Gender and Energy

–The overall goal for ensuring that the energy sector is gender sensitive is to mainstream gender concerns into the energy sector and align them with proper health, safety and environmental standards. The policy objectives to support this goal are to: promote increased access to modern forms of energy by women in order to reduce the tedium in their activities; and ensure that concerns of women and children are taken into account in all aspects of energy. Policy will be pursued to promote the use of modern forms of energy in households; support the capacity development of women in the energy sector; and ensure participation of women in the formulation and implementation of energy interventions.”

Source: GOG National Development Policy Framework

Gender issues that have to be taken into account when considering the growth of the energy sector include: increasing the participation of women in policy discussions (Akabzaa n.d.); addressing gender issues of resettlement, including loss of access to community resources, when populations are displaced in energy sector development activities; ensuring access to benefits for women from sales or leases of family or communal lands ordinarily controlled by men; consideration of labor issues such as workplace conditions (including accessibility of child care), equitable hiring, promotion, and retention; and health impacts of the industries on women and children.

The Ghana Research and Advocacy Programme (G-RAP) has supported several studies on the

gender dimensions of energy and mining development. These reports argue that women's issues have not been clearly articulated in the policies and that women's groups have not had a role in public consultations on the topic (Akabzaa n.d., King 2010, Darkwah n.d.).

3. Promising practices

This section describes some current programming efforts that can be considered promising practices. They have been implemented by various groups, including USAID/Washington, USAID/Ghana, other donors, GOG, and civil society to address the gender constraints outlined above. There are very few projects that have collected gender-sensitive baseline data, which could be used to track the project impact on men and women, so the practices highlighted below are not based on formal impact evaluations. They do represent opportunities for further testing, and all of the practices have i) demonstrated a first round of positive results, and ii) some have already been scaled up with some success.

- **Linking microcredit opportunities with business and nutrition education**

As FTF seeks to improve the links between increasing productivity, income, and nutritional status, it can look to the successful efforts of the former Global Livestock Collaborative Research Project's Enhancing Child Nutrition through Animal Source Food Management (ENAM) activity which linked microcredit, business development skills, and nutrition education. The research program worked with mothers of small children, providing both credit and nutrition education to help them start or expand businesses for income generation. By providing nutrition education, the project hoped to encourage women to use their earnings to improve dietary diversity, specifically incorporated more animal source protein. The activity was conducted with the University of Ghana and Iowa State University. The project was evaluated by an external panel in 2006 and was later expanded by partnering with rural banks and the NGO Heifer International. The program could be scaled up as an implementation activity in other regions and expanded by incorporating more women and men— even those without small children. The research activity also led to the development of a nutrition extension course, designed and implemented by the University of Ghana faculty (Anyidoho et al. 2009, Marquis et al. 2009, Rubin et al. 2010)

Among the “promising practice” lessons from this project are:

- Linking microfinance opportunities with the provision of complementary services such as the nutrition and business instruction;
- Creating local partnerships with what entities? to sustain long-term commitments with the communities;
- Diversifying the set of local business choices;
- Building both a “saving culture” and an “entrepreneurial culture.”

- **Expanding women's control over technologies**

The Multi-Functional Platform (MFP) Project in West Africa responds to the extreme labor burden on women and provides technology to mechanize domestic tasks such as milling maize and other grains. The MFP works with communities to identify women and women's groups who can manage the technologies and turn them into profitable service delivery institutions. The platforms consist of a diesel-powered 10-horsepower engine hooked up to different pieces of equipment and powering them to fulfill such services as grinding grain or cassava, charging

batteries for cars and cell phones, or water pumps. Each platform costs \$5,000.²⁸ Working through women's groups allows women to retain control of the technologies and engage men in different ways by facilitating access to the technology and hiring young men for a small stipend to operate the machinery.²⁹ In Burkina Faso, Mali, and Senegal, this program has freed up two to four hours of women's time every day. The MFPs are creating the conditions for both men and women to benefit from the technology, particularly in ways that support women's access and control over technology. USAID could work with the GOG and other donors to identify other communities, especially in the north, that lack access to energy and expand the installation of MFPs under its energy program.

- **Providing short and longer-term targeted technical assistance for gender integration to missions, ministries, and implementing partners**

Combining targeted face to face and virtual technical assistance over a longer-time period (such as the USAID-funded former WID IQC, including the Greater Access to Trade Expansion (GATE) Project (2004-2009) and other repeated assignments under its Short Term Technical Assistance mechanism), helped to strengthen the capacity of USAID/Washington and Missions to integrate gender-equitable practices in economic growth and trade activities. Working in seven countries, GATE consultants and staff conducted studies to identify gender-based constraints in trade-related activities; conducted qualitative and quantitative gender analysis of USAID Mission economic growth and trade activities; and, provided program and policy recommendations to enhance the ability of USAID Missions to institute programs that contribute to lasting poverty reduction. It offered trainings to build capacity among USAID and partner staff to identify programmatic strategies for addressing gender inequalities. A method for integrating gender into agricultural value chains was developed that has been used in the design and implementation of FTF activities in Mali, Ghana, and Zambia, and in USAID East and West Africa Regional Programs.

Short-term technical assistance can also be used to build internal USAID capacity by teaming staff with gender consultants (either expat or local) in conducting specific assessments or in developing and reviewing gender-responsive workplans or design for new programming.

- **Supporting project level gender assessments, sex-disaggregated baseline studies, and technical gender advisor positions**

Aspects of the Agricultural Development and Value Chain Enhancement (ADVANCE) project's approach to gender integration are worth replicating. Specifically, it conducted a gender assessment at the start of the project, and then hired a full time gender advisor, and conducted a baseline survey. The survey was designed to capture the impact of the project on men and women participants, and collected data on men's and women's asset ownership, incomes, crop production, and other data points. The sex-disaggregated data collection will allow the monitoring and evaluation system to track the participation of women in the project and its impact on their ability to accumulate assets (Kabutha 2010; Sarpong et al. 2010).

²⁸<http://content.undp.org/go/newsroom/2010/april/104014-ghana-mfp.en;jsessionid=axbWzt...?categoryID=349422&lang=en>

²⁹ UNDP, "The Gates Foundation grants US \$19 million to women's programs in West Africa" February 22, 2008. <http://content.undp.org/go/newsroom/2008/february/gates-foundation-grants-west-african-women.en>; Email from Alesha Black, BMGF, January 22, 2010.

Similarly, the efforts of the Gender, Agriculture, and Assets Project (GAAP) implemented jointly by IFPRI and ILRI and funded by the Bill and Melinda Gates Foundation is working with eight agricultural project teams to identify the projects' impacts on women's assets and clarify which strategies have been successful in reducing gender gaps in asset access and ownership. The projects are implemented by different partners and are funded by several different donors, including USAID. IFPRI and ILRI are using a participatory process with teams and their institutions as well as the donors to establish sex-disaggregated baselines on men's and women's assets and to document the change in those levels over the life of the project. Program staff will receive trainings and technical assistance in methods to identify and address gender disparities in assets. The findings will contribute to a development toolkit to reduce gender asset disparities. Now at a mid-point, the project is clearly increasing attention given to gender disparities and helping to build team's skills in gender analysis and evaluation. Moving forward, this research effort will offer advice on effective interventions for building women's assets. ,

4. Gaps

This section lists several knowledge, capacity-building, or programming gaps that have been identified by the literature review and interviews conducted for this assessment. It may not be feasible for future USAID programming to design activities to address them at this time.

Unequal land access is a key gender disparity facing women in Ghana. Although there is an increasing amount of sex-disaggregated information on Ghanaian land ownership patterns and understanding of land tenure regimes, there remains a knowledge gap around identifying appropriate mechanisms reduce gender-related tenure insecurity. The mission can draw on on-going research efforts on asset gaps in Ghana to design an activity that would provide information to the public about women's right to purchase, own and control land. The mission can also work with partners in existing projects to help women secure land through women's groups and farmer organizations, updating the list of relevant NGOs working on these issues developed by Minkah-Premo and Dowuona-Hammond (2005).

There is a lack of capacity in the Ministry of Food and Agriculture to implement the Gender and Agricultural Development Strategy. Ghana has a Gender and Agricultural Development Strategy (GADS) in place, which addresses "the causes and effects of gender inequity" within the agricultural sector (GADS 2001:9). According to a UNECA report, however, this strategy has not been fully implemented. In particular, the Ministry has had difficulties with increasing the delivery of agricultural extension services to women. A recent evaluation identified a lack of awareness about the strategy and resistance among some men who were informed (Opore et al. 2008: 40). Technical support to MOFA to set up a monitoring and evaluation system to track the implementation of the GADS is needed.

Despite the attention to gender integration stated in the SADA strategy and current workplan, it is not clear whether the SADA project staff members have the technical capacity and political backing to fully integrate gender into its work plan. USAID has opportunities to provide gender integration technical assistance to the SADA program, e.g., through FtF value chain programming on rice, maize, and soya that is planned for the region in conjunction with the World Bank in their program on commercial agriculture.

In addition to supporting women in the value chains they are already familiar with, it is equally important to seek out opportunities for women to increase their participation in value chains where they are less well represented, but which they could enter with relatively minimal additional training. Women could be encouraged to provide key services such as Artificial Insemination or vaccinations to support livestock value chains or to work in processing and packages of other products. As program design moves forward, gender and value chain analyses should be conducted for each commodity.

Concerns have been raised about the acquisition of large tracks of land by transnational companies in the northern part of the country and what the likely impact will be on women and men farmers in the region and their access to land. A rapid appraisal of the land tenure systems in place and the likely impact on women and men from land sales is warranted.

More research is needed to learn how to engage men and boys to support women's economic advancement. Research conducted by a graduate student at the University of Ghana has demonstrated that as men become aware of how women's development activities and resulting income can assist in family expenses and improve children's nutrition, they become more supportive of the women's efforts (Hagan et al. 2010).³⁰ Under FtF programming, USAID can require partners to offer nutrition education to men and boys and to ensure that men and boys understand the value to themselves and their families of other economic growth activities targeted to women. Programs at schools can encourage both boys and girls to contribute to household chores.

Few women pursue study in the agricultural sciences in Ghana, compared to other African countries. According to a study conducted in fourteen African countries, "women accounted for less than 20 percent of the student populations in agricultural science in Ghana," which measured the third lowest level of women's enrollment and graduation rate. A very high proportion of these women were enrolled for Bachelors of Science degree, with very few continuing on for postgraduate degrees (Beintema and Marcantonio 2009).³¹ USAID/Ghana can improve the participation of girls and women to succeed in the fields of agricultural and other sciences with support to fellowship and mentor programs such as AWARD, the Borlaug LEAP program, and the Collaborative Research Support Programs to help build capacity for agricultural leadership and communication programs promoting women/girls in the sciences.

Recommended Areas of Action in Economic Growth, Agriculture, Energy and the Environment³²

1. Overcome gender-based constraints to productivity and competitiveness in smallholder and commercial agriculture.

- Utilize USAID-funded GSSP to conduct gender analyses of land tenure regimes and other binding policy constraints identified in the Feed the Future strategy and the

³⁰ This point was also made in an interview with one of the WIAD staff members during the assessment (2011).

³¹ The article did not explore the reasons behind these patterns.

³² The FtF-related recommendations are based contributions made to the USAID/Ghana's Feed the Future Strategy by Cristina Manfre in consultation with Deborah Rubin, who also contributed to USAID/West Africa's regional Feed the Future Strategy.

Partnership for Growth constraints analysis. Efforts should be made to collaborate with the World Bank's Land Administration Project 2 which is promoting the establishment of agri-business and land banks with special consideration of women's needs.

- Support efforts to integrate gender analysis, using methodologies like Integrating Gender into Agricultural Value Chains (INGIA-VC), into value chain facilitation models.
- Design investments in commercial agriculture to support multiple entry points for women (e.g., as wage workers and entrepreneurs).
- Design service delivery and dissemination of information, inputs and financial services in ways that reach both men and women farmers.
- Identify payment mechanisms in commercial value chain arrangements that ensure that men and women have access to income.
- Design interventions to address the vulnerability of men and women agricultural wage workers.
- Foster equitable participation in producer associations and support women's participation in a diversity of association leadership roles.
- Encourage sharing of promising practices among donors on how to address gender issues in the agricultural sector through the Agriculture Sector Working Group.
- Support a gender advisor within MOFA's WIAD.

2. Improve the resiliency of rural populations and ensure equitable access to diverse quality food.

- Build on efforts that link microfinance, income generation, and nutrition activities, like Enhancing Child Nutrition through Animal Source Food Management (ENAM) activity which worked with mothers of small children, providing both credit and nutrition education to help them start or expand businesses that would earn money to be used to improved dietary diversity, with specific attention to animal source protein.
- Identify market opportunities for women (or women's groups) to add value to processing.
- Seek opportunities to collaborate with existing programs aimed at diversifying women's income-generating activities. For example, the Savannah Accelerated Development Authority program is supporting the development of value chains in which women are already engaged (e.g., horticulture and oil seed production including groundnuts, shea, and soybean) in the three northern regions of Ghana. IFAD's Northern Rural Growth Program is also active in this geographic area and has a strong focus on ensuring women are linked to new economic opportunities and markets.

3. Engage men and women in improving nutrition of all household members.

- Target older children and adults (both men and women) in national campaigns to improve feeding practices.
- Design behavior change activities to improve household nutrition and equitable distribution of quality foods.
- Provide gender-related technical support to the Ministry of Food and Agriculture and WIAD of the Ministry of Food and Agriculture using a similar mechanism as the USAID/Ghana funded USDA PASA, which embeds advisors in other GOG ministries.

4. Address the distinctive needs of rural women.

- Identify agricultural practices and technologies that will reduce women’s time, financial, and labor constraints.
 - Design agricultural programs to build and protect women’s and men’s access to productive assets (e.g. land and other natural resources, equipment).
 - Improve the nutrition-related behaviors of pregnant women.
- 5. Improve women’s access to energy sources for value-added processing and meeting domestic responsibilities.**
- Replicate the MFP model of technology dissemination with renewable energy technologies.
- 6. Ensure that development of policies in the gas and oil sector clearly address the gender dimensions in energy policies**
- Include women’s groups in policy dialogue and development.
 - Ensure that future USAID-funded assessments of the sector include a requirement for attention to the different impacts on men and women of oil and gas development.
- 7. Promote guidance for managing energy sector development to channel revenue from oil and gas to men, women, and the communities in which they live**
- Work with women’s national and regional trade associations as part of new programming to improve the capacity of women-owned or managed small and medium enterprises to meet the needs of the international oil and gas industry.
 - Develop training programs for women so they can be qualified for new jobs in the oil and gas industries
 - Encourage oil and gas companies to develop gender-sensitive human resources policies and set goals to hire qualified women in new positions.
 - Announce training and employment opportunities through communication channels to which women as well as men have access, e.g., radio, local language newspapers, job fairs, etc.
 - Work with local government officials and local chiefs to raise awareness of the need for equitable benefit sharing from oil and gas revenues.

It is anticipated that more equitable strategies and practices will result in achieving greater gender equality in the agricultural sector. If so, such results will be reflected in equal pay for equal work, a less lopsided representation of women in lower paid, lower skilled, seasonal work, and measurable growth in women’s assets relative to men’s, among other measures.

Recommendations for improving monitoring and performance of Mission’s gender-related investments in economic growth

- Support Ghanaian researchers to conduct a systematic analysis of national economic research using data from land surveys, time use, and assets, and provide additional support under the GSSR to compile and analyze sex-disaggregated data.
- Invest in research to monitor changes in agricultural productivity between men and women farmers, identifying regional and production system differences in gender-based constraints

(e.g., in cereal production in the north) and strategies to overcome them.

- Require new USAID-funded agricultural programs to conduct baseline surveys which collect sex-disaggregated data and gender-sensitive indicators on assets, incomes, and other relevant data.
- Identify projects to participate in a possible second phase of the Bill and Melinda Gates Gender and Agricultural Assets Program

Health

The draft proposed development objective for USAID/Ghana's Health strategy is "Health Status Improved." The principal focus is on strengthening the Ghanaian health system to increase access and make access more equitable, while improving the quality of services. The Health Development Objective aligns closely with Ghana's HSMTDP strategic objectives, with greatest emphasis on the objective of improving access to quality MNH, CH, and AH services. The strategy also contributes to portions of the other four objectives. USAID, through its health programs has an opportunity to ensure that Ghana policies on HIV/AIDS, nutrition, RH/FP, MCH, and malaria are implemented according to shared USG and GOG principles and practices which are gender equitable, and inclusive of all people, regardless of their gender identities and sexual orientations.

BEST Interventions (FP/RH/MH/CH/N): The BEST Action Plan for Ghana was developed in line with Global Health Initiative principles, including a focus on a women and girls centered approach. The BEST Action Plan also commits to the inclusion of men in behavior change communication (BCC) to increase men's access to information about reproductive (particularly FP and MH) and child health. It proposes to strengthening activities to encourage men to be active partners in health prevention and care.

USAID/Ghana has proposed to concentrate most of its activities in Greater Accra, Central, and Western regions, which have roughly one-third of the country's population (approximately 9,000,000 people). USAID proposes to expand Community-based Health Planning and Services (CHPS) throughout the region, including adapting CHPS to urban contexts. The Health Team also plans to expand community case management of childhood diseases. Some activities such as social marketing of contraceptives will have a national reach. Water and sanitation activities will concentrate in the three regions as well as in Volta and Eastern regions.

There is inadequate attention to how reduce the impact of gender inequalities on health outcomes in the GHI strategy and The Best Action Plan. The only explicit attention to gender issues in the BEST Action Plan is to support BCC activities to promote involvement of men in health decisions and healthy behaviors. Planned support for home visits for antenatal and post-natal care also will help to increase access by overcoming gender-based constraints faced by women in getting to healthcare facilities for these services.

Malaria: PMI collaborated closely with the GOG and other donor partners in the development of the Malaria Operational Plan (PMI/MOP). The plan reflects shared objectives and an assessment of both service delivery and health system strengthening needs. The Plan addresses women's and men's needs from the perspective of their different biological and social risks. The proposed

transition from campaign distribution of bed nets to replacement through ANC services, for instance, may decrease opportunities to discuss the value of ITNs with men.³³

HIV: The Partnership Framework Implementation Plan is a collaborative effort between the USG and GOG, and is aligned closely with GOG HIV/AIDS policy objectives. Given that HIV is largely a concentrated epidemic in Ghana; the focus of the strategy is principally on addressing the prevention, treatment, and care needs of MARP and strengthening the capacity of the Ghanaian health system. Attention to gender in the plan focuses principally on decreasing stigma and discrimination (including those resulting from unequal gender norms), strengthening women's leadership roles in MARP civil society organizations, and addressing gender-related access barriers to treatment and care. In addition, interventions for women and men sex workers include development of alternative income generation activities.

Gender-based Disparities and Constraints to Improving Health this section would benefit from shortening and editing.

Implementation of GOG policies and USG Health strategic priorities supportive of gender equality will be a challenge. One barrier is the wide scope covered by the policies. Another hurdle is a common assumption about health programs, which is that programs that target women's and men's biological differences are gender sensitive. As stated in the introduction of the report, women's and men's biological differences interact dynamically with context-specific gender norms based on power differences. These play out in multiple forms of differential challenges, opportunities and discrimination against women, and men and women who diverge from socially prescribed norms, identities, and sexual orientations. Constraints or barriers rooted in gender inequality affect the achievement of health objectives.

For example, the Contraceptive Prevalence Rate (CPR) is difficult to increase and sustain without an explicit focus on power dynamics within sexual and gender relationships in the household and wider society.³⁴ It is not enough to have policies that support increased availability of contraceptives without addressing beliefs held by men and women about their potential physical side effects and threat to existing social hierarchies, which are often linked conceptually. Strong gendered beliefs influence perceptions of the safety of hormonal methods. Many people stated there is a pervasive belief in the country that use of contraceptives provokes women to be sexually promiscuous. In Ghana, like in many countries, a double-standard about women's and men's sexuality leaves women with minimal agency over their sexual lives and health and vulnerable to sexually transmitted diseases and unwanted pregnancies.

³³ As current campaigns aim to specifically address equitable distribution of bed nets through multiple distribution sites (e.g., ANC and EPI clinics, schools, and community-based organizations), it would be worthwhile to track whether equitable distribution results in equitable use.

³⁴ The 2008 DHS revealed that CPR decreased from 25% 2003 to 24%. Current use of modern methods decreased from 19% to 17%. At the International Conference on Family Planning in Dakar (November 29-December 2, 2011) there are several papers addressing why CPR is so low in Ghana, including several which address gender dynamics. There appears to be a close relationship between beliefs about "harmful" side effects and men's dominance of decision-making about number of children desired and the use of modern contraceptives (see Richards and Bass 2011 and Adjiwanou 2011).

A recent study also provides insight into men's prominent role in influencing and making decisions about the use of contraception. The study, conducted by FHI (REF, year) under a Hewlett Foundation grant on the use of mixed methods in Accra, revealed that there is considerable routine use of emergency contraception (EC) in urban Accra among mostly unmarried couples without children. The participants in the survey reported little acceptance or use of other methods, except condoms. The study found that men often buy and advise their partners on how to use EC. Of the men interviewed in the study, 80% bought or financed the purchase of EC. Over half introduced their female partners to EC, and a third either told their partner to use EC, or provided emotional support to their partner while she used it. Preliminary findings indicate there are both positive and negative aspects to men's substantial involvement in selection of EC as a preferred method for their partner and in providing information about when and how to take it. Men were very motivated to prevent pregnancy. While they were knowledgeable and supportive of their partners' use of EC, they were not supportive of their partners using contraceptives on a regular basis, such as pills or injectables.³⁵

Several interviews affirmed that teen pregnancy is on the rise and is occurring at younger ages. It is often a consequence of girls engaging in transactional sex.³⁶ Abortion also appears to be on the rise among young women. The *kayeye*, or porters (boys and girls), in Accra and in Central Regions reportedly pool funds to pay for girls' abortions. There is also a widely held perception among development professionals and healthcare providers that men are unwilling to take on any responsibility for birth planning, spacing, or contraception; they eschew condom use, place high value on a woman's willingness to provide sex on demand, and want to have a large family. Given the results of the FHI study, an alternative interpretation may be that men do exert considerable responsibility for women's sexuality and reproduction, while women have very little power over these decisions. The outcome is that men, in some instances, may be quite insistent that women prevent pregnancies, while in other cases they insist that women not access contraception. Lack of women's use of contraception should not be confused with lack of interest or involvement. An indicator of women's reproductive and sexual vulnerability to unwanted pregnancies and STIs is the level of condom use during last high risk sex: 46.4% for men compared to 28.2% for women (MDG report card).

Sex outside of marriage also has different social consequences for girls and boys. Seventeen girls from a school in Kumasi were dismissed because the school nurse, after testing them without permission, discovered they were pregnant. The girls' dismissal was against of GES policy, and had longer-term negative impacts for their education and their careers. However, the boys (or men) who contributed to the pregnancies were not made to take any responsibility and faced no significant long-term consequences. This incidence illustrates the unequal status of girls in Ghanaian society.

A disincentive for both men and women to seeking care from health services is discourteous or abusive treatment by some health care providers. Abuse, is a frequently mentioned by potential

³⁵ Several women and men commented that other methods (pills, IUDs, Depo-Provera, etc) were only appropriate for married couples (Information from project briefs –Male Partners' roles in women's use of Emergency Contraception: Results from a mixed method study in Accra, Ghana," and –Male Involvement in Emergency Contraceptive Use in Ghana," FHI.

³⁶ Although the GDHS indicates that teen pregnancy is actually declining.

clients as a reason for not using services. The MOH appears to be aware of the problem as it is a prominent issue discussed in the MOH Health Sector Gender Policy. Uneducated, non-literate women are at particular risk of poor treatment by providers in facilities, as are their partners or other relatives who accompany them. The underlying causes need to be better understood so that they can be effectively addressed.

The national MDG 5 Acceleration Plan highlights socio-cultural barriers which impede women's ability to exercise their rights to health, and weak involvement of men in health, which suggests that gender relations are a significant challenge to making progress on the MDG 5.

Communicable disease patterns reflect disparities in utilization, diagnosis, and treatment. As in the case of HIV/AIDS, gender differences can be seen in the diagnosis, reporting, and treatment of tuberculosis and malaria. Malaria is the number one cause of morbidity in Ghana, accounting for about 38% of all outpatient illnesses, 36% of all admissions, and 33% of all deaths in children younger than five years of age. Between 3.1 and 3.5 million cases of clinical malaria are reported in public health facilities each year, of which 900,000 cases are in children under five years. The groups affected most by malaria are children under five years and pregnant women who constitute 20% and 4%, respectively, of the general population (PMI). Malaria during pregnancy is a serious public health problem in Ghana. It accounts for 14% of outpatient attendance by pregnant women, 11% of hospital admissions, and 9% of maternal deaths (MOH/GHS, 2008, cited in the President's Malaria Initiative Malaria Operational Plan — Year 3 FY 2010, Ghana). The strong focus on the particular needs of pregnant women and children for access to nets and intermittent preventive treatment may inadvertently lead to insufficient resources targeting non-pregnant women and men.

There is emerging evidence of the advantages of community-based approaches for some types of preventative, curative, and palliative care. However, despite benefits to women in the community of improved access to care, the additional workload on the volunteer workers, who are also usually women who have multiple economic, social, and care-giving responsibilities, should also be acknowledged. Those providing the care need to be informed of the additional time and workload responsibilities they will face.

Gaps

Strengthen inclusive participatory health planning at the local level. The head of Monitoring and Evaluation for the West African Health Organization of ECOWAS recently stated that one of the critical bottlenecks to reaching MDGs 1, 4, 5, 6 and 7 is weak community participation in health planning and management in Ghana. The Community-based Health Planning and Services (CHPS) has been in place in Ghana since 1999, but implementation still faces challenges in many areas. While implementation of CHPS might entail considerable structural changes in local governance process, there are some intermediary actions aligned with the proposed health strategic priorities, which would give women and men the skills to advocate more effectively for better quality and more accessible health services, as well as exert greater control over how local resources are allocated for health. For instance, USAID partners could develop objectives and activities to reduce gender-based barriers to women's and men's participation in CHPS citizen councils.

Fully integrate gender into the PFIP, BEST Action Plan, and PMI/MOP. These programs were developed prior to the GHI Strategy development, which means that gender did not get the full attention it should based on the *The Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle* (GHI Gender Guidance), even though USAID's ADS requirements for integrating gender concerns into strategies have been in place since 2000. The GHI Gender Guidance requires that GHI country strategy teams include a short narrative summarizing the findings of the gender analysis conducted prior to the development of the strategy. More explicitly, it should:

- Highlight key gender issues and needs
- Support priority actions and implementation elements planned in collaboration with host governments

Upon conclusion of the strategy, full details on how implementation of the priority actions will be carried out should appear in all corresponding country plans (e.g., BEST Action Plans, PFIP, COP, and PMI Malaria Operational Plan) as well as in partner work plans. As USAID Ghana has developed their implementation plans ahead of either the completion of the gender analysis or the GHI strategy, the operational and implementation plans contain only superficial attention to gender issues in the different areas of health care supported by the Mission. According to the GHI Gender Guidance, once relevant gender-based constraints have been identified, each program should identify opportunities for gender-focused activities within health programs. In the recommendation section that follows, recommendations are organized according to programmatic areas identified in the GHI Gender Guidance.

There are opportunities to integrate attention to gender issues in health implementation and operational plans.

For BEST:

- Incorporating attention to gender equity in midwifery and physician training curriculum
Examining whether gender issues contribute to the health system's problems in attracting and retaining staff outside of the main cities in Ghana, as well as providing support to the GHS and MOH to address these challenges.
- Examining the feasibility, through policy dialogue with the GOG, of enrolling women and children in the National Health Insurance Program directly at all health facilities (particularly those in more remote areas) during well-baby and antenatal or FP visits to overcome women's difficulties in getting to the enrollment offices.
- Addressing gender-based differences in power, which affect uptake of services for family planning, nutrition, and maternal health through BCC, social mobilization, and counseling activities.
- Focusing greater attention on the interrelationship between cultural beliefs about contraceptives and gender relations. Beliefs about inappropriateness of certain contraceptive methods for unmarried women and beliefs about the physiological dangers of contraceptives appear to be directly linked to beliefs about proper gender roles and conduct.

- Sex-disaggregating number of boys and girls who receive treatment for childhood diseases and malnutrition to ensure there is no discrimination.³⁷
- Prioritize including men in health programs to increase their understanding of value of seeking healthcare for themselves and their families, as a means of improving the use of health services.

For PMI/MOP:

- Setting gender-equitable employment and advancement objectives for women and men in hiring personnel for IRS management and spraying teams; and in USAID support for capacity building for improved management, leadership, and technical capacity of district health management teams.
- Collecting baseline and monitoring increased or decreased burden of care on women as a result of community-based malaria care for children under five.³⁸
- Assessing the extent to which men's (and boys) and women's (and girls) outdoor activities put them at risk of greater exposure during prime mosquito biting times, especially in areas covered by IRS where there are indications that mosquitoes become more aggressive outdoors.³⁹
- In future Demographic Health Surveys, sex-disaggregating number of boys and girls who receive treatment to ensure there is no discrimination
- Assessing if new mandatory testing will put some women at greater risk of GBV by partners.

For PFIP:

- Monitoring delays in diagnosis of women with TB as compared to men's diagnosis to track and subsequently address any inequalities.
- Including gender equality and rights perspectives in training and sensitization of police, judiciary, and health workers and counselors
- Expanding access to GBV prevention and response as part of HIV VCT and treatment services.
- Taking advantage of Mission experiences and experiences in other countries (e.g. India and South Africa) on building women's leadership roles in civil society organizations
Integrating strategies to reduce stigma and discrimination against MARP

³⁷The information is collected by sex. It is just not reported. The most feasible way to implement this recommendation is to implement this recommendation is to do a quick run of the sex disaggregated data when analyzing each new DHS. If there are no appreciable differences, there is no need to include a table in the report. The report can simply state that the analysis was done and there were no obvious sex differences.

³⁸ While anyone intervention may not appear to present an additional burden in terms of time or resources, when multiple health programs begin to shift responsibility for healthcare from paid providers to volunteers or mothers to the household

³⁹ Although the predominant species of malaria transmitting anopheles mosquito in Ghana is predominantly indoor biting and resting (directly related to the effectiveness of indoor prevention methods such as LNs and IRS), recent studies of the impact of IRS in other countries have indicated a change in mosquito behavior as a result of IRS. At some point in the future, it may be advisable to assess the role of outdoor biting in malaria transmission. If such a study is conducted, it is recommended that the Mission include gender analysis as part of such a study.

- Integrating attention to gender-based discrimination in all training on reducing stigma and discrimination with relation to all MARP groups as gender-based discrimination affects MSM and IDUs as much as it affects FSW.

Attention to GBV has not received adequate attention in USAID health implementation plans. GBV is both a violation of human rights under Ghanaian law as well as a public health problem. According to the GDHS (year), the percentage of women who ever experienced physical violence ranges from 23 percent in the Western region to 46 percent in the Brong Ahafo region. Women with no education are more likely to have experienced violence than women with secondary or higher education (17% versus 9%). Wealth does not confer a protective effect in experience of violence even though it does lower somewhat for experience of violence in the past 12 months (20% lowest quintile, 13% highest). A substantial proportion of women (37% nationally) agreed with at least one specified reason why a husband is justified in beating his wife. This acceptance is culturally mediated and reflects the low status of women. The MICS data shows 46% of women and 36% of men believe a husband is justified in beating his wife. The devaluing of women that these data underscore is reflected in the ways women are denied access to personal, legal, and financial rights broadly.

Recommendations

1. **Promote more effective civil society involvement in health facility governance to ensure quality from a gender and rights-based perspective.**
 - Build on successful strategies used in the GAIT and LOGODEP projects to empower women's civic sections, with bottom-up participatory planning, community-based audits to monitor and assess causes of maternal and neonatal deaths, budgeting, and health data collection and analysis instruments.
 - Provide local health committees with tools to enhance their capacity to be more inclusive, reflect greater diversity of opinion, and be more effective decision makers. A similar approach is applicable to the Mission's plans to increase the engagement of MARP in the planning and oversight of HIV prevention, testing, and treatment and care activities.
2. **Elaborate companion addenda for the BEST Action Plan, PFIP, and PMI/MOP to ensure more comprehensive gender integration across the strategies and plans.** Include *specific* sub-objectives and activities designed to reduce gender-based constraints that may limit women's and men's uptake of health services and participation in the process of recruiting and supporting committee members and community health volunteers. The GHI Gender Guidance can provide a useful orientation for responding to this recommendation. Suggested actions include:
 - For women, sub-objectives and/or activities should focus on designing interventions that remove or reduce constraints such as their lack of control over resources and decision making, lack of time and burden for the care of young children, and restricted mobility, all of which limit their ability to participate as committee members and community health volunteers.
 - For men, sub-objectives and/or activities should focus on the timing of health BCC activities to coincide with men's availability; making service delivery sites used for MCH

services more accessible to men, as well as addressing their own reproductive and other health concerns through outreach and education.

- For health workers, sub-objectives and/or activities should address gender-based constraints in more remote and challenging areas, gender-equitable opportunities for advancement, and a safe and supportive workplace.
 - Requirements for project-level gender assessments including the collection of qualitative data where possible to understand the social and cultural dimensions of decision making between men and women with regard to the use of contraceptives, number of children, children's nutrition, and the decision to seek care during labor and delivery⁴⁰
3. **Overcome rural women's reluctance to deliver in distant healthcare facilities, support changes in policies to allow CHO's trained in midwifery skills to offer women skilled labor, delivery, and postpartum care closer to home.**⁴¹
- Ensure that referral systems work to connect front line healthcare providers and their clients to higher levels of care at all times of day and night and year round.
4. **Conduct research to examine the impact of relying on women's unpaid workload in order to bring services closer to communities.**
- Analyze the extent to which increased focus on home-based care alleviates or exacerbates gender-based constraints and its effectiveness in achieving the Millennium Goals in nutrition and the reduction of maternal and infant mortality, HIV, malaria, and other diseases. The proposed roll out of community-based care for children under five is a positive step to making services more accessible and for addressing gender-based constraints related to women's limited time, mobility, and resources. However, many health programs rely on women in households to assume major responsibility for health, especially for the health of children. Understanding the trade-offs between improving care and increasing women's unpaid workload is important to identifying successful strategies that reduce gender inequalities (e.g., strategies that engage both men and women in training on how to administer drugs and care for sick children).
5. **Expand efforts to reach teens and youth with age- and gender- responsive interventions and messaging.**
- Collaborate with local NGOs, and the units in the GHS, MOWAC, and CHAG that have expertise in working with this population. Gender focused multi-sectoral approaches that combine gender equitable health education, vocational training, formal education, and life skills planning are particularly effective at reaching adolescents with the health information they need to make informed decisions about their use of contraception, self-care, and knowledge of when to seek healthcare. As the education money is limited to use on primary education, it is recommended that health money is used to: encourage girls to stay in school through secondary school, when many drop out; and address the educational needs of out of school youth who are most at risk of engaging in activities that put their health and wellbeing at risk.

⁴⁰ This is required by the ADS which is likely to be reinforced by the USAID Gender Policy, expect out shortly.

⁴¹ These are rights issues that affect women,

6. **Integrate attention to GBV into all USAID family planning, HIV, and maternal health programs.**
 - Use existing USAID training materials to support training for healthcare providers and community and municipal-based participatory methods to engage communities and local governments in preventing and responding to GBV.
 - Build the capacity of healthcare providers to detect women who are at risk of or survivors of violence by using standard screening questions during antenatal and FP visits.
 - Coordinate actions between health services, the police Domestic Violence Units, and the justice system. There is a need to be prepared to do forensic exams, stock EC and HIV prophylaxis for rape survivors.
7. **Increase outreach to and involvement of some MARP groups that do not form social affinity groups or choose to self-identify, such as MSM, non-customer partners of FSW, and female partners of MSM, provide access to anonymous telephone hotlines, websites, and texting services.**
8. **Ensure that women and men have equal employment and participation opportunities in program generated work, such as in IRS malaria prevention.**

Recommendations for improving monitoring and performance of the achievement of the Missions health objectives and their impact on gender equality

- Sex-disaggregation of all people-level indicators (men/women; boys/girls; male providers/female providers) and disaggregate measures of number of cases and incidence by sex for HIV, TB, and Malaria.
- Require program implementing partners to develop and collect baseline information and analyze and report on qualitative and quantitative gender indicators to measure progress/impact on women's increased decision-making in health; men's increased knowledge and involvement in children's nutrition; more gender equitable attitudes of men and women (e.g. use of PROMUNDO's GEM scale). The Mission should consult with GHI in USAID/Washington to determine if there is any effort underway to standardize health and gender indicators.

Democracy and Governance

USAID's *Governing Justly and Democratically* Program advances the USG foreign policy priority to promote the continued consolidation of democracy and good governance in Ghana so that Ghana can "continue to serve as a model and catalyst for good governance and sustainable development in Africa" (Annex 1 to Assistance Agreement). Its two strategic programmatic areas include: (1) Good governance (local government, decentralization, and public sector executive function); and (2) Civic participation.

As such, the principles promoted by the programs reach into every other aspect of USAID/Ghana's development strategy—health, education, and economic growth. The ability of Ghana's local governance institutions to ensure adequate service delivery, public participation, and management of natural resources are fundamental to governmental legitimacy and popular support.

Ghana has emerged from decades of conflict, military rule, and political instability to become a model of civil governance and democratic rule in the region. The state institutions that have taken root have done so alongside a parallel system of traditional governance.

The Mission's draft development objective is: "Strengthen local democratic governance through capacity building and civic involvement." While USAID's strategic priorities for DG are still under discussion, both the Mission's draft strategic framework, and the recommendations of a recent Democracy and Governance Assessment support two linked strategic directions: strengthen participation of civil society in local governance and improved service delivery. The draft Mission Assistance Agreement represents these strategic directions as two program areas, good governance, and civil society participation.

These strategic priorities align closely with GOG policies, which seek to increase and broaden participation, as well as improve the quality and reach of government provided services through strengthened management of human and financial resources, enhanced capacity of service managers and providers, and improved communication and infrastructure. The GSGDA states:

Transparency, accountability, and participation are the cornerstones for good democratic governance. The overarching goal of this thematic area is to entrench participatory democratic governance by empowering state and non-state actors to participate effectively in the governance and development processes at all levels of the society (2010:301).

Gender equality in the political life of the country means that both women and men have an equal voice in decision-making at all levels of governance and equal rights and treatment under customary, regional, and national laws. Gender equality means equal rights and treatment by the justice system. It also signifies equal opportunity to run for office, and to participate in civic and political processes, as well as equal access to and benefit from governmental services. Equity strategies are often necessary to address an unequal playing field in politics, access to public resources, service provision, leadership, participation/influence, and decision-making.⁴²

⁴² A Member of Parliament, the Honorable Gifty Ohene-Konadu, explains that there are two complementary aspects

Gender-based Disparities and Constraints to Political and Civil Society Participation:

Decentralization in Ghana was designed to increase participation of citizens in the decisions that affect their lives (Ofei-Aboagye 2004). While there are many fora through which women and men in Ghana participate in community groups, there are many fewer opportunities for women than for men to participate as leaders and decision makers. Many factors contribute to women's marginal role in national and local political decision-making.

A study conducted by Institute of Statistical Social and Economic Research (ISSER) in 1998 on women holding public positions found that the institutional cultures of governmental bureaucracies and representative bodies are a major obstacle to women's political advancement. This is further complicated by the absence of childcare, women friendly electoral systems, and women's internalization of oppression (Ohene-Konadu 2001). Women face many additional gender-based obstacles to running for and serving in elected office, as well as participating in public decision-making through community-based organizations. Barriers to political participation include:

- Less access than men to resources for running for office. For instance, women may not have decision-making authority to use family resources (even those she may have earned) for a campaign. Few women have secure land titles to put up as collateral for campaign loans.
- When meetings are held in the evenings, it is difficult for women to attend because of family obligations and cultural norms that view it as improper for women to go out alone at night.
- Even when women are elected or named to decision-making positions in civil society organizations, they rarely hold real positions of power, such as chair of committees. Therefore, they have less opportunity to influence policy and budget allocations, and less access to resources to use in response to meet the needs of their constituents or interest groups.
- Because there are so few women in government, it is harder for newly elected women to benefit from informal networks with older politicians that are more experienced or seasoned civil society group leaders to gain access to information and committees or other assignments.

A 2001 study of elected and appointed officials in the Volta Region found that women councilors tended to be older than their male counterparts (Ohene-Konadu 2001). Almost half of the female councilors interviewed in the research were heads of household and were principally financially responsible for their families. The majority of both men and women interviewed in the study were government workers, teachers, and members of trade groups. More of the women interviewees than men were in these occupations.

of a democracy, justice and efficiency. –Justice means that women, constituting half of the population have the right to constitute half of the decision-making bodies. A society where women are not part of the political system is an unjust society...efficiency is based on the view that women are a human resource in society, and that women have different experiences and resources to bring to politics (Ohene-Konadu 2001: p. 6).”

The combination of being older, single, and employed probably accounts for these women having greater time, autonomy, and mobility that allow them to run for and serve as Councilors. With lesser roles in childcare than younger women, and potentially greater access to economic resources and decision-making, they were less likely to be affected by the more common gender-based constraints that limit women's political participation. According to recent research findings on gender differences in asset ownership, Ghanaian women who are not in a relationship are more likely to make decisions autonomously than are women who are married or in consensual unions. This study also found that single women have greater mobility outside of their households to go to market, other public places or to visit relatives than married women. Women who owned their house or agricultural land similarly had much greater freedom of movement than women who lacked those assets (Oduro, Baah-Boateng, and Boakye-Yiadom 2011). Most women councilors did not respond to questions about the functions of the Assemblies or stated that they did not know. Men were more willing to offer answers, both correct and incorrect (Ohene-Konadu 2001). In community-based organization, older women may be barred from leadership positions because of their lack of literacy and numeracy skills. Younger women may lack time, resources, and agency to decide to participate.

Ohene-Konadu's 2001 research raises three questions that will help to inform USAID/Ghana's approach to making participation of women and men as political actors within and outside of government as equitable as possible.

- How does decentralization provide access to women's participation?
- What explains the low numbers and ineffectiveness of women in decision-making positions in local government and civil society organizations?
- How can gender barriers be removed?

Answers to these questions are likely to vary by region, and perhaps even by district. The 2001 research findings, although localized, indicate that older women may have a greater capacity to run for office than younger women, but are probably in need of support through training on how government bodies function in order to be effective once elected. At the same time, there is a need to work with men, especially those in positions of power and influence, to help them recognize the importance of giving newly elected women and men councilors, and other public decision-makers equal access to information, mentoring, and committee assignments.

The Democracy and Governance Assessment (Fox et al March 2011) focused on the importance of ethnic civil society leaders in decision-making within their communities and influence on local and national government policies. The chieftaincy system, which is recognized by Ghana's constitution, plays an important role in local governance, stewardship of the ecosystem, land tenure, and development. Unlike in many other countries in the region, several Ghanaian ethnic groups recognize the public leadership role of some women as Queen Mothers.

Queen Mothers, or *Nananom*, are the custodians of the land. They also play a critical role in interpersonal conflict resolution (Stegstra 2009). Coastal communities also recognize women's formal leadership roles. The Chief Fisherman and lead fishmonger are influential people in the community and serve as agents of the local chief.

Queen Mothers are involved in a number of local public roles, such as serving as counsel to

Chiefs, mediation and negotiations in their communities, responding to the needs of women and children, and in some groups, are responsible for naming new Chiefs. Yet, their leadership roles are also constrained by gender related barriers that prevent women from participating fully in the Ghanaian national political structures where men Chiefs play a significant role. Queen Mothers are excluded from places where decisions are made. They are not allowed to attend the local, regional, and National House of Chiefs, where important decisions concerning customary law and customary practices occur (AFD 2008, Struensee 2004 cited in Tsikata 2004).

A recent meeting organized by USAID's Local Governance and Decentralization Project (LOGODEP) in February 2011 for Queen Mothers highlighted a number of the challenges and frustrations of leadership experienced by Queen Mothers (Odonkor 2011). The Queen Mothers identified several sociocultural barriers to their participation in local government:

- Women are not allowed to speak in public;
- Queens have no say in leasing lands;
- Few women are involved in arbitration;
- Queens are not invited to traditional councils, regional and National House of Chiefs;
- Lack of interest in girls education; and
- Gender discrimination against women's participation in governance (e.g. timing of meetings often conflict with their domestic roles and obligations);

They identified education as a fundamental barrier to women's leadership of any kind. They also noted that women's leadership roles often provoke conflict with their families, especially with husbands. Money is also a major constraint as they do not have enough of their own and their husbands are not willing to finance their leadership obligations. This is closely linked to cultural beliefs about men's and women's roles and responsibilities. Religious practices often reinforce gendered hierarchies by physically locating women behind men in houses of worship.

The traditional roles of Queen Mothers provide a set of leadership principles to build on. Stronger decision-making power is the dimension of leadership the Queen Mothers found most lacking in their current roles as teachers of their cultural beliefs and practices, problem solvers, advice givers, and stewards of clean and healthy environments in their communities.

Decentralization and Service Delivery

A prominent woman Member of Parliament has argued that gender inequality is imbedded in the structure of governmental institutions (Ohene-Konadu 2001).⁴³ The same kind of gender-based constraints that impede women's access to office and decision-making affect their capacity to be effective leaders once elected. A World Bank study found that women leaders were handicapped by their inability to move around as easily as men. Most women need to be accompanied when traveling at night when Assembly meetings are held. Their difficulty in finding safe transportation means they often miss important meetings where information about funding opportunities is exchanged. Time spent at Assembly meetings appears to correlate with leadership effectiveness. Women's periodic absences hamper their ability to respond

⁴³ This is not in any way particular to the Ghanaian system of government. This is applicable across many governmental and other institutional arrangements across the world.

successfully to their constituents' needs. Other constraints on women's time may also interfere with their capacity to attend meetings and visit constituent communities (World Bank 2010). Reviews of women's participation in other types of organizations, such as PTAs, water and sanitation committees, and agricultural extension groups, indicate that similar constraints are operative, even when donors stipulate requirements that women hold positions of leadership or condition allocation of their resources on participation of equal numbers of men and women on the committees (Ofei-Aboagye 2004, Opare 2005).

Women and men face different challenges in accessing services in their districts because –policies governing access to services and resources in urban areas often assume that they are dealing with a male household head whose interests coincide with those of other household heads. Women's particular needs as actors in the informal economy—often home-based—are frequently not taken into account” (Tsikata 2004:9). Men and women share a number of needs for service provision. Women's and men's other interests and needs, however, are different, and may compete for scarce resources. Even when their needs are similar, they require them at different times, in different locations, or delivered through different types of mechanisms.

The capacity of local politicians to secure resources for projects and services affect their constituents' perceptions of them as effective leaders. As discussed above, the challenges faced by women councilors in gaining access to resources directly affects their capacity to meet the needs of both men and women in their communities. Women's and men's decisions to vote for a woman or man are often directly influenced by their perceptions of the relative capacity of men and women elected officials to meet their needs. In a survey conducted by the World Bank on gender and governance in rural services, women found that women elected officials were less able to mobilize resources and had less contact with members of Parliament and fellow Assembly members. Men were better positioned to bring resources into their communities but were less responsive than women politicians to the different needs of men and women. The survey also found that women, including women without literacy skills, were more active on Unit Committees, although their roles in decision-making were less clear than in District Assemblies. The study was inconclusive about whether women and men Assembly Members are equally effective. They both had extensive social networks, although the importance of relationships with different groups varied. Further analysis is needed to understand the differences between men's and women's social networks and how the differences may affect their capacity to be effective representatives for their communities (World Bank 2010).

Promising Practices in Political and Civil Society Participation and Service Delivery

The lesson learned from strategies that try only to increase the number of women in office through minimum quotas is that it is difficult for individual women to overcome gender-based structural barriers. Few women are qualified or willing to put themselves forward for nomination (Ofei-Aboagye 2004). Only a small select group of elite women are likely to have the resources and interest, as the DG Assessment pointed out. The quotas also do not address women's ability to serve effectively once elected or appointed to office.

During interviews, a number of development partners stated that a more productive approach is to (1) work more intensively with non-traditional groups of women who are already organized, such as market women, and harness their power and (2) engage civil society more broadly and

deeply on gender equality in government, particularly with men, and especially men who serve in government. Both Opare (2005) and Ohene-Konadu (2001) suggest training programs to build women's leadership and knowledge of how to function within the Assembly system. A complementary strategy is to sensitize men on women's role in decision-making and build awareness about the important roles women already play as highly capable decision-makers in their businesses, agricultural production, and in their communities and households.

A promising practice along these lines is the approach taken by the Mission's GAIT I and II Projects. GAIT I, between 2001 and 2004 strengthened the capacity of civil society organizations (CSOs) to advocate for their interests and to hold local government accountable. They also supported organizing women's sections of civic unions. The project equipped women's groups with leadership, advocacy, and action planning skills to strengthen their capacity to represent and advocate for women's interests in the public arena. Unlike other projects that focused on capacity building for individual women candidates, the GAIT Project worked with women's organizations to more effectively engage candidates around issues of interest and importance to the groups and their constituencies. Several groups produced gender manifestos to highlight local concerns related to health, access to resources, infrastructure, businesses, and local sociocultural practices that affected women adversely (Ofei-Aboagye 2004).

The project demonstrated the great importance of supporting coalition building as a means of increasing women's political power, influence, and agency. According to the final evaluation of the project, the communities involved in the project benefited from the more engaged participation of both men and women. The evaluation noted the following changes as a result of the project:

- CSOs monitored and ensured quality services delivered to communities, especially in the area of construction work;
- Increased access to loans;
- Increased parental support for children's education;
- Increased contentment from the population and respect by the assembly officials through CSOs advocacy resulting in direct communication between the DA and community members (town hall meetings and public forums);
- Increased community participation in civic actions (repair of roads, provision of teachers' quarters, sourcing of NGO funding for dams);
- Increased women's participation in and assertiveness in decision making processes (meetings, land distribution, females and mothers contributing to family housekeeping); and
- Increased stability in household (women are now financially less dependent on their husbands and this has reduced conflict due to debate and awareness on domestic violence).⁴⁴

GAIT II (2004-2009) built on and continued the objectives of the earlier project to increase the

⁴⁴ From Soyir-Yariga et al. Evaluation of the Government Accountability Improves Trust Program (Cooperative Agreement No: 641-A-00-01-00043-00) October 2004: 14-15.

capacity of the District Assemblies to be more responsive to citizen needs and concerns.⁴⁵ The project worked through the Institute of Local Government Studies (ILGS) and with the Ministries of Local Government and Rural Development (MLGRD), and Environment. The project increased local support for girls' education and provided the means for communities to access District Assembly funds for girls' scholarships.

Both projects, but particularly GAIT I supports the new direction of USAID's Governing Justly and Democratically Program to strengthen civil society organizations' involvement in planning, policy making, and oversight, as well as to broaden the participation of groups historically sidelined from the political process. The program also meets another objective of USAID's new DG program, which is to improve service delivery across other strategic priorities of the Mission's portfolio. The GAIT projects reached into the health, education, and economic growth sectors and provided a model for a gender-equitable crosscutting DG strategy.

In order to improve and scale up the project to have broader and deeper impact, the Mission might look to some sectorally focused decentralization programs in other countries, such as the Health Services Program in Indonesia which engage district governments in passing ordinances to stipulate funding levels for MCH based on district-wide participatory planning and data collection and analysis of health needs. Another example is the Fistula Care Project's market town approach in Guinea, which organized market sellers through their unions to raise revenues from market fees to support municipal reintegration activities for women recovering from fistula (Fistula Care September 2010). Both of these examples went beyond training to engage communities in participatory planning processes and policy making at the local level, so there is an additional dimension of institutionalization to the training and gender equitable engagement of many different civil society groups.

The ability of Ghana's local governance institutions to ensure adequate service delivery, public participation, and management of natural resources are fundamental to governmental legitimacy and popular support. Since the elections of 2000, Ghana has a strong track record of civil governance and democratic rule in the region. The state institutions that have taken root have done so alongside a parallel system of traditional governance. The chieftaincy system, which is recognized by Ghana's constitution, plays an important role in local governance, stewardship of the ecosystem, land tenure, and development. Queen Mothers, or *Nananom*, are the custodians of the land and play a critical role in conflict resolution. Traditional leadership structures form a critical component of civil society and are an important agent for improving local government at the grassroots level.

One recent attempt to integrate diverse governance structures at the local level to improve responsiveness of political leaders and service providers is the Local Governance and Decentralization Program (LOGODEP), launched in November 2010. The project aims to improve the capacity of district assemblies in the 17 districts of the Western region to plan for development, increase internally generated funds, and increase the capacity of citizens to engage effectively with their local government officials. LOGODEP also intends to increase local government responsiveness to citizens in education and health and to promote accountability and

⁴⁵ www.equall.com/Who/Gait/default.asp

transparency in local government. LOGODEP is a follow on to the GAIT project. Unlike GAIT's dispersed efforts across different regions throughout Ghana, LOGODEP plans to concentrate their efforts in the Western region, and as such, serves as a kind of learning laboratory for going to scale.

In a project-sponsored workshop, Queen Mothers identified a number of useful strategies for strengthening their position as leaders. They suggested they should work with the project to:

- Improve relationships with chiefs in order to have a greater say in arbitration and leasing of lands, and to present a more united front to the District Assemblies in order to lobby for benefits for their communities.
- Strengthen associations of traditional women leaders by forming zonal and regional associations to transcend isolation among women leaders and to promote the education and civic participation of women and girls.
- Engage in lobbying and advocacy with chiefs to promote causes they believe in. Lobbying and advocacy were identified as a main function of the Queen Mother Associations.
- Improve their own accountability in order to demand greater accountability on the part of other leaders.

The last proposal on the list was directly related to Queen Mothers wanting to have a greater say in how royalties from land leases are used in their communities.

LOGODEP merits close monitoring and evaluation to assess how effective it is at addressing gender-based constraints to women's participation in chieftaincy leadership and to what extent changes in leadership roles, responsibilities, and power improve service delivery. LOGODEP is also working with civil society to do budget tracking in the region. This work necessitates demystifying the district budgets, as currently no one knows how much money flows into it. A complication is that the District Chief Executive does not know how much revenue is coming from each sector; the sector directors and finance directors do not share that information. However, the traditional authorities (the Chiefs and Queen Mothers) are reluctant to embrace transparency and accountability. They do not make transparent to their subjects how much comes to them in terms of royalties or from the sale of parcels of lands. Land prices go up every time with the discovery of oil in the region and the chiefs are in charge of the land, so their subjects have no idea about how much they sell the lands for. Queen Mothers focused on this issue in their workshop and stated the need for greater transparency, on their part, and on the part of the Chiefs to the Queen Mothers, and to their communities. The project plans to sex-disaggregate data on revenues. Although market fees, mostly from women entrepreneurs represent a large portion of revenues, districts do not consult women about how the funds might be used. It might be useful to adapt the gender-budgeting methodology currently used by UNDP to assess the national budget for use at the local level by developing a simple tool that would be accessible to civil society groups. In Bolivia, the methodology was applied at the municipal level and has served as a useful instrument for participatory planning in the municipalities, which undertook the analysis (Zabalgada Estrada April 2002).

DANIDA's BUSAC program offers a promising approach for mainstreaming gender in business advocacy. It aims to engage women's business associations in advocacy to change policies and other structural gender-based barriers to the growth and success of women's businesses.

DANIDA's sectoral planning document provides a useful gender rolling plan (GERP) which includes a list of all legislation and structural constraints affecting women's business development in Ghana as well as list of actions to overcome the constraints (DANIDA 2009).

Another promising approach is the DfID-led Strengthening Transparency Accountability and Responsiveness (STAR) program, basket-funded by EU, DANIDA, CIDA, and EKN. Ghana's 1992 constitution protects the right of civil society to participate in political decision-making. However, it is still not normative for citizens, particularly the poor and marginalized, to demand their rights from duty-bearers. STAR will support the capacity of civil society in monitoring and improving the delivery of vital services, such as healthcare and education. Greater civil society scrutiny of policies and services will help to ensure the government is accountable to Ghanaians. Gender equality and empowering marginalized and excluded groups are key principals of the program. DfID is chairing the leadership committee, and the grant-based fund is being managed by an independent body, but Ghanaians are driving the program. There might be some opportunity for USAID's health and education programs to collaborate with the program.

Gaps

Gender-based violence continues to be a major human rights issue facing Ghana. It is cited in documents, newspapers and by partners as an enormous health, human and constitutional rights issue, and one of many for which women do not know their rights. Despite passage of the Domestic Violence Act in 2007, and the establishment of the Domestic Violence Secretariat, not much has been done to implement the national plan of action. For example, the action plan includes the development of training manuals for police, law enforcement, and judiciary, but MOWAC requires resources to hire a consultant to do the work. MOWAC has done capacity building for fifty Queen Mothers in each region, using drama to educate them about the issue. They are hoping that the Queen Mothers can be influential in this sphere through understanding the problem, promoting community sensitization, and encouraging victims to report. There has been no evaluation of the impact of this work. UNFPA supports the Ghana Statistical Service (GSS) to collect data on domestic violence.

There is one domestic violence court in Accra and MOWAC is advocating for all regions to establish them. The Domestic Violence and Victim Support Unit (DOVVSU), established in 2005 within the police service, is designed to support survivors of violence and assist in rehabilitation and reintegration into society. However, the DOVVSU lacks the necessary financial and human resources to provide effective services to survivors. The Assistant Commissioner of Police is the national coordinator of the domestic violence victims support program. It is difficult to get families to prosecute and testify. The media, contrary to best ethical practice, routinely publishes the names of plaintiffs. MOWAC's action plan includes opening two shelters; one in Accra and one in Kumasi but since the initiative lacks adequate funding progress has stalled. The UN system and EKN provide some support for implementation of the national plan of action on domestic violence.

Even though USAID/Ghana's DG objectives do not support strengthening the judicial and security sectors explicitly, there is room for preventing and responding to GBV through USAID's support for strengthening civil society groups and improvements in service delivery. USAID's Global Health Bureau has supported several community and municipally-based

participatory interventions to prevent and respond to GBV in Africa, Asia, and Latin America that might serve as models for future programming.⁴⁶

USAID/Ghana has not been as active as other donor partners on the GEST, a sector working group co-chaired by MOWAC and UN Women. It has been supportive of efforts to address gender issues and inequities in national policies and plans, to share information about integration of gender into bilateral and multilateral programs, and to help MOWAC act more strategically. They have been less effective at strengthening MOWAC's and GDOs capacity.

The DG Assessment recommends that USAID/Ghana put some effort into strengthening some of the more autonomous national government bodies responsible for oversight and regulation. While the Ministry of Women and Children Affairs is not structured that way, it might benefit from developing into an agency that has more analysis and oversight and fewer direct implementation responsibilities.

USAID/Ghana's more active participation would be a way to strengthen donor collaboration on the alleviation of key policy and structural constraints to women's and men's equality in Ghana. There is also an opportunity to strengthen MOWAC, through more active local level civil society organization oversight based on lessons learned from GAIT and LOGODEP.

Recommendations

1. **Build the capacity of women and women's groups (e.g., trade associations, Queen Mother's associations) to participate more actively in local governance.**
 - Support coalition building among different types of women's groups.
 - Facilitate dialogue between Chiefs and Queen Mothers in communities, District Assemblies and Unit Committees.
 - Build on the work under GAIT to support women's decision-making at the local and district levels in civic groups (e.g., water committees, PTAs, health committees).
 - Promote public education and media campaigns on women's rights.

2. **Improve capacity of service delivery institutions across the Mission's portfolio to meet men's and women's needs.**
 - Include more gender performance measures in the Functional and Organizational Assessment Tool (FOAT) to better assess differences in women's and men's opinions and perceptions of accountability, functionality, and responsiveness of government services. The information could be used to signal potential differences in how women and men are treated when accessing government services, thus indicating possible discrimination and barriers to use.

3. **Improve the environment for women who wish to run and serve in office.**
 - Foster collaboration between CSOs, DPs, and local government representatives to

⁴⁶ See Raising Voices (http://www.raisingvoices.org/women/vaw_prevention.php); Advancing Peace (http://www.healthpolicyinitiative.com/Publications/Documents/1338_1_Bolivia_GBV_Final_Report_FINAL_acc.pdf); Rural AIDS and Development Action Research Programme (http://pdf.usaid.gov/pdf_docs/PNADK615.pdf) for example.

identify ways of overcoming gender-based constraints faced by women who want to run for office.

- Support training of newly elected women councilors on procedures and duties through LOGODEP.
 - Design training for men Assembly and Unit Committee members on being more effective mentors of newly elected women members and including more women in committees through LOGODEP.
 - Work with Ghanaian political parties, with support from such organizations as NDI or IRI, to support women's candidacies more effectively and strengthen the skills of women Assembly members.
 - Develop assessment instruments or tools for identifying specific gender-based constraints to women's political participation at the local level.
4. **Enhance MOWAC's capacity through collaboration with other donors in the Gender Equity Sector Team (GEST).**
- Improve accountability of duty-bearers for gender integration in line ministries.
 - Provide guidance (and targeted resources) to implement the dimensions of the Gender and Domestic Violence Plans that are supported by USAID programs (e.g., GHI funds for the reduction of GBV; DG funds for making local services more equitably responsive to women's and men's needs).

Recommendations for improving monitoring and performance of Mission's gender-related investments in democracy and governance

- Sex-disaggregate all key people level program indicators: Increase in citizen satisfaction with services (health, education) delivered by MMDAs as measured by FOAT and Afrobarometer results.
- Add an indicator to measure percentage of men and women who participate in planning and M&E to accompany the indicator: citizen participation in planning and M&E is reflective of NDPC guidelines; percentage of identified gender-based constraints to women's participation in MMDA proceedings. Reduce or eliminate in conjunction with the indicator: Number of efforts to accommodate a broad range of citizens and interest groups in MMDA proceedings including, but not only, town hall meetings, bulletin boards.
- Reword indicator: ~~Extent to which MMDA budgets and staffing reflect priorities identified in the plans,~~ by adding *and are responsive to the concerns of men and women.*

Education

USAID/Ghana's Education Development Objective (DO) states that —between 2012 and 2015 two million Ghanaian children will demonstrate proficiency in reading at the completion of primary school.” To achieve this objective, the Mission will focus efforts on three areas of action: 1) improved instruction; 2) strengthened basic education delivery systems; and 3) improved accountability and transparency between parents and local government. The program will emphasize improvements in the quality of education in line with the National Literacy Acceleration Program (NALAP) implemented by the GES. The strategy uses a mother tongue literacy approach that has proven effective in raising reading scores. As discussed above, a slightly greater percentage of girls than boys pass the reading section of the BECE. In moving ahead with its strategy, it will be important for the Mission to build on the many positive strategies that have increased girls' school attendance and retention. In addition, teacher training should include strategies for teaching children with different learning styles, some of which tend to be differentiated to some degree by gender. Gender equality should also be a criterion in the selection of reading materials in the classroom, which should model gender equitable roles and opportunities, rather than gender stereotypes.⁴⁷

Gender-based Constraints in Education

Poverty is one of the major barriers to reaching the goal of universal basic education for all in Ghana. Poverty contributes to children's nutritional deficits resulting from food insecurity in the poorer regions of Ghana. Poor nutrition affects children's capacity to learn and increases their susceptibility to illness, which affects their attendance. Poor health or nutritional status, gender norms, household conditions, and distance to school are poverty related factors that also delay a child's age appropriate enrollment in school (Ananga 2011; Pridmore 2007). These factors also influence parents' decisions to keep children out of school for work. The combination of factors affects children's ability to attend school on a regular basis, to perform academically and to stay in school. Therefore, it is not surprising that educational enrollment and attainment for boys and girls is lowest, and the gender gap is the largest, in the three northern regions (Upper East, Upper West, and Northern), which have among the highest poverty rates in the country.

Dropout rates have increased along with increases in attendance. Dropout rates have increased from 1% to 4% between 2003 and 2008, while the grade level at which dropout rates are highest has shifted from grade 2 in 2003 to grade 3 in 2008. The increase in the dropout rate was slightly greater for girls in 2008 while it was slightly higher for boys in 2003 (UNICEF 2010). Between 2003 and 2008, there were notable improvements in grade attainment, with little difference between boys and girls (UNICEF 2010: 30). Nevertheless, Ghanaian attainment levels are still significantly below those expected by age if a child began school at age 6. The opposite trend has occurred in percent of children who never attend school. In 2003, 30% of girls and 28 % of boys ages 6-14 never attended school. In 2008, a slightly greater percent of boys (17.2%) than girls (16.5%) never attended (UNICEF 2010).

In addition to children who have never gone to school, there are also groups of children who

⁴⁷ Note that the Education strategic framework and the implementation narrative were being developed as this gender analysis was being conducted. The gender analysis team was therefore only able to provide broad comments on the constraints, gaps, and recommendations.

drop out prior to completing primary school, often before they reach the legal age for employment. There are also children who complete primary school but do not go on to junior high school (JHS). All of these groups face economic and social risks during their lifetimes as a result of their limited educational attainment.

An ethnographic study of Ghanaian children who dropped out of school found that the reasons for dropping out are contextual and vary for boys and girls based on their gender roles and social expectations (Ananga 2011). Economic factors are the primary causes of school leaving for both boys and girls. Both boys and girls are affected by their parents' or guardians' inability to afford school supplies and uniforms. They stated they felt stigmatized by teachers and other students when they attended school without uniforms.

Ananga (2011) found that poverty has differential effects on girls' and boys' decisions to drop out. Boys are more likely to drop out because of pressure to contribute economically to their families or to support themselves. A time use analysis indicated that most work open to boys occurs during school day hours so there is a direct opportunity cost of going to school. Girls are more likely to drop out to care for younger siblings as a substitute for a parent engaged in economic activities. Sometimes girls are able to persuade teachers to allow them to bring younger siblings to school in order to avoid dropping out. There are also more income opportunities available to girls that allow them to schedule their work on weekends or around school hours (Ananga 2011). Older girls are more likely to drop out to earn an income than younger girls.

Table 5: Children's Daily Activities by Age, Gender, and Hour of the Day

		Non School Hours	School Hours					Non School Hours				
Sex	Age	5:30	7:30	9:30	11:30	13:30	15:30	17:30	19:30	20:30	21:30	
Boys	7-11	Fishing/Farming			Hustling/ Farming		Play		Play/ Cinema	Bed		
	12-17	Fishing/Farming			Hustling/Farming/ Fishing			Play/Cinema			Bed	
Girls	7-11	Household chores		At school or caring for family member			Household chores and selling		Play	Bed		
	12-17	Household chores		At school or caring for family member			Household chores and selling			Bed		

Source: Ananga, 2011

Many poor communities are not convinced that sending children to school instead of to work is a worthwhile economic sacrifice, especially if time spent in school does not immediately open doors to better employment opportunities. Some have argued that the existence of a market for child labor is a deterrent to attending school (Ananga 2011). According to USAID/Ghana's ICFG program, mothers in Shama fishing communities (Western Region) pull girls out of school, particularly those in JHS, during peak fishing seasons to work with them. In general,

girls spend more time in chores after school than boys (Parkes and Heslop 2011).

In more remote areas, long distances between home and school are the primary reason why children do not attend school or drop out. Schools in remote areas generally are of poor quality, resulting in poor student performance. The schools suffer from extended teacher absences, lack of materials, and poor quality of instruction. A study commissioned by ActionAid (Parkes and Heslop 2011) found the further a community school is from the district capital, the poorer its performance in the BECE, and girls performed worse than boys. This study discovered that teachers in remote schools are burdened with teaching multiple primary grade levels simultaneously in one classroom. Women teachers are even more reluctant to take posts in remote areas than men, as they often suffer discrimination. The study found that there was a correlation between larger proportions of women teachers and reduced psychological violence against girls. There were no conclusive findings on the correlation between the proportion of women teachers and levels of physical violence. (Parkes and Heslop 2011: 47). The lack of women teachers may also be a deterrent to sending girls to school.

Migration for work has a negative impact on both boys' and girls' schooling, even when the decision to migrate is based on the desire to seek better educational opportunities elsewhere. Once children migrate, they are often locked into exploitative jobs that provide no support for continuing their education. Seasonal migration or labor in agriculture also affects the ability of children to stay in school. Boys are more likely to be affected by seasonal labor migration obligations.

Girls who attend school continue to bear the burden of household chores for which boys are exempt. While girls can complete some of their household work before or after school, the larger burden they assume for these activities, as compared to boys, restricts the time available for homework. Additionally, lack of sleep and frequent absenteeism may affect their school performance and grade completion. Falling behind in schoolwork and repeating grades are risks associated with dropping out of school, particularly for older girls whose household and work obligations increase as they mature.

In the Muslim areas in the north of Ghana, a large number of children attend Islamic schools. The cultural and religious beliefs among the population in the area presents additional challenges to educating girls, although there have been a number of successful interventions funded by USAID and UNICEF over the past ten years that have contributed to changes in parents' and community and religious leaders' attitudes. Nevertheless, pressures on girls to marry at an early age and parents' lack of recognition of value of education for girls, makes it hard to reach sex parity in Islamic schools. According to the key informant at the Islamic Education Unit in Accra, it is difficult for parents, many of whom are illiterate, to appreciate the returns to investments in education. People in these communities do not regard formal education as intrinsic to individual economic, social, and political development. They believe, on the contrary, that formal education separates Muslim girls from their religion and their families.

A 2005 comparative study of gendered school experiences in Botswana and Ghana found the schools studied in Ghana perpetuated gender differences and inequalities, which limited learning opportunities, particularly for girls, and created segregated learning environments (Dunne and

Leach et al. 2005). Girls were discouraged from studying subjects like math and science, or technical skills most likely to provide job opportunities in the future. Furthermore, both male and female teachers reinforced gender stereotypes and disparaged women's leadership roles. In interviews at the Girl Child Education unit of the Ministry of Education, officials reiterated to the Gender Analysis Team that many teachers assume girls do not have the interest or capacity to study mathematics and science. There are also few women teachers who teach these subjects in secondary schools. One study found that in general, junior secondary schools are doing a poor job of preparing both boys and girls for the workforce and to go on to senior high school (Dunne and Leach et al. 2005).

The Gendered School Experiences study found sex segregation characterized interactions both inside and outside the classroom. Boys sat in the back and around the perimeters of classrooms; girls sat in the front and middle. This arrangement allowed boys to dominate classroom discussions. Their physical location, forming a spatial ring around girls, dampened girls' classroom participation. Students also self-segregated when forming lines for outside activities. Both men and women teachers also occupied separate gendered spaces. Boys often challenged women teachers who tried to discipline them.

Rigid gender roles also have a negative impact on boys who are more likely to be late or truant from school. The Gendered School Experience study found this was most common in areas where income generation opportunities were available. In some regions, boys fall behind in both enrollment and grade completion (e.g., in Bawku in the Upper East Region, Tumu in the Upper West Region and some other parts of the Northern Region) because of their roles as shepherds for the family herds (Dunne and Leach et al. 2005).

Gaps

The GOG, with USAID assistance, has made considerable inroads in achieving gender equity at the primary school level, by addressing girl-specific barriers to attending and staying in school. Nevertheless, there are several critical barriers remaining. These include continued attention to infrastructural constraints that affect girls' attendance, such as toilets and transportation. Girls' scholarships have been a critical way to compensate for gender inequities. Similar approaches are needed to attract more women teachers to rural areas. Both men and women teachers need continued sensitization on gender equality, but men and women teachers may need more tailored approaches. For instance, men may need a model closer to some of the constructive men's engagement methodologies used in health programs (Greene and Levack 2010) to help them question their own unequal gender norms, as well as be supportive of girls' and women's empowerment. Women teachers may also need more emphasis on their own empowerment, appreciation of what they can contribute to supporting the empowerment of their girl pupils, and appreciation of how gender norms associated with men contribute to boys' more challenging behavior in the classroom. Both male and female teachers need an understanding of how to facilitate and support more gender equitable behavior among boys towards girls. These issues apply equally to moving boys and girls into higher levels of education, at parity and equitably.

The most daunting challenge ahead is how to move from the accomplishments of sex parity (equality of access) and equity to achieving gender equality in education, especially with regard

to equality in the learning process, educational outcomes, and external results. One large barrier is the pressure on boys and girls to work, supplementing the income of their households instead of going to school. Boys and girls face different constraints in this regard, as discussed above. USAID can assist the GOG to accelerate and deepen discussions with parents and communities to develop creative ways to alleviate the gender-specific economic burdens placed on children, especially older children, so that they can continue their education on through secondary school.

Another area that will contribute to making the Ghanaian school system more gender equitable is to provide incentives to both girl students and women teachers to study and teach math and science, as well as other disciplines. Additional support is needed to train girls in leadership skills that will allow them to participate more fully as political and economic leaders in the country. This will be most successful if both boys and girls are engaged in school organizations that alternate leadership positions at all levels between girls and boys.

USAID has a wealth of previous and current programs to draw from for identifying best practices. Given the great social and cultural diversity and economic inequality across different regions of Ghana, it would help to do an assessment of what has worked best under different conditions. The assessment should look at both interventions that operate at scale (e.g., girls' scholarships), as well as more focused interventions that eliminate regional or even community specific gender-based constraints (e.g., DANIDA's mobile schools for boys who work as shepherds in the northern region).

Recommendations

1. **Remove barriers to women teachers' employment, especially in "hard to reach" areas.**
 - Help GOG to identify and create appropriate incentives to attract and retain women teachers, e.g., decent housing. In conjunction with USAID's teacher training to improve the quality of reading instruction, USAID should consider working with the GOG to offer trained women teachers a bonus to teach in underserved areas.
 - Improve teacher safety, access to transportation, and communication with families.
 - Upgrade schools with adequate infrastructure for both men and women teachers (e.g., better lighting, separate toilets).

School performance particularly for girls is affected by the conditions of the school and learning environment. These include overcrowded classrooms, poor infrastructure (lack of or insufficient furniture, toilets, books, and recreation facilities) as well as inadequate numbers of or absent teachers (Parks and Heslop 2011). Although USAID will focus on primary reading, basic infrastructure for both women teachers and girl students is fundamental to improving performance. Additionally, girls' responsibilities for domestic chores after school limit their disposable time for homework, especially in rural areas where there is no electricity. Support for off-grid lighting systems (e.g., solar) extends learning time for both in-school (for homework) and out of school girls (for literacy/complementary education).

2. **Engage members of the household, the community and CSOs to promote attendance and improve performance of girls and boys.**
 - Identify strategies that build the capacity of communities to promote attendance and

improved performance of girls and boys.

- Use mass media (e.g. radio spots, broadcast text messages) to disseminate messages about the economic benefits of staying in school, for example by highlighting successes of real graduates.
- Equip civil society and faith-based organizations with discussion guides to initiate conversations with members on the benefits of sending their daughters on to JHS as part of their engagement in primary schools. Some civil society organizations such as Abantu for Development, FIDA, NETRIGHT, Gender Centre, and others have experience working with community and religious groups on these issues and are potential USAID/Ghana partners.⁴⁸ It is important to engage both parents of primary school students and community groups involved in oversight of primary schools.

3. Address gender-based violence in schools.⁴⁹

- Ensure investments build upon the Safe School Project and its GBV teacher training materials.
- Encourage the integration of life skills and sexual health curriculum in schools.
- Engage SMC, PTAs, and traditional authorities in developing codes of conduct and local statutes on gender-based violence. Once passed, implement school-based programs for prevention and response to GBV for students and teachers, as well as procedures for responding to gender-based violence in the schools.

4. Engage students, parents, the community, and CSOs to promote gender-equitable practices in schools.

- Strengthen the capacity of School Management Committees (SMC)/Parent-Teachers Associations to ensure and monitor gender-equitable treatment and support of all students by teachers and school principals.
- Donor Dialogue: Encourage the GES and GEU, as well as other donor partners supporting secondary education to promote the development of leadership skills among girl students in JHS to improve their participation, especially in mixed sex organizations, and enhance their ability to make decisions, articulate opinions in public, and learn how to manage public resources (e.g. from dues, or sales).
- Support community outreach that engages parents in public activities supportive of children's literacy (e.g., spelling bees, poetry readings, and theater) to raise awareness of the value of sending both boys and girls to school. Public performances also provide an

⁴⁸ UNICEF has been very successful using communication for development concept to carry out messages to both the children and the communities. Johns Hopkins has also used communication tools (*Sara, I know my Goal*) for sensitizing school children on girl child education. It is therefore recommended that very good communication tools should be used to bring about the needed social transformation that would yield better results for USAID in its programs.

⁴⁹The USAID Education Strategy states: "When designing education programs, projects, and activities aimed at achieving the goals in this strategy, USAID will consider the goal specific gender issues affecting boys and girls, young men and young women, and develop gender equity strategies to address these issues during implementation." Therefore, in the advent that gender-based violence limits the capacity of girls and boys to have equal access to learn and perform academically, it is a relevant focus of programs.

opportunity to stimulate discussion on gender equality and gender-based violence through entertainment.

5. Improve monitoring and performance of Mission’s gender-related investments in education

- Sex-disaggregate all indicators measuring school enrollment, attendance, and performance (IRs1). Sex-disaggregate indicators measuring teacher performance (IR2). Add an indicator to IR3 measuring men’s and women’s participation in leadership positions in District Oversight Committees and another similar one for SMC/PTAs.
- Develop a school-based baseline and monitoring system of numbers of girls and boys in reading, math and science classes and their performance.

6. Develop initiatives and incentives to motivate parents who still are not convinced of the value of education, or are facing obstacles that are seemingly insurmountable to getting the remaining group of girls into school. One approach, at least in the interim, is to support complementary education programs designed to overcome economic and cultural constraints that continue to keep some girls, especially in remote rural areas out of primary school. These programs will serve children who have never gone to school, as well as for primary school dropouts. If USAID supports complementary literacy programs with a “mother-tongue” focus, they programs will fit within both the GOG National Accelerated Literacy Model as well as within the USAID Education Policy that emphasizes reading. For this focus population, it is critical to tailor the programs to address the particular and diverse set of gender-based barriers and socioeconomic constraints (both supply and demand) that are preventing Ghana from reaching the MDG Universal Primary Education goal.

Recommendations for improving monitoring and performance of Mission’s gender-related investments in democracy and governance

- Sex-disaggregate all key people-level program indicators: Increase in citizen satisfaction with services (health, education) delivered by MMDAs as measured by FOAT and Afrobarometer results.
- Add an indicator to measure percentage of men and women who participate in planning and M&E to accompany the indicator: citizen participation in planning and M&E is reflective of NDPC guidelines; percentage of identified gender-based constraints to women’s participation in MMDA proceedings. Reduce or eliminate in conjunction with the indicator: Number of efforts to accommodate a broad range of citizens and interest groups in MMDA proceedings including, but not only, town hall meetings, bulletin boards.
- Reword indicator: “Extent to which MMDA budgets and staffing reflect priorities identified in the plans,” by adding “*and are responsive to the concerns of men and women.*”

III. POSTSCRIPT ON RECOMMENDATIONS

The recommendations outlined in this assessment are considered to be the most strategic areas of investment for reducing gender inequality in the context of USAID/Ghana priorities. Each sector is provided with a list of ‘top-line’ recommendations that identify core areas of investment. Each recommendation also includes several targeted programmatic or policy activities. While supporting programs and projects to advance all the recommendations is ideal, doing so is not within the manageable interest of USAID/Ghana. The recommendations have therefore been prioritized to identify the most important areas of investment in each sector.

Several criteria were taken into consideration for this prioritization. It is important to understand that the current prioritization is based on the research conducted for this assessment. It may be necessary to reassess the priorities listed here as new developments arise in Ghana. For example, changes in other donor investments may create opportunities for collaboration where they didn’t exist before and may suggest supporting more work in one area than initially anticipated. The criteria used to prioritize the recommendations are defined below. This list should be used as a reference for any future modifications to the implementation plan.

- **Alignment with Strategic Priorities.** This criterion considers the extent to which removing a gender-based constraint contributes to meeting USAID/Ghana’s objectives. For example, the economic growth recommendations prioritize areas of investment that will simultaneously contribute to reducing gender inequalities and advance the Mission’s objectives. It aims to identify the ‘win-win’ opportunities between gender equality, Mission priorities and growth in Ghana.
- **Meets GOG priorities.** In addition to aligning with USAID priorities, the prioritization considers the extent to which the recommendations align with GOG priorities to support gender equality.
- **Opportunities for leveraging investments of other donors.** USAID/Ghana should maximize opportunities to collaborate and coordinate with other donors in country.
- **Builds on promising practices.** The assessment has highlighted a number of different promising practices across the different sectors. Recommendations that can build upon these practices –replicating or scaling them up, are prioritized over those where there is less evidence of success.

Prioritization did not consider Mission capacity to implement these recommendations. If there are gaps in the ability of the Mission to implement any of these recommendations, assistance should be sought from other parts of USAID, as well as local and international gender consultants. Concomitantly, the Mission should be investing in building its own capacity to lead and manage gender-equitable programs. The implementation plan recommends actions the Mission can take to meet this goal.

Recommendations to Improve Management of Gender Integration in USAID/Ghana

1. **Support technical assistance to USAID staff and partners on critical gender topics in each sector.** Replicating efforts similar to the USAID-funded Greater Access to Trade

Expansion program (GATE), USAID/Ghana can build its capacity by supporting a cross-sector program that would provide targeted gender-related technical assistance and training on specific thematic areas relevant to its programs (e.g. value chain analysis, behavior change communication, safe schools, etc.).

2. **Improve monitoring, performance and evaluation of USAID/Ghana programs.** Specific recommendations are outlined above according to sector and will not be repeated here. In the Gender Action Plan below, key gender-sensitive indicators are included for each of the Mission's strategic priorities. These indicators originate from USAID-recommended monitoring and evaluation indicators for specific initiatives and sectors.
3. **Identify gender champions in the Mission to ensure that recommendations adopted under the DOs are carried out and monitored.** It is up to the Mission whether this group of people constitute a committee with specific responsibilities for oversight of gender integration in RFPs/RFAs, review of proposals and work plans, and monitoring, analysis and reporting on indicator data.

IV. ILLUSTRATIVE GENDER RESULTS FRAMEWORK

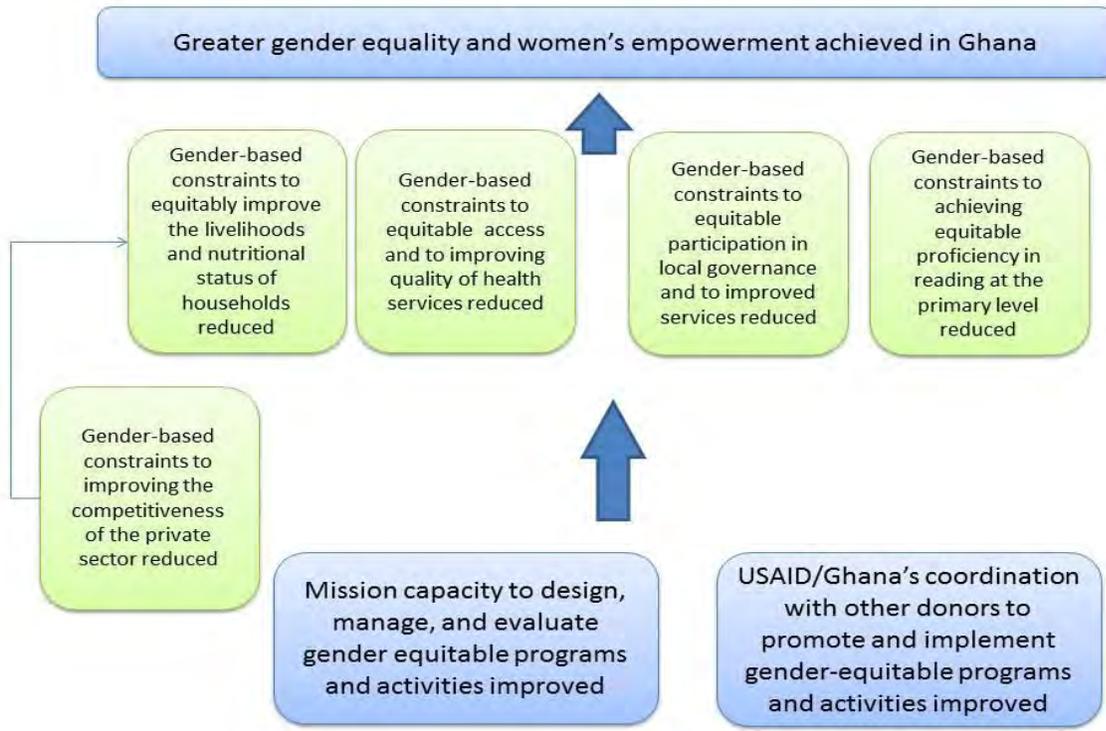
USAID/W's Gender Equality and Women's Empowerment states that "when gender-based constraints are considered as a part of programming, development programs are more likely to achieve their desired outcomes, result in greater social equity and lead to lasting transformational development."⁵⁰ The work of the mission at the national level seeks to support this triple set of objectives that include improved health, education, and well-being, social equity, and transformational development.

This objective can be incorporated into the following vision statement and results framework for gender equality:

USAID/Ghana recognizes that supporting activities to remove gender-based constraints in its sectoral programming is a significant pathway towards improved health outcomes and higher levels of educational attainment, economic opportunities, and political participation. These achievements will result in reducing poverty and hunger and increasing the well-being of all Ghanaians.

⁵⁰ www.usaid.gov/our_work/cross-cutting_programs/wid/gender/gender_analysis.html

Figure 1: Gender Results Framework



V. GENDER ACTION PLAN

GENDER ACTION PLAN: ECONOMIC GROWTH					
Recommendation	Proposed strategies/ activities to overcome the constraint	Illustrative Implementation steps	Illustrative indicator to measure elimination of constraint	Person(s) Responsible	Comments/ Additional Support needed
<p>Overcome gender-based constraints to productivity and competitiveness in smallholder and commercial agriculture, specifically address women's unequal access to land and other productive inputs.</p>	<p>-- Utilize USAID-funded GSSP to conduct gender analyses of land tenure regimes and other binding policy constraints identified in the Feed the Future strategy and the Partnership for Growth constraints analysis.</p> <p>-- collaborate with the World Bank's Land Administration Project 2 that is promoting agri-business and land banks with special consideration of women's needs</p> <p>--Design investments in commercial agriculture to support multiple entry points for women (e.g., as wage workers and entrepreneurs).</p> <p>--Design service delivery and dissemination of</p>	<p>--Establish longer term relationship with local or expat gender expertise to provide targeted TA for specific FTF programs and/or build internal capacity in gender and economic growth/agriculture expertise</p> <p>--Enhance understanding of USAID staff and partners on the diversity of land tenure regimes in Ghana and the impact on productivity by bringing Ghanaian researcher to present their findings</p> <p>--Support efforts to integrate gender analysis, using methodologies like Integrating Gender into Agricultural Value Chains (INGIA-VC), into value chain facilitation models.</p> <p>--Conduct rapid appraisal to ascertain men's and women's roles in agricultural value chains for maize, rice, and soy in Northern Ghana</p> <p>--Work with University of Ghana, Legon to see if their new extension program in nutrition provides a</p>	<p>FTF has already developed a sophisticated set of indicators to use to demonstrate the impact of programs on women and increases in productivity and income that would reflect a reduction in gender based constraints, see www.feedthefuture.gov.documents/Volumes6_FTFGender.pdf</p>	<p>COTR, Gender Focal Point, Partner organizations</p>	

<p>Address the distinctive needs of rural women.</p>	<p>information, inputs and financial services in ways that reach both men and women farmers.</p> <p>--Support national and international agricultural research centers to conduct participatory research to identify preferences and needs of rural women</p> <p>--Work with local organizations (e.g., producer and marketing groups) to help them voice their research and practical needs</p>	<p>model for agricultural extension delivery</p> <p>--Develop programs to test and introduce new tools and practices, including the use of ICT in for market information and payment schemes, to reduce women's time, financial, and labor constraints.</p> <p>--Design agricultural programs to build and protect women's and men's access to productive assets (e.g. land and other natural resources, equipment).</p> <p>--Improve the nutrition-related behaviors of pregnant women; include men in community nutrition programs to increase their support to wives and children's nutritional needs</p>		
---	--	--	--	--

Gender Action Plan: HEALTH					
Recommendation	Proposed strategies/ activities to overcome the constraint	Illustrative Implementation steps	Illustrative indicator to measure elimination of constraint	Person(s) Responsible	Comments/ Additional Support needed
<p>1. Promote more effective civil society involvement in health facility governance to ensure quality from a gender and rights-based perspective.</p>	<p>a. Build on successful strategies used in the GAIT and LOGODEP projects to empower women’s civic sections, with bottom up participatory planning, community-based audits to monitor and assess causes of maternal and neonatal deaths, budgeting, and health data collection and analysis instruments.</p>	<p>1) In RFAs/RFPs:</p> <ul style="list-style-type: none"> Request offerors to design activates to overcome gender-based constraints to equitable opportunities to participate in health planning and oversight and to serve as community leaders. Include evaluation points for building and supporting women’s leadership in civic organizations and health planning <p>2) Request implementing partners to include indicators in PMP to measure participation of men and</p>	<p># of men/women in leadership positions on community health committees</p> <p># of women/men who participate actively in community health planning</p> <p>% of women leaders who say they were able to be involved in health planning and oversight activities as participants or leaders as a result of support from project (e.g. child</p>	<p>HealthTeam Leader / COTRs and Program Implementing Partners</p>	

		women in health planning and oversight 3) Monitor indicator data on women's leadership and evaluate impact on health outcomes	care, stipends for transport, development of leadership skills, etc)	
--	--	--	--	--

Recommendation	Proposed strategies/ activities to overcome the constraint	Illustrative Implementation steps	Illustrative indicator to measure elimination of constraint	Person(s) Responsible	Comments/ Additional Support needed
2. Elaborate supplemental guidance on gender for the BEST Action Plan, PFIP, and PMI/MOP upon completion of the GHI Strategy.	a. Include specific sub-objectives and activities designed to reduce gender-based constraints that may limit women's and men's uptake of health services and participation in the process of recruiting and supporting committee members and community health volunteers	<ol style="list-style-type: none"> 1) Review GHI guidance on Gender and Mission Gender Assessment. 2) Incorporate suggested changes to BEST, PFIP, and PMI/MOP as appropriate 3) Alternatively, incorporate suggestions on gender integration into RFAs and RFPs, project workplans, and PMPS 	# of plans revised (benchmark:: 3)	USAID/Health sub-team leaders responsible for FP/RH/MCH; Malaria, and HIV/AIDS	
3. Overcome rural women's reluctance to deliver in distant healthcare facilities, support changes in policies to allow CHO's trained in midwifery skills to offer women	<ol style="list-style-type: none"> a. Adapt health posts to provide normal labor and delivery care according to local sociocultural preferences. . b. Along with home-based child health care, increase home-based options for women's health (e.g. CBD contraceptives, and post-partum visits) 	<ol style="list-style-type: none"> 1) Conduct focus groups or community surveys to determine local preferences for labor and delivery, and home-based services for FP and post-partum care. 2) Involve women and men in the adaptation of local health posts. 	<p># of women delivering at culturally adapted health posts</p> <p># of women delivering at non-adapted health posts</p> <p>CYPs from CBD disaggregated by</p>	Implementing Partners	These should be comparative indicators to track whether the removal of gender-based access barriers increases

skilled labor, delivery, and postpartum care closer to home.	c. Ensure contraceptives are available to adolescents and unmarried women		age (>20 and <20)	the use of services
---	---	--	-------------------	---------------------

Recommendation	Proposed strategies/ activities to overcome the constraint	Illustrative Implementation steps	Illustrative indicator to measure elimination of constraint	Person(s) Responsible	Comments/ Additional Support needed
<p>4. Conduct research to examine the impact of relying on women's unpaid workload in order to bring services closer to communities</p>	<p>a. Analyze the extent to which increased focus on home-based care alleviates or exacerbates gender-based constraints</p> <p>b. Identify ways to share the burden of care more equally among men and women.</p> <p>c. Examine the cost-effectiveness through a gender-equity lens of shifting responsibility for healthcare from health services to the household.</p>	<p>1) Develop a SOW for conducting an study of the care economy with respect to home-based care for TB, Malaria, and childhood infections.</p> <p>2) Collect and analyze baseline information</p> <p>3) Collect and analyze information on indicators 2 years after introducing home-based care for Malaria for children under 5 years of age.</p>	<p># of hours per person per day spent on unpaid labor disaggregated by sex (baseline and after implementing Malaria home-based care for children under 5)</p> <p># of hours per person spent on income-generating/productive activities/paid work (disaggregated by sex)</p>	<p>Health Team Leader</p>	<p>There is increasing attention to the Care Economy which includes unpaid labor for care of children, the elderly and the sick. This labor is mostly done by women. When health programs shift the burden of care from services to the home, they often increase</p>

Recommendation	Proposed strategies/ activities to overcome the constraint	Illustrative Implementation steps	Illustrative indicators to measure elimination of constraint	Person(s) Responsible	women's unpaid labor burden. The this burden falls on women, the less time they have for income generating activities. Comments/ Additional Support needed
<p>5. Expand efforts to reach teens and youth with age- and gender-responsive interventions and messaging</p>	<p>a. Develop Gender focused multisectoral approaches that combine gender equitable health education, vocational training, formal education, and life skills planning.</p> <p>b. Measure multidimensional impact of program (i.e., on staying in school, use of safe sex practices, employment,</p>	<p>1) Identify NGO and GO partners with experience working with adolescents in Ghana.</p> <p>2) Identify different populations of adolescents (i.e., boys or girls, in-school or out of school, married or unmarried, younger (10-14) or older (15-20), etc) and assess their different needs</p> <p>3) Tailor program design</p>	<p># of boys/girls who used a condom at first//last sex</p> <p>% of boys/ girls who think it is unacceptable to use violence against their partner</p> <p>% of girls/boys who ever received money or other goods in exchange for sex</p> <p>% boys/girls who</p>		

	decreased GBV)	<p>to the needs of different populations of adolescents</p> <p>4) Develop support activities for parents/guardians</p> <p>5) Monitor progress and impact</p>	<p>state they are able to refuse sex.</p> <p>% of boys/girls who state they intend to stay in school through completion of JHS</p> <p>% of boys/girls who state they intend to stay in school through completion of SHS</p> <p>% of boys/girls who agree with the statement that boys and girls can perform any job</p>	
--	----------------	--	---	--

GENDER ACTION PLAN: EDUCATION

Recommendation	Proposed strategies/ activities to overcome the constraint	Illustrative Implementation steps	Illustrative indicator to measure elimination of constraint	Person(s) Responsible	Comments/ Additional Support needed
<p>1. Remove barriers to women teachers' employment, especially in "hard to reach" areas</p>	<p>a. Create appropriate incentives to attract and retain women teachers, e.g., decent housing.</p> <p>b. Improve teacher safety, access to transportation, and communication with families.</p> <p>c. Upgrade schools with adequate infrastructure for both men and women teachers (e.g., better lighting, separate toilets).</p>	<p>1) Consult with women teachers to identify problems/constraints they face in taking posts in rural/remote areas</p> <p>2) Develop measures to address gender-based constraints faced by women teachers (e.g., infrastructure, safety measures, communication, mechanisms for filing and responding to problems)</p> <p>3) Gather baseline and monitor/evaluate impact of new measures</p>	<p>% of rural primary schools with improved infrastructure and safety measures</p> <p>% of women/men teachers in rural primary schools</p> <p>% of rural primary schools that have supervisors or PTAs capable of resolving problems faced by women teachers</p>	<p>COTR Implementing partners and GOG/GES and GEU</p>	

<p>2. Engage members of the household, the community and CSOs to promote attendance and improve performance of girls and boys.</p>	<p>a. Develop initiatives and incentives to motivate parents to commit to sending both girls and boys to school through primary school.</p> <p>b. Identify strategies that build the capacity of communities to promote attendance and improved performance of girls and boys.</p> <p>c. Use mass media (e.g. radio spots, broadcast text messages) to disseminate messages about the economic benefits of staying in school, for example by highlighting successes of real graduates.</p> <p>d. Equip civil society and faith-based organizations with discussion guides to initiate conversations with members on the benefits of JHS. Some civil society</p>	<p>1) develop/adapt participatory methods to engage parents and local decision-makers in identifying and analyzing constraints to girls/boys school attendance and performance</p> <p>2) Build capacity in PTAS and other parent/ to identify and analyze challenges faced by boys and girls to going to school and performing in school (e.g. timing of paid and unpaid labor; parents' aspirations for boys and girls; availability of electricity to study in evenings; etc).</p> <p>3) engage boys/girls, teachers, and their parents in last year of primary school (as well as those from previous years) to identify and suggest responses to different</p>	<p>% of boys/girls who state they intend to stay in school through completion of JHS</p> <p>% of mothers/fathers who support state they have made some adaptation in girls'/boys' daily paid and unpaid labor obligations so they can study</p> <p>% of boys/girls passing B.E.C.E in reading, English, and math. at schools supported by USAID activities</p> <p>% of boys/girls in last year of primary school stating they are going onto JHS at schools</p>	<p>COTR and Implementing Partners</p>	<p>While USAID education funds are available for support to primary school attendance and reading instruction, in Ghana there is also a need to improve math education (especially for girls) and to promote girls' and boys' JHS attendance. Therefore, these activities suggest ways to use the reading curriculum and math word</p>
---	---	--	---	---------------------------------------	--

	<p>organizations such as Abantu for Development, FIDA, NETRIGHT, Gender Centre, and others have experience working with community and religious groups on these issues and are potential USAID partners.</p>	<p>constraints boys/girls face in sitting for and passing the B.E.C.E.</p> <ol style="list-style-type: none"> 4) Review reading curriculum to ensure that it is supportive of equal educational and employment opportunities for girls and boys (e.g. stories, examples, and illustrations in reading texts and math problems reflect gender equitable roles and responsibilities). 5) Train men and women teachers to use gender-equitable curriculum correctly 6) Develop content for reading program that provides supportive messages for boys and girls to continue to JHS. 	<p>supported by USAID activities</p> <p># of reading texts reviewed for gender content</p> <p># of reading texts revised to reflect gender equitable opportunities</p> <p>% of teachers in schools supported by USAID activities trained to use gender-equitable texts</p>	<p>problems to promote gender equity, and continuation to JHS.</p>
--	--	---	--	--

Recommendation	Proposed strategies/ activities to overcome the constraint	Illustrative Implementation steps	Illustrative indicator to measure elimination of constraint	Person(s) Responsible	Comments/ Additional Support needed
<p>3. Address gender-based violence in schools.</p>	<p>a. Ensure investments build upon the Safe School Project and its GBV teacher training materials.</p> <p>b. Encourage the integration of life skills and sexual health curriculum in schools.</p> <p>c. Engage students, parents, the community and CSOs to improve gender-equitable practices in schools</p>	<p>1) Develop/adapt life skills, gender, GBV, and sexual/reproductive health materials as part of strengthened reading curriculum</p> <p>2) Train teachers and school administrator on how to establish a “no-violence” environment at schools, including use of peer-based conflict resolution approaches.</p> <p>3) Strengthen the capacity of School Management Committees (SMC)/Parent-Teachers Associations to ensure and monitor gender-equitable treatment and</p>	<p>% of boys/ girls who think it is unacceptable to use violence against a partner or another student.</p> <p># of USAID supported schools using life skills, gender, GBV, and sexual/reproductive health materials</p> <p># of USAID supported schools implementing peer conflict resolution approach</p> <p>% of boys/girls who are peer mediators</p> <p># of PTAs that review and discuss school discipline</p>	<p>COTR and Implementing Partners</p>	

		support of all students by teachers and school headmasters.	incidents and complaints on a regular basis	
--	--	---	---	--

GENDER ACTION PLAN: DEMOCRACY AND GOVERNANCE

Recommendation	Proposed strategies/ activities to overcome the constraint	Illustrative Implementation steps	Illustrative indicator to measure elimination of constraint	Person(s) Responsible	Comments/ Additional Support needed
<p>1. Build the capacity of women and women’s groups (e.g., trade associations, Queen Mother’s associations) to participate more actively in local governance.</p>	<p>a. Support coalition building among different types of women’s groups.</p> <p>b. Facilitate dialogue between Chiefs and Queen Mothers in communities, District Assemblies and Unit Committees.</p> <p>c. Build on the work under GAIT to support women’s decision-making at the local and district levels in civic groups (e.g., water committees, PTAs, health committees).</p> <p>d. Promote public education and media campaigns on women’s rights.</p>	<p>1) Develop/adapt methodologies from LOGODEP and GAIT</p> <p>2) Provide regular forum and working processes for Chiefs and Queen mothers to discuss Queen Mothers’ proposals for changes in their responsibilities and authority</p> <p>3) Work with E.G., Health, and Education sector implementing partners to support integration of GAIT/LOGODEP approaches for building women’s leadership</p>	<p># of EG, Health, and ED partners using adapted GAIT and LOGODEP methods for building women’s leadership and decision-making</p> <p>% of men/women in PTAs, Producer Associations, Community Health Committees in USAID supported areas</p> <p>% of women in leadership positions in PTAs, Producer</p>	<p>COTR and Implementing Partners from DG/Health/EG, and ED.</p>	

		<p>4) Develop key messages on Women's leadership and rights across all sectors</p>	<p>Associations, Community Health Committees in USAID supported areas</p> <p>Agenda for Change developed by Queen Mothers Forum</p> <p>Process for Queen Mothers engaging in dialogue with Chiefs</p>	
--	--	--	---	--

Recommendation	Proposed strategies/ activities to overcome the constraint	Illustrative Implementation steps	Illustrative indicator to measure elimination of constraint	Person(s) Responsible	Comments/ Additional Support needed
<p>2. Improve capacity of service delivery institutions across the Mission’s portfolio to meet men’s and women’s needs.</p>	<p>a. Include more gender performance measures in the Functional and Organizational Assessment Tool (FOAT) to better assess differences in women’s and men’s opinions and perceptions of accountability, functionality, and responsiveness of government services.</p>	<ol style="list-style-type: none"> 1) Review FOAT questionnaire to identify opportunities for sex-disaggregating answers to questions and reporting results by sex. 2) Conduct cost-benefit analysis of sex disaggregation and potential for increasing awareness and understanding of women’s and men’s different perceptions of government services 	<p>Review and analysis conducted</p> <p>Revision of FOAT questionnaire, analysis, and reporting guidelines</p>	<p>COTR/ GSS and Implementing Partners</p>	

<p>3. Improve the environment for women who wish to run and serve in office.</p>	<p>a. Foster collaboration between CSOs, DPs and local government representatives to identify ways of overcoming gender-based constraints faced by women who want to run for office.</p> <p>b. Support training of newly elected women councilors on procedures and duties through LOGODEP.</p> <p>c. Design training for men Assembly and Unit Committee members on how to be more effective mentors of newly elected women members and how to be more inclusive of women in committees through LOGODEP.</p> <p>d. Work with Ghanaian political parties, with support from such organizations as NDI or IRI to support women's candidacies more effectively and strengthen the skills of women Assembly members.</p> <p>e. Develop assessment</p>	<p>1) Support NGOs or MOWAC to conduct an assessment of different constraints faced by men and women in running for office in Ghana</p> <p>2) Support dissemination of assessment findings through public fora for debates and discussion on challenges faced by women candidates</p> <p>3)</p> <p>4) Through LOGODEP, develop a package of campaign and fundraising materials for women candidates</p> <p>5) Develop manuals and guidelines on legislative procedures and negotiation skills for women elected</p>	<p>Assessment findings disseminated</p> <p># of women elected to CSO leadership positions/# of women candidates for CSO positions</p> <p># of men/women in District Assemblies that agree to mentor new women members</p>		
---	--	---	---	--	--

	<p>instruments or tools for identifying specific gender-based constraints to women's political participation at the local level.</p>	<p>officials</p> <p>6) Train men and women through political parties on mentoring new legislative members at all levels of government</p>		
--	--	---	--	--

Annex 1: Bibliography

- Adams, Isaac, Daniel Darko, and Sandro Accorsi 2004 Malaria: A Burden Explored. *Bulletin of Health Information* 1(1) October.
- Aderinwale, Ayodele, ed. 1997 Empowering Women for the 21st Century: The Challenges of Politics, Business, Development and Leadership, Summary Report of the 9th Annual Conference of the Africa Leadership Forum, Accra, Ghana 27-29 January 1997. Accra: ALF Publications.
- Adjiwanou, Vissého November 2011 An Analysis by Structural Equation Modeling of Contextual Determinants of Contraceptive Use in Rural Ghana. Paper presented at the International Conference on Family Planning, Dakar, Senegal.
- Afutu-Kotey, Robert L. and Andrew Adjei-Holmes 2009 Land Policies and Women's Access to Land. Accra: WILDAF.
- African Development Fund 2007 Ghana Gender Responsive Skills and Community Development Project, Appraisal Report. Tunis-Belvedere, Tunisia: African Development Fund.
- Agbosu, Lennox et al. 2007 Customary and Statutory Land Tenure and Land Policy in Ghana. Institute of Statistical Social and Economic Research, Technical Publication No. 70. Legon: University of Ghana and USAID.
- Agénor, Pierre-Richard, Otaviano Canuto, and Luiz Pereira da Silva. 2010. On Gender and Growth: The role of intergenerational Health Externalities and Women's Occupational Constraints. Policy Research Working Paper 5492. Washington D.C.: The World Bank.
- Agyare-Kwabi, Patience n.d. Gender Audit/Review. Accra: Danida. Unpublished.
- Agyare-Kwabi, Patience n.d. Gender Issues Paper, Second Draft. Accra: Ministry of Health. Unpublished.
- Agyeman-Duah, Kofi, Opoku Manu Asare, Emmanuel Cobbinah, Samilla Minta, and Efua Anyinful. 2006. Women and Men in Ghana: A Statistical Compendium. Accra: Ghana Statistical Service.
- Akabzaa, Thomas n.d. –Gender Dimension of Ghana's Oil and Gas Policy Draft.” www.g-rap.org/oil_and_gas/oil_and_gas.html
- Akyeampong, Kwame 2010 Educational Expansion in Ghana: A Review of 50 Years of Challenge and progress. CREATE Pathways to Access Research Monograph No. 33. Brighton, UK: Sussex Center for International Education, University of Sussex.
- AllAfrica.com. March 14, 2011. Ghana: Use International Women's Day as a Catalyst to Increase Women's Representation in Politics. AllAfrica.com <http://allafrica.com/stories/printable/201103150391.html>
- Allah-Mensah, Beatrix 2005 Women in Politics and Public Life in Ghana. Accra, Ghana, Ebert Foundation. Research Monograph No. 55. Brighton, UK: Sussex Center for International Education, University of Sussex.
- Anyidoho, Nana Akua et al. 2009. –Using case studies to understand successful entrepreneurship among Ghanaian women.” Research Brief 09-01-ENAM. Davis, CA: GL CRSP, University of California, Davis.
- Aryettey, E. and C. Udry. n.d. Creating Property Rights: Land Banks in Ghana. Unpublished.

- Bawa, Ayaga Agula, Patricia Akweongo, Ruth Simmons, and James F. Phillips 1999 –Women’s Fears and Men’s Anxieties: The Impact of Family Planning on Gender Relations in Northern Ghana.” *Studies in Family Planning* 30(1): 54-66.
- Beintema, N. and F. Marcantonio 2007 Women’s Participation in Agricultural Research and Higher Education Trends in Sub-Saharan Africa. ASTI. Washington, DC: IFPRI and Nairobi: Gender and Diversity Program, CGIAR.
- Boyle, Helen, Sheikh Zakaria Seebaway, Ismail Lansah, and Abdenour Boukamhi 2007 Islamic Education Sector Study, Ghana. Accra: USAID/Ghana, EDC, Northern Ghana Network for Development.
- Caro, Deborah 2009 A Manual for Integrating Gender into Reproductive Health and HIV Programs: From Commitment to Action (2nd edition). Washington, D.C.: USAID and IGWG.
- Chiwaru, Letty and Maria Karandenizli 2008 Mapping Aid Effectiveness and Gender Equality Global Findings and Key Messages. New York: UNDP.
- DANIDA 2009 Annex D-Gender Equality/Rolling Plan In Ghana: Support to Private Sector Development Program Support Document (BSPS II). Copenhagen: Danish Ministry of Foreign Affairs.
- Darkwah, Akosua K. n.d. The Impact of Oil and Gas Discovery and Exploration on Communities With Emphasis On Women.” http://www.g-rap.org/docs/oil_and_gas/netright-akosua_darkwah-2010.pdf
- Dejene, Yeshiareg 2008 Ghana Country Gender Profile. Tunis-Belvédère, Tunisia: African Development Fund.
- Doss, C.R. 2006 –The Effects of Intrahousehold Property Ownership on Expenditure Patterns in Ghana.” *Journal of African Economies* 15:149–80.
- Doss, Cheryl, Caren Grown, and Carmen Diana Deere 2008 Gender and Asset Ownership: A Guide to collecting Individual-level Data. Policy Research Working Paper 4704. Washington D.C.: The World Bank.
- Doss, Cheryl and M. Morris 2001 –How does gender affect the adoption of agricultural innovations? The case of improved maize technology in Ghana.” *Agricultural Economics* 25 (1):27-39.
- Dunne, Mairead, Kwame Akyeampong, and Sara Humphreys 2007 School Processes, Local Governance and Community Participation: Understanding Access CREATE PATHWAYS TO ACCESS Research Monograph No 6. Brighton, UK: Sussex Center for International Education, University of Sussex.
- Dunne, Mairead and Fiona Leach et al. 2005 Gendered School Experiences: the impact on retention and achievement in Botswana and Ghana. Department for International Development Educational Papers. Brighton, UK: University of Sussex.
- Educational Development Center, Inc. 2007 –EQUALL UPDATE,” (Online Newsletter), Volume 1, Issue 2. www.equall.com/Newsletters/Newsltr_CESP.pdf
- EngenderHealth 2009 A Rapid Appraisal of HIV-related Stigma and Discrimination Reduction Interventions in Selected Health Facilities in Ghana. New York: EngenderHealth.
- EQUATE Project May 2008 Gender Equality Framework. Washington D.C.: USAID/EGAT/Office of Women in Development.
- Erturk, Yakin 2008 Promotion and Protection of All Human Rights, Civil, Political, Economic, Social, and Cultural, Including the Right to Development. Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences,

- Addendum: Mission to Ghana. NY: UN Human Rights Council.
- Etsey, Kafui, Thomas M Smith, Emma Gyamera, Joe Koka, Jennifer de Boer, Emmanuel Havi, and Stephen P. Heyneman June 2009 Basic Education Quality in Ghana. Washington D.C.: USAID and the Mitchell Group.
- FAO 1993 –Agricultural Extension and Women Farm Workers in the 1980s” Rome: FAO.
- FAO 2011 State of the World’s Food and Agriculture: Women in Agriculture, Closing the Gender Gap for Development. Rome: FAO.
- Fox, Leslie, Barak Hoffman, Amos Anyimadu, and Michael Keshishian March 2011 Ghana LOGODEand Governance Assessment, Draft Report. Washington D.C.: United States Agency for International Development and Democracy International
- Gender Equality Support Team (GEST) 2011 Sector Budget Analysis. Submitted by Graham Gass, Sector Co-Chair (with assistance from CIDA on the budget analysis and GEST members generally) (January).
- Ghana Business News. 2010 –Only 7.95% women contest in District Assembly Election” (December 27)
www.ghanabusinessnews.com/2010/12/27/only-7-95-women-contest-in-district-assembly-election.
- Ghana Statistical Service 2008 Ghana Living Standards Survey Report of the Fifth Round (GLSS 5). Accra: GSS.
- Ghana Statistical Service, Ghana Health Service, and Macro International 2009 –Ghana Maternal Health Survey 2007.” Calverton, Maryland, USA: GSS, GHS, and Macro International.
- Ghana Statistical Service, Ghana Ministry of Health 2006 Monitoring the Situation of Children, Women and Men –Multiple Indicator Cluster Survey.” Accra, Ghana: USAID, UNICEF.
- The Global Fund 2010 Accelerating Access to Prevention and Treatment of TB Towards Attaining the MDGs, Round Ten Proposal, Single Country Applicant.
- Government of Ghana Medium Term National Development Policy Framework 2010-2013.
http://www.mofep.gov.gh/documents/final_draft_mtdpf.pdf
- Goldstein, M., and C. Udry. 2008 –The profits of power: Land rights and agricultural investments in Ghana.” *Journal of Political Economy* 116:981–1022.
- Gordon, G. 1973 An Evaluation of Nutrition Education Given to Pregnant and Nursing Women in Six Communities in the Upper Region of Ghana. Legon: University of Ghana.
- Greene, Margaret and Andrew Levack. 2010 Synchronizing Gender Strategies: A Cooperative Model for Improving Reproductive Health and Transforming Gender Relations. Washington D.C.: USAID, IGWG, PRB, and EngenderHealth.
- Hagan, L., C. Nti., A.O. Danquah, and G.S. Marquis. 2010 Men’s Involvement in Caregivers’ Participation in the ENAM Project Microcredit Program and Children’s Animal Source Food Consumption in Rural Ghana. *Research Brief 10-04-ENAM*. Davis, CA: GL CRSP, University of California, Davis.
- Hausmann, Ricardo, Laura D. Tyson, and Saadia Zahidi. 2010. Ghana 2010 *In Global Gender Gap Report 2010*. Geneva: World Economic Forum.
- Horowitz, Leah 2009 Getting Good Government for Women: A Literature Review *In Agriculture and Rural Development Discussion Paper 43*. Washington D.C.: The World Bank.

ICF Macro 2010 Gender and Health Indicators in Ghana Data from the 2008 Demographic and Health Survey (GDHS). Calverton MD: ICF Macro.

ICF Macro 2010 Trend Analysis Data from the 2008 Demographic and Health Survey (GDHS). Calverton MD: ICF Macro.

ICF Macro 2008 Ghana Demographic and Health Survey. Calverton, Maryland, USA: ICF Macro.

IFC 2008 Gender and Economic Growth Assessment for Ghana 2007. Washington D.C.: International Finance Corporation.

Inter-Parliamentary Union 2010 Women in Politics. http://www.ipu.org/pdf/publications/wmnmmap10_en.pdf

Kabutha, Charity 2010 Gender Assessment: Ghana Agricultural Development and Value Chain Enhancement (ADVANCE) Program. Washington, D.C.: USAID.

King, Rudith 2010 Baseline Study of Oil And Gas Communities In Ghana. www.g-rap.org/docs/oil_and_gas/netright-rudith_king-2010.pdf

Kotey, E.N.A. and D. Tsikata 1998 –Women and Land Rights in Ghana” In A. Kuenyehia (ed.) Women and Law in West Africa: Situation Analysis of Some Key Issues Affecting Women. Accra: WaLWA.

Lalonde, Helen 2002 Gender Assessment and Action Plan for USAID/Ghana. USAID/Ghana. Unpublished.

Liverpool School of Tropical Medicine YEAR Gender perspectives in malaria management. Malaria Knowledge Programme Policy Brief www.liv.ac.uk/stm/majorprogs/malaria/outputs.htm

Lundberg, Shelly, Robert A. Pollak, and Terence J. Wales 1997 Do Husbands and Wives Pool Their Resources? Evidence from the U.K. Child Benefit. *Journal of Human Resources*, 32 (3): 463-480.

McCarthy, N. and Y. Sun. 2009 Participation by Men and Women in Off-Farm Activities-An Empirical Analysis in Rural Northern Ghana. (IFPRI Discussion Paper 852). Washington, D.C.: International Food Policy Research Institute.

Marquis, Grace S. et al. 2008. –A Qualitative Assessment of Support Programs for Caregivers’ Income Generation Activities in Ghana.” Research Brief 08-01 ENAM. Davis, CA: GL CRSP, University of California, Davis.

Miescher, Stephan F. 2005 Making Men in Ghana. Bloomington: University of Indiana Press.

Ministry of Education, Science, and Sports 2008 Preliminary Education Sector Performance Report 2008. Accra: MOESS.

Ministry of Food and Agriculture 2010 Agriculture in Ghana: Facts and Figures. Accra: MOFA.

Ministry of Food and Agriculture 2007 –Food and Agriculture Sector Development Policy” (FASDEP II). Accra: MOFA.

Ministry of Health 2008 National Consultative Meeting on the Reduction of Maternal Mortality in Ghana: Partnership for Action, A Synthesis Report. Accra: Government of Ghana.

Ministry of Health April 2009 Health Sector Gender Policy. Accra: Ministry of Health.

Ministry of Local Government and Rural Development. 2010 Functional and Organizational Assessment Tool (FOAT): Operational Manual. Accra: Government of Ghana.

Ministry of Women and Children’s Affairs, Government of Ghana, with support from UNFPA. –Re-Engineering Action Plan, 2011-2013. Theme: Enhancing Gender Equality and the Rights of Women and Children.” Accra, Ghana, February 2011.

Ministry of Women and Children’s Affairs 2007 Domestic Violence Act, 2007 (Act 732). Accra: MOWAC/Department of Women.

- Ministry of Women and Children's Affairs 2008 National Domestic Violence Policy and the Plan of Action to Implement Domestic Violence Act, 2007 (Act 732). Accra: Government of the Republic of Ghana (MOWAC).
- Minkah-Premo, S. and C. Dowuona-Hammond 2005 Recommendations for Integrating Gender Issues into the Land Administration Project: Review of Land and Gender Studies and Identification of Resources in Ghana. Unpublished, Ghana Land Administration Project. www.ghanalap.gov.gh/privatecontent/File/recent%20files/gender.pdf
- Muntemba, S. 1999 Ghana: Financial Services for Women Entrepreneurs in the Informal Sector. African Region Findings No. 136. Washington, D.C.: World Bank.
- National Development Planning Commission (NDPC) December 2010 Ghana Shared Growth and Development Agenda (GSGDA): Costing Framework (2010-2013):Vol. II. Accra: NDPC.
- National Development Planning Commission 2010 —Medium Term national Development Policy Framework: Ghana Shared Growth and Development Agenda, 2010-2013.” Volume I: Policy Framework. Final Draft. Accra: NDPC.
- National Development Planning Commission (NDPC) and the United Nations Development Programme Ghana 2010 Ghana Millennium Development Goals Report 2010. Accra: Republic of Ghana and UNDP. www.ndpc.gov.gh/GPRS/2008%20Ghana%20MDG%20Report.pdf
- Nsowah-Nuamah, N., F. Teal, and M. Awoonor-Williams 2010 —Jobs, Skills, and Incomes in Ghana: How was Poverty Halved?” CSAE Working Paper Series/2010-01.
- Oduro, Abena, W. Baah-Boateng, and L. Boakye-Yiadom 2011 —In Her Name: Measuring the Gender Asset Gap, A Study to Collect Sex-Disaggregated Asset Data in Ghana.” Legon: University of Ghana. <http://genderassetgap.iimb.ernet.in/articles/project-publications>
- Odonkor, Martina 2011 Strengthening the Participation of Traditional Leaders in Local Governance: Workshop for Female Chiefs and Queenmothers (February 28-March 1, 2011). Workshop Report. Accra: LOGODEP/USAID/MSI.
- Ofei-Aboagye, E. 2004 —Promoting gender sensitivity in local governance in Ghana.” *Development in Practice* 14:753–60.
- Ohene-Konadu, G. 2007 Gender analysis and interpretation of barriers to women's participation in Ghana's decentralized local government system. Cape Town: African Gender Institute, University of Cape Town.
- Opare, S. 2005 —Engaging women in community decision-making processes in rural Ghana: Problems and prospects.” *Development in Practice* 15:90–99.
- Open Society Initiative for West Africa 2007 Ghana Democracy and Political Participation : A Review by AfriMap, Open Society Initiative for West Africa, and The Institute for Governance. Dakar, Senegal: Open Society Initiative.
- Park, Katrin 2010 —In northern Ghana, 10 horsepower helps to fight poverty.” UNDP. http://content.undp.org/go/newsroom/2010/april/104014-ghana_mfp.en;jsessionid=axbWzt...?categoryID=349422&lang=en
- Parkes, Jenny and Jo Heslop 2011 Stop Violence against Girls in School: A cross-country analysis of baseline research from Ghana, Kenya and Mozambique. Johannesburg, South Africa: ActionAid.

- Pobee Hayford, Francesca and Taaka Awori 2008 Aid Effectiveness and Gender Equality in Ghana 2004-2006. EC/UN Partnership on Gender Equality for Development of Peace. Commissioned by the EC, UNFEM and ITC/ILO.
- Pridmore, P. 2007 The Impact of Health on Education Access and Achievement-A cross-national review of the research evidence. CREATE PATHWAYS TO ACCESS Research Monograph No 2. Brighton, UK: Sussex Center for International Education, University of Sussex.
- Quisumbing, A. (ed.) 2003. Household decisions, gender, and development: A synthesis of recent research. Washington, D.C.: IFPRI.
- Quisumbing, A. and K. Otsuka 2001 "Land, trees, and women: Evolution of land tenure institutions in Western Ghana and Sumatra." Research Report 121. Washington, D.C.: IFPRI.
- Richards, Morgan Anne and Loretta E. Bass November 2011 Gendered Power and the Use of Contraception and Condoms among Married Women in Ghana. Paper presented at the International Conference on Family Planning, Dakar, Senegal.
- Rubin, Deborah et al. 2010 "A Calf, A House, A Business of One's Own: Microcredit, Asset Accumulation, and Economic Empowerment in GL CRSP projects in Ethiopia and Ghana." Davis, CA: Global Livestock Collaborative Research Support Program.
- Rubin, Deborah et al. 2007 External Evaluation Panel Report: Review of the Enhancing Child Nutrition through Animal Source Food Management (ENAM) Project. Davis, CA: Global Livestock Collaborative Research Support Program.
- Sackey, Harry A. December 2007 The Determinants of School Attendance and Attainment in Ghana: A Gender Perspective. African Economic Research Consortium (AERC) Paper 173. Nairobi: AERC.
- Sarpong, et al. 2010 Baseline Study-Household Survey. Ghana Agricultural Development and Value Chain Enhancement (ADVANCE) Program. Washington, D.C.: ACDI/VOCA.
- Snyder, K. 2010 Gender in the Western Region: Report on two week visit to ICFG program 13-27 March 2010. WorldFish Center. USAID Integrated Coastal and Fisheries Governance Initiative for the Western Region, Ghana.
www.crc.uri.edu/download/Gender_report_FINAL_508.pdf
- Thomas, Duncan 1997 "Incomes, Expenditures and Health Outcomes: Evidence on Intrahousehold Resource Allocation." In Haddad, L., J. Hoddinott, and H. Aldermann (eds.), *Intrahousehold Resource Allocation in Developing Countries*. Baltimore: Johns Hopkins Press.
- Tsikata, Dzodzi and Wayo Seini 2004 "Identities, Inequalities and Conflicts in Ghana." Working Paper 5. Oxford, Great Britain: Centre for Research on Inequality, Human Security and Ethnicity.
- Tandoh-Offin, Patrick 2010 The Multiple Streams Framework and Women's Empowerment Efforts in Ghana. Paper presented at the 2010 Annual Meeting of the Georgia Political Science Association, November 11-13, 2010.
- Udry, Christopher, John Hoddinot, Harold Alderman, and Lawrence Haddad 1995 "Gender Differentials in Farm Productivity: Implications for Household Efficiency and Agricultural Policy," *Food Policy*, Vol. 20, No. 5.
- UNDP October 2007 Unlocking Progress: MDG Acceleration on the Road to 2015. NY: United Nations Development Program.
- UNDP 2008 "The Gates Foundation grants US \$19 million to women's programs in West Africa" (February 22)

<http://content.undp.org/go/newsroom/2008/february/gates-foundation-grants-west-african-women.en>

UNECA 2009 Measuring Gender Inequality in Africa. Addis Ababa: UNECA

UNICEF 2010 An Analysis of Out of School Children in Ghana: Demographic and Health Survey 2003-2008. New York, NY: UNICEF

UNICEF 2010 Realizing the Rights of Children in Ghana. Accra: UNICEF Ghana Country Office.

USAID/Ghana. n.d. BEST Action Plan. Washington D.C. and Accra: United States Agency for International Development.

USAID 2010 –“USAID/Ghana’s Feed the Future Multi-Year Strategy (2011-2015).” Washington, D.C.: USAID.

USG GHI/BEST n.d. Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle. Washington D.C.: Global Health Initiative

USG/PEPFAR August 2010 Partnership Framework Implementation Plan in support of Ghana’s HIV/AIDS National Response. Washington D.C. and Accra: United States Government and the Government of Ghana.

USG/PMI n.d. The President’s Malaria Initiative and Gender. Washington D.C.: President’s Malaria Initiative. Washington D.C.: President’s Malaria Initiative.

USG/PMI n.d. President’s Malaria Initiative: Malaria Operational Plan-FY2011 (Year 4) GHANA.

U.S. Global Health Initiative n.d The Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality Principle (The GHI Gender Guidance). <http://www.ghi.gov/resources/guidance/161891.htm>

Veillette, Connie n.d. –“The Future of U.S. Aid Reform: Rhetoric, Reality, and Recommendations: *A Report of the Rethinking U.S. Foreign Assistance Program* Washington, D.C: Center for Global Development.

Whitehead, A. 2006 –“Persistent Poverty in North East Ghana,” *Journal of Development Studies* 42(2).

Wilson, Alexandra 2000 –“Men, Women and Cotton: Contract Agriculture for Subsistence Farmers in Northern Ghana” *In* Anita Spring (ed.) *Women Farmers and Commercial Ventures: Increasing Food Security in Developing Countries*. Boulder: Lynne Rienner Publishers, Inc.

Wolfe, Jason 2010 Trip Report: Assistance Options for Vulnerable Households in Ghana. Report prepared for USAID/Ghana (July).

Wolter, Denise 2008 Ghana: Agriculture is Becoming a Business. Paris: Organization for Economic Cooperation and Development.

World Bank and IFPRI 2010 Gender and Governance in Rural Services: Insights from India, Ghana, and Ethiopia. Washington D.C.: The World Bank.

World Bank February 2011 Education in Ghana: Improving Equity, Efficiency and Accountability of Education. Washington D.C.: The World Bank

World Bank 2011 Project Appraisal Document on a Proposed Credit in the Amount of SDR32.1Million (US\$ 50 Million Equivalent) to the Republic of Ghana for a Land Administration Project 2. Washington D.C.: The World Bank.

World Bank 2011 Republic of Ghana: Tackling Poverty in Northern Ghana. Report No. 53991-GH. Washington, D.C.: World Bank.

World Health Organization June 2007 –“Gender, Health, and Malaria,” Gender and Health Info Data Sheet.

www.rollbackmalaria.org/globaladvocacy/docs/WHOinfosheet.pdf

Annex 2: Basic Concepts

This section offers some useful definitions of concepts that frame the work presented in this report. Gender assessments rely on an analytical framework called **gender analysis** which is based on a distinction between biological differences between men and women and the social roles and relations between men and women.

Sex refers to the biological characteristics that define males and females primarily (but not exclusively) according to reproductive capabilities or potentialities. In most development work, the term sex has typically referred to males or females, although there is a larger range of sexual categories including transgendered people. Individual sexual characteristics can be changed; however in most societies, the definition of males and females refers to what are thought to be universal and unchanging set of categories.

Sexual identity, sexual preference, and sexual orientation refer to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes, and a person's sense of identity based on those attractions, related behaviors, and membership in a community of others who share those attractions (APA).

Gender is a relational concept that designates categories of socially and culturally defined roles and relations. It therefore does not reflect any absolute or universal category. Instead, the definition of a gender category changes over time and across cultures, and cannot be assumed a priori, but must be investigated. Each cultural system creates a set of beliefs and practices for men and for women that define the relationships between them.

Gender identity refers to one's sense of oneself as a man, a woman, or transgender.⁵¹

Gender based violence is violence used against another person, regardless of their relationship, to reinforce conformity with socially defined gender roles, or to punish transgressions of those roles and expectations. GBV can be physical, sexual, or psychological and therefore can be perpetrated by a woman against another woman or girl, or by a man against another man or boy, as well as by men against women or women against men to reinforce socially sanctioned roles and behaviors. It includes but is not limited to domestic violence, such as violence by parents toward children, intimate partner violence, as well as violence by other members of the household. Furthermore, domestic violence includes but is not solely defined as GBV.

⁵¹ According to the APA, the term transgender describes people whose gender identity or gender expression differs from that usually associated with their birth sex.

Gender integration involves identifying gender differences and inequalities through an analytical process (called a gender analysis) and then addressing them during program or activity design, implementation, monitoring, and evaluation. The inequalities may be experienced by women or by men, depending on the context. These relationships are malleable and can change over time.

Progress in reducing gender inequalities is tracked by ensuring that appropriate indicators are included in project implementation. Since the roles and relations of power between men and women affect how an activity gets carried out, attending to these issues on an on-going basis should both achieve more sustainable development outcomes and also achieve greater gender equality.

Gender mainstreaming is the process of explicitly and fully addressing gender from the beginning to the end of any planned action. As defined by the United Nations in 1997, it is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design and implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that women can benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

Annex 3: Scope of Work

INTEGRATING GENDER ISSUES/CONCERNS INTO USAID/GHANA'S COUNTRY DEVELOPMENT COOPERATION STRATEGY (CDCS)

1. BACKGROUND

USAID/Ghana is currently developing a new Country Development Cooperation Strategy (CDCS) that will cover fiscal years 2011-2015. The new strategy being designed will focus generally in the same four assistance objective (AO) areas that USAID/Ghana currently works in. However, substantial re-prioritization or realignment of activities within the AOs will be done to address the USAID forward strategy and the Government of Ghana's Medium-Term Development Strategy known as the Ghana Shared Growth and Development Agenda.

The Government of Ghana has established two over-arching objectives. These objectives are: 1) Shared Growth; and 2) Poverty Reduction. As we develop a new strategic framework, the challenge will be to sharpen the focus of our assistance in these areas.

In Ghana, both men and women are active economic players; women's roles being pivotal in some sectors, though often denied the deserved recognition. Increasing the productivity of both in the sectors in which they each dominate, is fundamental to economic growth and poverty reduction.

Achieving sustainable economic growth depends on promoting the welfare and productivity of women who account for a little over 50 per cent of the population and who constitute a major resource for the country. Women play a critical role in food production and processing, household maintenance, reproduction and care. However, current resource allocation and the prevailing social and cultural framework impose severe restrictions on their capacity to exercise their fundamental right to a decent living. At the political level, men and women are not equitably represented, and decision making powers favour men. The current parliament has 20 women out of 230 members.

The Automated Directives System (ADS) 201.3.4.11 requires that Strategies must reflect attention to gender concerns. Unlike other technical analyses, gender assessment is an integral cross-cutting theme that needs to be mainstreamed in all program activities at both planning and implementation stages. USAID's gender mainstreaming approach requires that appropriate gender analysis be applied to the range of technical issues that are considered in the development of a given strategy. Analytical work performed in the planning and

development of the results framework should address at least two questions: 1) how will gender relations affect the achievement of sustainable results; and 2) how will proposed results affect the relative status of women. Addressing these questions involves taking into account not only the different roles of men and women, but also the relationship and balance between them and the institutional structures that support them.

Accordingly, as part of the CDCS design process, the Mission is seeking expertise to help inform and shape a strategy that takes into account men, women, youth, boys, girls, and their relationship in terms of roles and responsibilities as well as the underlying socio-cultural constructs and practices that impede societal progress.

2. PURPOSE

A team of experts shall be constituted to embark upon the gender assessment and shall have two main goals: to inform the development of USAID/Ghana's upcoming 5-year CDCS in order to achieve an improved participation of both men and women in program activities; and prepare a gender action plan to inform what needs to be done by the Mission and its implementing partners to ensure gender issues are taken into account when designing, implementing, monitoring and evaluating programs.

Based on ADS 201.3.4.11, USAID's gender integration requirements and the Government of Ghana's medium development term plan, the proposed Gender Assessment will address the following objectives:

- To identify the gender-based constraints to equitable participation and access of men and women to programs and services in the sectors in which USAID/Ghana implements its program, including agriculture, private sector development, natural resource management, basic education, population, maternal and child health, infectious diseases, HIV/AIDS, and democracy and governance;
- To identify strategies and approaches USAID/Ghana can use to enhance the accessibility and equitability of its programs to both men and women;
- To analyze the potential impacts of the Mission's proposed strategic approaches on the status of men and women in Ghana;
- To assess key Government of Ghana (GOG) policies and programs related to gender and identify opportunities for collaboration and mutual strengthening of gender issues between USAID/Ghana and GOG; and
- To identify those gender issues that have the greatest potential impact on Ghana's economic development and how to address them.

3. TASKS

The primary tasks of the consultants shall include:

A) Carry out a Gender Assessment. Assess the Mission's present strategic framework, results framework, and the program portfolio and assess potential gender and other issues in a future portfolio and/or strategic framework. There should be a review of Government of Ghana gender related documents, technical offices and implementing partners program documents and that of other development partners, e.g. CIDA, GTZ and DANIDA.

Produce an assessment of possible entry-points for incorporation of gender and other considerations in carryover activities and potential new programs of the new strategy. The assessment is to be shaped by:

- USAID/Ghana Results Framework;
- Agency approach to mainstreaming gender; and
- USAID/Ghana's evolving 2011-2015 CDCS parameters.

B) Based on the gender assessment, design a Gender Action Plan which lays out the steps for mainstreaming gender in future Mission policies and activities. The Action Plan should be practical and address the perspective of both technical and support offices. The detailed USAID/Ghana Gender Action Plan shall address fully the requirements of Agency Directives. It should include, *but not be limited to*, the following elements:

- The Gender Assessment described above.
- Technical advice on development of the Mission's new CDCS and Results Framework to reflect the key role of gender and other considerations in the achievement of USAID goals.
- A description of the key role of gender for each Assistance Objective.
- Recommendations on indicator development, data collection and analysis disaggregated by sex.

C) Assessment and Action Plan Briefing. The consultants shall organize a briefing session to present and receive feedback of the assessment findings and action plan to USAID staff and their implementing partners.

4. METHODOLOGY

Prior to beginning field research, the team will review documents to be forwarded by the Mission's Gender Focal Person. Documents will include Agency and Mission policy and planning documents, such as the current Country Strategic Plan (CSP), strategic planning documents developed to date, and Operational Plans and Performance Plan and Reports; background information on gender issues in Ghana, such as UNDP and other in-country data; gender assessments and gender action plans from other countries or regions as well as Government of Ghana documents, which can be used as a reference source by the team.

USAID/Ghana has conducted a series of gender-related studies within various programs. These include baseline surveys, pre-award assessments, mid-term and final evaluations and sector assessments. The team is expected to take into cognizance these assessments and their findings in order to incorporate them into this assessment. Furthermore, USAID has guidelines as well as results frameworks for initiatives such as Feed the Future (FtF-GFSI) and the Global Health Initiatives. This assessment should utilize existing guidelines and results frameworks for the gender assessment and action plan.

In carrying out the data collection phase, the team shall hold consultative meetings rather than directive interviews with the following people /organizations and collect related information:

- Members of the Missions' Technical & Support Offices including representatives of the Contract Office, Office of Finance & Management and Program Office.
- A sample of USAID implementers and NGOs, as identified by the Mission (in order to facilitate appointments), and approved by both the Mission and the team.
- Major development partners and/or other international organizations which have important gender programs in Ghana, as identified by the Mission (in order to facilitate appointments), and approved by the Mission.
- A sample of Government of Ghana representatives, as identified by the Mission (in order to facilitate appointments), and approved by both the Mission and the team.

The team should produce a site visit plan and brief the program and technical offices by the end of the first week.

All work shall use the gender approach of the newly revised USAID Strategic Plan guidelines and other USAID guidelines on gender integration and analysis (e.g. ADS 200).

5. DELIVERABLES

Gender Assessment & Action Plan:

The Gender Assessment and Action Plan will use the data from interviews, observations from the field and secondary sources to assess the appropriate technical areas for gender emphasis and develop indicators to serve as benchmarks to track progress as well as make

recommendations for future actions for gender and other integration described above. While USAID/Ghana is reluctant to ascribe a page length, it is expected that a concise well designed document focusing on an analysis of the different roles of men and women, the relationship and balance between them, and the institutional structures that support them, will be of most utility. Best practices should also be included.

A preliminary draft shall be submitted to the Mission five working days upon completion of fieldwork (two electronic copies on CDs and three hardcopies). USAID/Ghana, through the Program Office will provide written comments to the team electronically within five working days of receipt.

A revised draft Gender Assessment & Action Plan, incorporating Mission input, shall be submitted to the Mission, not later than five working days after receiving the above comments. The Mission shall provide any additional written comments electronically within five working days of receipt of the revised draft.

The Final Gender Assessment & Action Plan will be submitted to the Mission within three working days after receiving comments on the revised draft.

6. TEAM COMPOSITION

The team shall consist of a Team Leader who should be an international consultant with the following qualifications:

- Experienced social scientist with excellent knowledge in conducting gender assessment preferably in Africa;
- At least 10 years' experience in operation research, policy formulation and program design;
- Knowledge of USAID programs, familiarity with USAID Strategic Direction and Program management; and
- Good inter-personal skills.

The local Gender Expert should be a Ghanaian and have complementary skills with the following qualification:

- Minimum of 5 years' experience in conducting evidence-based research and conversant with gender issues in Ghana;
- Knowledge in technical areas such as strengthening democracy and governance, education, health and economic growth;
- Knowledge of the Government of Ghana gender mainstreaming programs;
- Conversant with socio-cultural beliefs and practices in Ghanaian societies; and
- Good inter-personal skills.

The USAID/Ghana focal person on gender shall be the logistics coordinator and shall work closely with the team to ensure a smooth assessment.

7. SCHEDULE AND LOGISTICS

USAID/Ghana proposes the assessment starts from January 10, 2011 to February 4, 2011. The first draft is due on February 4, 2011. USAID/Ghana proposes the schedule below:

Week 1: Document review and interviews with staff (Technical Offices/ COTRs), implementing partners and stakeholders; visits to head offices.

Week 2 & 3: Visits to project sites. The team will brief the program, front and technical offices on their site visits plan.

Week 4: Follow up with AO Teams/partners; produce preliminary outline with findings and recommendations; present debrief of assessment and recommendations to staff. The Team will submit the drafts within ten working days of completing the fieldwork.

As a result of office space constraints, it is suggested that the team works from the Hotel and occasionally meet within USAID/Ghana to discuss issues with either the technical teams or the support offices.

Payment of Consultancy fees to both International and Local Consultants will be a lump sum upon satisfactory accomplishment of deliverables.

Annex 4: Gender Assessment Methodology

Objectives

USAID operating regulations (ADS) require gender analysis as input for strategy development. The Automated Directives System (ADS) 201.3.4.11 requires that Strategies must reflect attention to gender concerns. Unlike other technical analyses, gender assessment is an integral cross-cutting theme that needs to be mainstreamed in all program activities at both planning and implementation stages.

USAID's mainstreaming approach to gender integration requires that appropriate gender analysis be applied to the range of technical issues that are considered in the development of a given strategy. Analytical work performed in the planning and development of the results framework should address the following two questions:

- How will the different roles and status of women and men affect the work to be undertaken?
- How will the anticipated results of the work affect women and men differently?

Addressing these questions involves taking into account not only the different roles of men and women, but also the relationship and balance between them and the institutional structures that support them. The ultimate objective is the achievement of more gender-equitable development.

Assessment team and methodology

The Ghana gender assessment presents information on gender disparities that reflect constraints to the realization of equal opportunities and benefits for men and for women from development activities and investments. The assessment team was composed of five gender experts. In Ghana, two team members, Deborah Gordis and Rudith King, conducted thirty-three interviews with USAID/Ghana staff, other donor partners, leading gender experts and other representatives at universities, in nongovernmental organizations (NGOs) and in the government of Ghana. They also met with the staff of several USAID funded programs. They also traveled to Takoradi to meet with project staff and local participants in different USAID funded activities.

Two other team members, Cristina Manfre and Deborah Rubin, were principally responsible for the economic growth section which built on knowledge gained during two previous gender assessments in Ghana and the West Africa region addressing gender integration in the FtF strategies. Deborah Caro, reviewed past gender assessments conducted in the country by different donors, GOG,

and NGOs in Ghana, international and national statistical databases, and sector specific reports. She was also responsible for integrating the different pieces into the final report. The team held meetings with key decision makers in USAID/Washington for their input.

The Gender Assessment team examined key gender policies in different sectors. They collected and analyzed information from interviews, project and program documents, statistical databases and reports, and published articles. The report reviews evidence of gender disparities for each sector; examines policy and program responses; identifies promising practices and gaps, and makes recommendations on how to reduce inequalities in men's and women's opportunities and benefits within the framework of USAID's new strategy.