

Country WID Profile (Ghana)

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(Ghana)
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Abbreviations

CBD	Community Based Distribution
COCOBAD	Cocoa Marketing Board
ENOWID	Enhancing Opportunities for Women in Development
ERP	Economic Recovery Programme
ESD	Extension Service Division
FCUBE	Compulsory and Universal Basic Education
GEPC	Girl's Education Promotion Campaigns
GLSS 3	Ghana Living Standard Survey
GNFPP	Ghana National Family Planning Programme
GRATIS	Ghana Regional Technology Industrial Service
MESW	Ministry of Employment and Social Welfare
MOFA	Ministry of Food and Agriculture
MTADS	Medium Term Agriculture Development Strategy
MTDP	Medium Term Development Plan
NBSSI	National Board for Small Scale Industries
NCWD	National Council on Women and Development
NPAGE	National Plan of Action on Girl's Education
NVTI	National Vocational Training Institutes
PAMSCAD	Program of Action to Mitigate the Social Cost of Adjustment
PPAG	Planned Parent Association of Ghana
TBA's	Traditional Birth Attendants
TFR	Total Fertility Rate
WIAD	Department of Women in Agriculture and Development
WWB	Women's World Banking

1. Basic Profiles

1-1 Socio-Economic Profile

Socio-Economic Profile						Ref.
Economic Indicators	GNP/Capita	Growth average annual growth		Inflation Rate*	Gini coefficient*	
	US\$370 ('97)	4.6%('98)		15.7%('98)	33.9%('92)	2)
Public Sector('92)	Health	Education	Social Welfare	Defense	Others	
Expenditure to sectors	6.0%	20.2%	NA	5.9%	-	4)
Population('98)	Total	% of urban population		Population growth rate('90-'97)		
	Total	18.9 millions		34%('97)		2.70%
	Women	9.6 millions				
Industry/GDP	Agriculture	Industry(Manufacture/Industry)		Service		
	40.4%	28.0%		31.6%		11)
Proportion of workers('90)	Agriculture	Industry	Service	Aid/GNP		9)
	Total	56%	7%	34%	7.3%	8)
	Women	51%	5%	44%		
Labour Indicators	Total No.	Unemployment R.	Minimum wage	Women/Total*		10)
	Total	NA	3.9%	NA	NA	
	Women	NA	3.2%	NA	NA	
Decision-making	Women/Total			Women/Total()		
	Member of parliament	NA		Managers	NA	
	Ministries(1995)	NA		Technicians	NA	
	Deputy ministries('95)	NA				
Law for Women	Year		Details			
	Constitution Article 17(1), 17(2), 17(3)		1992	Equality of all persons		12
	Intestate Succession Law PNDCL.111		1985	corrected the injustice		12
	Marriages and Divorces Law PNDCL.112		1985	corrected the injustice		12
	Labour Decree NLCD.157			Provision of maternity leave for pregnant female workers		12
Ratification and signature of international law for women				Ratification	Year	
	CEDAW			NA	NA	
Policy of WID						
	The First Midterm Development Programme			1991		
Governmental organization of WID						
	National Machinery	National Council on Women and Development				

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- 1) Ghana Statistical Service, 1995. Analysis of Demographic Data.
- 2) World Bank, 1998. World Development Report.
- 3) The Institute of Statistical Social and Economic Research, 1998. The State of the Ghanaian Economy in 1998.
- 4) Ghana Statistical Service, 1995. The State of the Ghanaian Economy
- 5) Ghana Statistical Service, 1998. Ghana Demographic and Health Survey.
- 6) Ghana Statistical Service, 1993. Rural Communities in Ghana.
- 7) Ghana Common Country Assessment, 1997.
- 8) UNDP, 1998. Human Development Report.
- 9) Fayoser report
- 10) Ghana Statistical Service; Univ. of Ghana Legon, 1998. Core Welfare Indicators Questionnaire(CWIQ) Survey 1997.
- 11) Bank of Ghana, 1997, Annual Report
- 12) NCWD, 1994, the fourth World Conference on Women

*Refer to 7. Definitions (p.30)

1-2 Health Profile

Health Profile					Ref.
Life expectancy('96)	Male 57 Female 61		Population growth rate	2.7 %('90 -'97)	1)
Expansion of health service	Population /Doctor	25,000	Population/Nurse and Midwife	NA	11)
Government expenditure to health		NA			
Infant mortality rate(per1,000)*			% of the vaccinated	1-year-old children	
Total	56.7 persons('96)		BCG('98)	86%	2),5)
Female	NA		DPT('98)	68%	5)
Under-5 mortality rate(per1,000)*			Polio('98)	67%	5)
Total	107.6 persons ('96)		Measles('98)	61%	5)
Family planning	Contraceptive rate('98)	13%	Total fertility rate('98)*	4.60%	2)
Births attendance rate*	44.3%('90-'94)		Age at first marriage	19(Female)('98)	
Maternal anemia rate*	69%('94)		% of infants with low birth weight*	14%('90-'94)	12)
Maternal mortality rate	740/ 0.1million('98)				
Nutrition			ORT use rate*	93%('97)	8)
Iodine deficiency	NA		Malnutrition	NA	
Community health service					
Access to safe water	65%('1995)		Access to adequate sanitation	32%('1995)	7)
HIV/AIDS	HIV infected		AIDS cases		
Statistics('95)	4-6% of pregnant women		%		

1-3 Education Profile

Education Profile					Ref.
Education system	Primary education (6 year), secondary education (3 year)				
Public expenditure on education		24.30%			8)
% of GNP	3.8%				8)
Adult literacy rate('94)	male 76 %, female 54%				4)
by race					
Primary education	Net enrollment ratio		Female ratio of higher education		
Male	76.5%('97)		education	29%	13),14)
Female	71.5%('97)		humanities	-	13),14)
<Educational Issues>			social sciences	27%	14)
Secondary education	Net enrollment ratio*		natural sciences engineering	25%	14)
Male	40.9%		medical	28%	13),14)
Female	33.7%				13)
<Educational Issues>					
Higher education	Enrollment ratio				
Total	NA				
Female	23.8%('97/'98)				14)

References

- 1) Ghana Statistical Service, 1995. Analysis of Demographic Data.
- 2) World Bank, 1998. World Development Report.
- 3) The Institute of Statistical Social and Economic Research, 1998. The State of the Ghanaian Economy in 1998.
- 4) Ghana Statistic Service, 1995. The State of the Ghanaian Economy
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- 11) UNDP, 1999. Human Development Report.
- 12) NCWD, 1994, The status of Women in Ghana(1986-1994) National Report for the Fourth World Conference on Women
- 13) Ghana Statistical Service, 1995, Ghana Living Standard Survey
- 14) Ministry of Education National Council of Tertiary Education, 1997/1998, Statistical Digest of the Polytechnics and Ghana Institute of Languages and Statistical Digest of the University and Institute of Professional Studies

*Refer to 7. Definitions (p.30)

2. General Situation of Women and Governmental Policy on WID/ Gender

2-1 General Situation of Women in Ghana

General Situation of Women in Ghana

Up to the late 1960s, gender issues were not given any serious attention. Governments and constitutions, since independence in 1957, have formally affirmed equality of men and women, but deep-seated cultural perception about women as inferior to men has been a hindrance and continues to hinder the participation of women in politics and other public life. The social system and domestic role of women less access to assets and social services all combines to make women poor, and the status of poverty further makes them poorer, hence a vicious circle of the poverty is formed in the society.

Ghana had independence from Britain in 1957. At the time of independence, Ghana's per capita income was the same as that of Spain. Revenue from gold and foreign currency reserves amounted to 1 billion US dollars. The country was therefore regarded as one of the prosperous nations in Africa.

Ghana is a heterogeneous society, made up of many tribes. There is freedom of worship. The dominant religions are Christianity and Islam.

The country is endowed with natural resources such as gold, bauxite, manganese and forest products, particularly timber. The main economic activity is plantation agriculture that accounted for more than one half of Gross Domestic Product (GDP). Agriculture also employed and continues to employ more than a third of the economically active population. An important feature of Ghana is that about two third of population live in rural areas. The current population growth rate is about 3% per year.

Attempts in the 1960s at transforming the economy from agro-based to industry-led economic growth through import substitution approach had little impact on the economy.

The economy faced problems when world price of cocoa fell. This coupled with coup d'etats in the 1970s resulted into serious decline in all sectors of the economy. By 1983, all segments of the economy become devastated and the economy was severely staved with foreign exchange. Unemployment increased and the public transportation system broke down.

Faced with these problems, the Government of Ghana, in collaboration with the IMF and the World Bank, embarked on Economic Recovery Programme (ERP) in 1983 which focused among others on:

- 1) de-regulating the economy from controls to a competitive market economy,
- 2) re-aliening the structural rigidities that inhibit economic growth,
- 3) stabilizing the economy to set the pace for sustainable economic growth and development.

The Economic Recovery Programme (ERP) was followed by the Structural Adjustment Programme and the Programme of Action to Mitigate the Social Cost of Adjustment (PAMSCAD) which sought to address the negative impacts of the ERP especially on the rural poor.

Up to the late 1960s, gender issues were not given any serious attention in Ghana. It was around the 1970s that some attempts were made to address the issues of gender inequity, and the role of Ghanaian women in development. In 1996, the government drew up a long -term national development framework called Ghana-Vision 2020 with the principal goal of achieving a middle income status for Ghana by the year 2020. One of the thematic areas of the Vision focuses on the problems faced by women and their role in national development.

[Legal Aspect]

A review of the laws and regulations of Ghana show that there is no law that bars women from participating in political, administrative, social and economic life of the country. Governments and constitutions, since independence, have formally affirmed equality of men and women. Thus, in principle, women are free to take up any position of political power and engage in any economic activity of their choice. But deep-seated cultural perception about women as inferior to men has been a hindrance and continues to hinder the participation of women in politics and other public life.

[Traditional and Cultural Aspects]

Within all communities in Ghana, there is a general gender inequality in personal and social relationships. In both matrilineal and patrilineal societies, traditional legal systems, religion and perception of the role of female combine to ensure that, allocation of resources tend to favour males of the household, thereby worsening the vulnerable situation of majority of women in Ghana.

Also in the Ghanaian society certain tasks and duties are designated as feminine. This sexual division of labour imposes on women the most enormous, time-consuming, stereotyped roles, labour-intensive and poorly rewarded chores both inside and outside the home. These tasks are regarded as naturally determined for women, while demeaning to men.

In polygamous communities for example, the more wives a man has, the more hands he has to help him in his work and the more children he is likely to have to assist him. Women are, therefore regarded as assets to be acquired through exchange of valuables. Thus, the inferior status of women in Ghana is further strengthened by the practices of polygamy, child marriage, and widow inheritance. In some communities, women are taught to accept their inferior status through the socialization process, including their initiation rites, female genital mutilation and *Trokosi* (a kind of traditional "slavery" system of women). With such cultural belief and physiological superiority of men, it is not difficult to see why women in Ghana still do not have equal power structure and social status in the country.

Furthermore, traditional beliefs in the inefficacy of education for women have also resulted in women receiving little or no education thereby disadvantaging them further by limiting their prospects for social, political and economic emancipation and betterment in the Ghanaian society.

Indeed, traditional customs and laws continue to work against gender equality, especially in the rural areas. Consequently, women are largely discriminated against and remain deprived in their efforts to improve their social and economic status.

[Poverty]

The 1991/92 Ghana Living Standard Survey (GLSS 3) indicates that 31% of the total Ghanaian population as poor, and about 15% below the hard core poverty line. It is women who form majority of those in the poverty bracket. The social problems faced by women which have some relationship with poverty include, the traditional social system, fertility, the high premium put on child bearing and maternity roles as well as the emergence and phenomenal increase in female-headed households.

In Ghana, one of the most important roles of women is reproduction and motherhood. Currently, Ghanaian women, on average, give birth to about 5 children. This frequent child-birth and high fertility also emphasize unpaid roles which are mainly the responsibility of the mother at the expense of productive work in the wage economy.

Poverty in Ghana is also a predominantly rural phenomenon. Rural poverty is high. As a result, majority of rural dwellers maintains their livelihood from subsistence agriculture, either as small-scale farmers or as low paid farm workers. An important aspect of rural poverty is that, it affects a large number of women since there are more women than men at the lowest levels of income. The incidence of malnutrition is higher among women than men, and maternal mortality rates are unacceptably high. Also, despite the predominance of women in agriculture and rural non-farm activities and the increasing dependence of households on women's earnings, the bias against women with respect to access to land and credit continues. Thus, resources are still primarily directed towards men even in situations where women are the main operators.

In most urban areas, since women lack the requisite educational qualifications and skills, their access to the formal job market is quite restricted. The high incidence and prevalence of early marriages and adolescent fertility also prevent most young women from benefiting from opportunities to enter and survive in this restrictive formal labour market. Thus the informal sector constitutes an important source of employment for the majority of working urban women who engage in such economic activities as trading, small-scale and cottage industries.

There is phenomenal increase in the proportion of female-headed household in the country (29.1% in 1987/88 and 32.2% in 1991/92 of all households). About 62% of them were regarded as poor, and about 31% very poor. In 1991/92 a large proportion of female-headed households were widowed, divorced and separated. This implies that, women alone are becoming more directly responsible for providing the needs of their households and are as a result, engaged in a variety of activities sometimes at great cost to their physical and mental health. Households headed by divorced or widowed women expectedly have smaller resource base and less access to remittances than those of married women.

As mentioned above, the social system and domestic role of women, less access to assets and social services all combine to make women poor, and the status of poverty further makes them poorer, hence a vicious circle of the poverty is formed in the society.

It is important to empower women economically through more access to economic services, reallocation of resources, and improvement in knowledge and technologies. It is also crucial for both women and men to change their perceptions about the role and position of women in the social system through education and other activities. Attempts are being made to address some of the problems faced by women in Ghana.

2-2 Government Policy on WID/Gender

Government Policy on WID/ Gender

In 1991, the Government of Ghana formulated a national development framework under the title "Ghana-Vision 2020". The principal objective of the Vision is to enable Ghana to enter the family of middle income countries by the year 2020.

In the First Medium-Term Development Plan (MTDP) under Ghana-Vision 2020, major issues on WID include the following: 1) inadequate respect for women and their rights, 2) discrimination against women, and 3) lack of appreciation of the economic and social needs, contributions and potential of women.

Based on the above issues, the MTDP recommended the importance of women's promotion in the areas of social and economic participation in national development. In the MTDP, the objectives of promoting the socio-economic development of women are set as follows.

- 1) Strengthening institutions to promote gender equity,
- 2) Reducing discrimination against females, and
- 3) Enhancing the socio-economic status, conditions and circumstances of women.

Prior to the "Ghana-Vision 2020", in 1975, the National Council on Women and Development (NCWD) drew a 10-year Plan of Action on women which emphasized literacy and informal education for women. The second Action Plan of 15 -year drawn by NCWD in 1985 focused on education, health, employment, legal issues and political participation of Ghanaian women in national development.

2-3 National Machinery

The National Council on Women and Development (NCWD)

National machinery	The National Council on Women and Development (NCWD)
Established year	1975
Number of Staff:	77 persons
Budget	NA
Function	1) to provide equal opportunities for both men and women, 2) to strengthen participation of women in national decision making, 3) to enhance the status of women in development, 4) to package, disseminate, monitor and evaluate gender based programmes, 5) to package and disseminate information for redressing social, cultural, economic and educational imbalances, 6) to ensure Ghana's compliance with its obligation towards the implementation of the UN Convention, on all Forms of Discrimination Against Women and other related international instruments and treaties.

In 1975, the National Council on Women and Development of Ghana was established by government as one of the first machineries in Africa, according to the UN mandate. NCWD's main functions are to advise the government on all matters affecting women, to cooperate and liaise with national and international organizations, to study and coordinate plans and projects on issues relating to women.

NCWD is currently under the Office of President with a 14-member Council that includes representatives from Ministries of Agriculture, Health, Finance and Local Government. By way of organization, the NCWD has a national secretariat headed by Executive Secretary with ten regional coordinators through out Ghana. Currently, there is a total of 77 members of staff distributed as follows: 26 for head office, 2 to 4 for each regional office and 1 or 2 in each of the 14 district office.

NCDW is currently undergoing restructuring with a view to strengthen it to become more pro-active to needs of Ghanaian women.

3. Current Situation of Women

3-1 Education

Education

Since independence, successive governments in Ghana have pursued educational policies aimed at universal basic education for all citizens. These policies have increased enrolment and educational participation in absolute numbers. However, the issues of equity, access and relevance have remained unsolved. The most persistent and disturbing issue is the gender gap in educational participation. The alarming aspect of the disparity is that the gender gap widens from primary through secondary to tertiary education.

[Educational Policy and Budget on WID]

Since 1996, the Government of Ghana embarked on a programme to attain Free, Compulsory and Universal Basic Education (FCUBE) for Ghana by the year 2005. It was recognized that the objectives of the FCUBE programme would be realized provided it included a parallel programme with special emphasis on girls' education. It was in this regard that the National Plan of Action on Girls' Education was drawn by the Government of Ghana. The policy for promoting Science, Technology and Mathematics Education, also considered girls as important targets.

The principal objectives of the Girls' Education Programme are to:

- 1) Increase the enrolment rate of girls in Primary One from 75% to 95% by the year 2005,
- 2) Eliminate gender disparity in school education,
- 3) Reduce the rate of wastage in girls' basic education from 50% to 20%.

The strategy for Girls' Education Programme requires parents and community leaders to be sufficiently aware of the importance of girls' education. In this regard, District Assemblies, in collaboration with District Education Officers, are expected to plan and launch Girls' Education Promotion Campaigns (GEPC) to create the awareness among all Ghanaians of the value of girls' education.

An important feature of the National Action Plan is the introduction of long-established but innovative elements directed towards community mobilization and capacity building for effective participation in the implementation of the plan at the district and community levels

The Action Plan also emphasized that participation rate of girls in the educational system would increase if socio-cultural barriers to school education are eliminated. Other factors include improvements in accessibility, teacher behavior, quality of classroom space, and availability of teaching and learning materials.

In 1996, the budget for the educational sector was 34.7% of national budget. However, about 90% of the budget was recurrent expenditure on salaries for teachers. A total of 1.3 billion US dollars is ear-marked for the first five years of the FCUBE programme. The budget for resources and services required exclusively for the Girls' Education Programme during the first five years is estimated at 26 million US dollars.

The new educational system, which was set up in 1987, has the following structure : Pre-School (1 - 6 years old), Primary School (6 years), Junior Secondary School (3 years), Senior Secondary School (3 years), or Technical and vocational school (3 years). Tertiary education includes University, Diploma-awarding colleges, Teacher-Training Colleges and Polytechnics.

[Current Situation of Basic Education for Girls]

The 1994 Ghana Living Standards Survey indicates that at primary level, school attendance for females was 71.9% while that for males was 77.0%: at senior secondary level, attendance was 41.1% for females and 56.9% for males: and at the university level, they were 8.5% and 41.1% respectively. Thus the rate of enrolment declines and the disparities between the performance of females and males is widened further as the educational level goes up.

Major causes of lower enrolment at higher level are grade repetition and dropout. The dropout rate among boys after completion of the 1st grade is 10%, while 13% for girls. The retention rate in primary school is 57% for boys, but only 44% for girls.

The underlying causes of the lower participation of girls in education have been attributed to poverty, traditional/cultural practices and beliefs, and school environment.

Poverty : There are many communities in sparsely rural areas of Ghana which have no basic education

schools. The situation is made even worse by the fact that secondary schools are located in affluent communities that could afford boarding and transportation fees. Poor families may be reluctant to send their daughters to distant schools and boarding secondary schools due to financial constraints. Northern regions have been performing extremely poor in girls' participation at all the levels of education due to the incidence and depth of poverty.

Perceptions and Cultural Practices: Some parents in the north in particular do not value girls' education. The traditional role of women in the indigenous Ghanaian society is to become a good wife and mother who cares for her children. The up-bringing of the girl child to meet this socio-cultural demand is a higher priority than sending the girl to school. Also in Moslem communities, people have the feeling that formal education is satanic and can never lead one to heaven. The increasing trend of teenager pregnancy and early marriage (which is practiced in certain parts of Ghana) also contribute to low enrolment and retention of girls in schools.

School Environment: School environment is another important factor that can affect enrolment and retention rates of pupils. In many rural communities, most school buildings are in very deplorable conditions. In some villages, for example, classes are held under trees. These conditions certainly do not promote enrolment and retention of pupils in schools. Again, many educationally under served communities have ramshackle school structures with under-enrolled classes and no teachers. Teaching therefore become ineffective and the child does not benefit much from schooling. Another crucial factor is accessibility (i.e. distance from home to school). Sometimes children have to walk long distances to and from school. Many parents would not like their daughters to walk long distances along unsafe footpaths in the bush to go to school. This situation puts school children, especially girls at a disadvantage.

It can be said that these factors all combine to impact negatively on enrolment and retention of girls in most communities in Ghana.

[Textbooks, Schools, Teachers]

Currently, textbooks are distributed free of charge. At JSS level however, a 10% utilization fee is collected. A number of problems are associated with the distribution of textbooks. These include delays of books arriving at the schools due to ineffective distribution system and lack of adequate warehouse facilities.

In 1992, there were 11,218 and 916 public and private primary schools respectively. For Junior Secondary Schools, the corresponding number was 5,241 for public and 218 for private. There is the need to build more schools.

In 1990, the teacher-pupil ratio for Primary One was 1 is to 29. About 27% of teachers were females at primary school level and 4% at university level.

In 1997/98 there were 38 Teachers Training Colleges in Ghana, with a total student population of 20,399, out of which 61.7% were women.

Training and Recruitment of more Female Teachers is one of the strategies in the National Plan of Action on Girls' Education to enhance girls' enrolment, retention and achievement. Female teacher trainees would be trained with support from the local level and serve after training in the local community for a certain period of time.

[Literacy Education]

The overall literacy rate has been increasing over the years from 46% in 1981 to 64% in 1995. The literacy rate for females was 35% in 1981 and 54% in 1995, while for men it was 56% in 1981 and 76% in 1995. This shows that women still lag behind men in literacy education.

To address the issue of illiteracy in Ghana, the Non-formal Education Division of the Ministry of Education was set up in 1987 to reduce illiteracy in the country by 10% annually through the provision of basic literacy and numeracy skills, new knowledge and attitudes.

Some of the learners dropped out during the course of the programme. The sex composition of the drop-outs shows greater proportion of female drop outs than males. This could be due to over burdening of women with domestic duties and incompatibility of the programme with their more demanding domestic, socio-economic roles. In addition cultural and traditional perceptions had influenced female dropout rates. In all, about 54% of females dropped out while the proportion for males was 46%.

[Impact of Economic Policy on Education]

Because of economic mismanagement and very poor economic performance around the middle of 1970s up to early 1980s, there was a dramatic fall in real expenditure on education. The budget for education was cut off by 66% between 1979 and 1985 reflecting both a fall in government expenditure as a percentage of GDP and a fall in GDP. Many skilled teachers migrated out of schools in search of better pay. As a result of the drastic reduction in educational budget, there was serious deterioration in infrastructure and equipment in the educational sector as well as a decline in both quantity and quality of teachers.

The National Reproductive Health Service Policy and Standards is drawn by the Ministry of Health in April 1996, addressing to promote services on reproductive health. Services at the community, sub-community and district levels constitute the primary health system aimed at ensuring universal access to health delivery to all Ghanaians. However, considerable progress has been made in the health delivery system, quite a large percentage of the population still has no access to modern health care services.

[Government Policy on Reproductive Health]

The National Reproductive Health Service Policy and Standards drawn by the Ministry of Health in April 1996, emphasized on the promotion of the following services:

- 1) Safe motherhood including ante natal, safe delivery and post-natal care especially breast-feeding, infant health and women's health,
- 2) Family planning,
- 3) Prevention and management of unsafe abortion and post-abortion care,
- 4) Prevention and management of reproductive tract infections including sexually transmitted diseases, HIV/AIDS,
- 5) Prevention and management of infertility,
- 6) Prevention and management of cancers of the reproductive tract including breast, testicular, pro static and cervical cancers,
- 7) Responding concerns about menopause,
- 8) Discouragement of harmful traditional reproductive health practices that affect the reproductive health of men and women such as female genital mutilation.

The promotion of these services is to be achieved through provision of IEC (Information, Education and Communication), training of reproductive health service providers, human resource development, better logistic management system, and management information system.

[Access to Health Services]

Even though considerable progress has been made in the health delivery system, quite a large percentage of the population still has no access to modern health care services. Data indicates that only 60% of the entire population and 45% of rural dwellers had access to health facilities. Only 44% of birth were attended by a doctor, nurse or midwife. Trained traditional birth attendants assisted 24% of birth while 18% of births were assisted by untrained traditional birth attendants. There is also a marked regional and rural-urban disparities in the distribution of the health facilities as well as availability of health personnel. For example, on average in Ghana, one institution that provides maternal and child health/family planning service may cover about 9,500 persons. In the North in particular, it covers about 15,000 people living in a large area. The result is that those who need access to these facilities must walk long distances to reach them. They therefore avail themselves of the facilities provided by traditional herbalists or traditional birth attendants.

[Maternal Health]

Mothers received antenatal care from doctor, nurse, or midwife for 87% of births in 1998. The median number of visits among women who received antenatal care was 4.6, and three in five women who received antenatal care had four or more visits. For all births, 45 % of mothers had received at least two doses of tetanus toxoid injection in 5 years from 1993 to 1997. Births to mothers who live in urban areas received at least two doses of tetanus toxoid injection more than births to mothers in rural areas.

The maternal mortality rate is 740 (per 100,000 live birth) which is between the average of developing countries (477) and less least developed countries (1,052). The major causes of the maternal mortality include hemorrhaging, infectious diseases, rupture of the uterus and anemia. Female genital mutilation which is prohibited but about 30% of women have undergone, could be one of the causes of abnormal hemorrhaging at childbirth. Since the cases of illegal artificial abortion are not reported, problem related to reproduction could be worse than indicated by official data.

[Child Health]

There has been 43% decline in infant and under-five mortality in the last two decade. Infant Mortality Rate and Under-Five Mortality rate are currently 57 (per 1,000) and 108 (per 1,000) respectively. One out of nine children die before the 5th birthday and about half of these deaths occurs during the first year of life. Childhood mortality varies by mothers' residence and level of education. Mortality is consistently lower in urban areas than in rural areas. Children of mothers with no education are more than twice as likely to die as children whose mothers have secondary education of higher. Major causes of infant mortality are malnutrition, malaria, typhoid fever and diarrhea. High birth order is also one of the high-risk factors. The ratio of low-birth-weight (under 2500g) children is 20%, it is one of the important concerns of the Ministry of Health. Malnutrition is high in Ghana, with 26% children under five stunted, 10% wasted and 25% underweight. The proportion of children fully immunized by age one has increased from 43% in 1993 to 51% in 1998.

[AIDS and HIV Infection of Women]

HIV infection is also a critical problem. In 1992, 150,000 HIV positive cases were reported and it was ranked as 11th in Africa. It is reported that in 1995, in each region, from 4 to 6% of pregnant women, 10% of STD patients and 2% of people who donated blood were found to be HIV positive.

Reported AIDS cases between 1986 and 1992 revealed that majority of AIDS cases are women (71%). All age groups also show preponderance of women AIDS cases except age 0-14. The highest percentage of 81% of AIDS cases were women at the age of 15-29, and it is said that females from 15 years old are more infected with AIDS than men. It is reported that about one third of new-born babies of HIV infected mother are infected.

Prostitution and polygamous system (where a man has plural wives) are considered as some of the causes of higher rate of women's infection of HIV than men. As the number of people who are infected with AIDS is drastically increasing within a short time with the problems of unreported cases, data on AIDS is possibly underestimated. The real situation could be worse off than the official report.

[Nutrition Condition of Women]

Malnutrition undermines the health of a fair proportion of Ghanaians especially children, pregnant and lactating women living in rural areas and in urban slums. It is estimated that 65% of pregnant and 45% of non-pregnant women are malnourished. Malnutrition among women takes the form of protein-energy malnutrition associated with micro-nutrient deficiencies. The commonest micro-nutrient deficiency is iron-deficiencies anemia. Majority of women (60.7%) has Hemoglobin level between 50-70%, followed by 34.8% with 70% and 4.5% of the registrants had below 50% in 1995. Other micro-nutrient deficiencies in adult females include Vitamin A and goiter caused by iodine deficiency estimated to affect up to one third of the population in parts of the three northern regions.

The problem of malnutrition is particularly severe in the northern regions due to harsher ecological, climatic and living conditions. During the pre-harvest "hungry" season in the north, food intake is generally reduced so that cultural and climatic factors combine to worsen the nutritional status of women. Paradoxically, this period coincides with the peak of farming activities when much energy is needed on farms. A World Bank survey in 1989 found that 36% of women were classifiable as severely underweight in the lean seasons compared with 19% during the rest of the year. Comparable rates for men were 23% and 3% respectively.

[Women's Health Organizations]

A number Governmental and non-governmental agencies are involved in the provision of health services in the country. In recent years, the reproductive health status of women has become a serious concern. Over 300 non-governmental agencies are involved in reproductive health service delivery notably the Planned Parenthood Association of Ghana (PPAG), Young Women's Christian Association of Ghana (YWCA) etc. working closely with the Ministry of Health and other identifiable governmental organizations.

[System and Personnel for Reproductive Health Services]

Services at the community, sub-community and district levels constitute the primary health system aimed at ensuring universal access to health delivery to all Ghanaians.

At the community level, under the supervision of sub-district health management team, Town/Village Health Committees made up of 5 to 7 people are formed. Community based distribute agents, traditional birth attendants (TBA), chemical sellers and pharmacists provide services in reproductive health in these communities. There are 12 Outreach Service Points for one Health Station and services are provided regularly each month. Visit by TBA instructors to TBAs in communities is done at least once a month.

A district may consist of 5 or 6 sub-districts. The sub-district is not an administrative unit but

geographically demarcated for health and medical service to cover an average of 20,000 to 30,000 inhabitants. Under Sub-District Health Management Team, there are Health Stations and Urban Health Centres with medical assistants, midwives and nurses providing reproductive health care services nationwide.

At district level, district hospitals with midwives, medical assistants, nurses and physicians provide referral services for lower levels like the sub-district clinics and health centres.

Regional hospitals which have more equipment and specialists like midwives, medical assistants, nurses, physicians, obstetricians and gynecologists than the district hospitals also act as referrals for the districts. Prominent at the tertiary level are the two National Teaching Hospitals and a Military Hospital.

[Family Planning]

Although Family Planning activities started in Ghana as far back as 1961, it was not until 1970 when it was given an official recognition with the establishment of the Ghana National Family Planning Programme (GNFPP).

According to the 1994-revised programme on family planning, the main objective of the Family Planning Programme is to reduce the total fertility rate from 5.5 to 5.0 by the year 2000. This is to be achieved by increasing contraceptive prevalence rate and method specific knowledge through appropriate IEC, expanding Family Planning services, and strengthening institutional capacity in both public and private sectors. As far as males are concerned, the programme's objective is to promote awareness of Family Planning and other population related issues and motivate more men to accept and practice Family Planning towards the reduction of the high fertility rate. This is to be carried out through Family Planning information and education to men, and ensuring wider availability and easy accessibility of Family Planning services to men especially in rural areas through Community Based Distribution (CBD) agents and other out-reach programmes.

[Family Planning Methods]

Total Fertility Rate (TFR) is declining with 6.4 in 1993, 5.5 in 1993 and 4.6 in 1998. However fertility differs both among areas and education of women. The TFR for rural areas (5.4) is about two and half children more than for urban area. Women with no education have twice as many children (5.8) as women with at least secondary education (2.8). The gap between desired and achieved family size has narrowed over the last decade.

The family planning methods in Ghana include condom, spermicide, oral contraceptive pill, intra uterine device (IUD), implants as temporary methods, and tubal ligation and vasectomy as permanent methods. New contraceptives and contraceptive methods are approved and registered by the Pharmacy Council before being used in Ghana.

Recent Demographic and Health Survey (1998) shows that although there is widespread knowledge about contraceptives, their use is low. Among currently married couples, 94% of women and 96% of men know at least one modern method of family planning. The condom is the most widely recognized method followed by injectable and the pill. About 80% of currently married women know where to obtain a modern method of family planning.

Among currently married women, 22% use some methods of contraception and, 13% use modern methods. The most widely used modern method is the pill (4%) , followed by injectable and condoms (3%). More than 7% of all women and 8.7% of currently married women use traditional methods such as periodic abstinence. The reasons for non-use of contraception include fear of side effects and opposition of either partner or someone else and religious belief.

The agricultural strategy as set out in the Medium Term Agriculture Development Strategy (MTADS) drawn in 1991, recognized that any development effort in the country must address gender issues.

Women are engaged in various activities besides on-farm work, including food processing, fishery, domestic work, etc, that are all time-consuming and labour intensive. However, their access to productive resources such as education, land, credit, agricultural extension services and various forms of agricultural technologies is comparatively lesser than men. As a result, women are obliged to remain poor within the already poverty-stricken rural communities.

[Policy and Budget]

The agricultural strategy as set out in the Medium Term Agriculture Development Strategy (MTADS) drawn in 1991, recognized that any development effort in the country must address gender issues. The MTADS proposed, among others, to bring services closer to women, to involve women in the formulation and management of programmes affecting them, and to make women contact points in order to deliver services directly to the beneficiaries and receive feedback.

The Ministry of Food and Agriculture (MOFA) created the Department of Women in Agriculture Development (WIAD) to enforce plans to support women in rural areas. WIAD is primarily responsible for coordinating programmes for women farmers in conjunction with the Extension Service Division (ESD) of MOFA. WIAD also assists MOFA in developing appropriate policies, strategies, agricultural technologies beneficial to women farmers, fisher folks, food processors and food handlers. In 1995, WIAD and ESD received 1.8% and 4.8% respectively of the budgetary allocation of MOFA. Similarly, in 1996 WIAD received only 0.8% of the total budgetary allocation with 4.1% going to ESD.

[Situation of Women in Rural Areas]

Agriculture remains the dominant sector of the Ghanaian economy; contributing 40.5% to the GDP in 1998 and 43.8% of total export earnings. About 57% of population are engaged in the sector.

About 59% of female labor force is engaged in agriculture and it has been estimated that women produce 70% of the bulk of food crops. In particular, they are actively involved in the production of roots and tuber crops which supports national food security. Women are also the main actors in post-harvest activities such as storage, processing and marketing of all grains and starchy foods.

However, their access to productive resources such as education, land, credit, agricultural extension services and various forms of agricultural technologies is comparatively lesser than men. As a result, women are obliged to remain poor within the already poverty-stricken rural communities.

In addition to farming activities, women are also loaded with domestic work. For instance, about 80% of rural households live in areas where residents have no pipe-borne water. Women must walk long distances for water. Much time and energy is also spent on searching for fuel wood.

Access to health services is also one of the problems faced by women in rural areas. Only few of them live in communities where there are doctors, and access to pharmacy is also difficult. About 60% of rural women live in communities where the main place for delivery of babies is the home. Rural and urban differences also exist in the number of women receiving pre-natal care, with a record of 83% in urban areas and 70% in rural areas. Seasonal malnutrition is also common particularly in rural areas where during the lean season food intake is reported to drop to 60-70% below the average requirement.

In Ghana as one of the largest fishing countries in West Africa, the annual fish production is 300,000 tons. Men go for fishing and it is women who are engaged in processing (smoking, drying, salting etc.), transporting and marketing of fish products. The contribution of women in the fish industry is significant.

[Women's Access to Land]

It has been stated that the land tenure system in Ghana is governed by the customary law which is the basic law. Traditionally, land was commonly obtained through conquest or appropriation under the leadership of a stool (chieftaincy) or lineage head. Occupancy of stool and family headship in Ghana is predominantly male. Even within matrilineal systems men are, nevertheless, seen to play this role at the expense of women. Stools are generally known to possess the highest titles to land in Ghana. In practice however, women have not been

generally known to have equal access to stool or lineage land. The general notion among Ghanaians is that women have uninhibited access to land. In contrast to men, women do not generally own the lands that they farm on and they tend to have smaller lands than men. Many reasons account for this situation. These include: 1) early marriage and attendant marital and domestic obligations which reduce women's chances of acquiring land or comparatively large portions than men, 2) general gender patterns in division of labour place land clearance in the hands of men. This gives them priority in original possession and acquisition of land, 3) land is normally given on the basis of ability and means to develop it. Many women tend not to have such ownership of financial resources.

A part from the land tenure system, there are various modes of land acquisition by women engaged in small-scale agriculture. The most common methods include pleading (as in the North), sharecropping, license and user right of husband's land. Outright purchase does not seem to be a common mode of access to land. This is because traditionally, land is not saleable in most communities and even where land sales exist, women can not afford it because of lack of economic power.

[Women's Access to Credit]

Financial support services for women or farmers were provided by Agriculture Development Bank, Bank of Ghana, National Investment Bank, National Board for Small Scale Industries, Enhancing Opportunities for Women in Development (ENOWID, fund under Programme of Action to Mitigate the Social Cost of Adjustment), and Women's World Banking in collaboration with NGOs and donors. However, most of the beneficiaries from the schemes of these financial institutions were crop farmers and women in income generating areas such as female small-scale industrialists, food processors, and other women in entrepreneurial development. On the whole however, a large number of women small-scale farmers did not benefit from loans from formal sources. This was mainly because of high risk in lending money to small-scale farmers by the banks, delays in loan procedures, distance to the banks, lack of education of women in preparing loan applications, etc. Again, some schemes meant for women such as Ghana Women Fund Scheme (Bank of Ghana) assisted women through groups and NGOs; no individuals could benefit from these schemes.

Majority of female farmers derives their capital from informal sources which includes loans from husbands or relatives, money lenders, "susu" (informal financial system) operators and traders. Attempts are being made to provide micro finance schemes to rural farmers targeted mostly at women.

[Women's' Organization in Rural Communities]

There are several types of women's groups in rural areas as co-operatives, informal credit system, and so on. Group formation in the form of co-operatives has since the early 1980s made it relatively easier for women to have access to land. There seems to be a gradual removal of most discriminatory provisions to land tenure system and more definite attempts to improve women farmers access to land through group formation. Women also form "susu" groups as informal credit systems since they face a lot of obstacles in taking loan from formal credit organizations (e.g. commercial banks).

[Women's Role in Processing and Marketing]

Women are the most important actors in the food chain, beginning from crop production to the market place. Generally, women are responsible for transporting farm produce to the market centers. This is done by head loading which is not computed as an economic activity. Food processing is also a common feature of women's off-farm activities. In Ghana, women are noted for making palm oil, gari (cassava product) and other farm-related products, and fish smoking. Extractions of shea nut and groundnut oil are prevalent off-farm activities among women farmers of Northern Ghana.

[Extension Service and Training for Women]

Most rural women in Ghana still use the most rudimentary forms of technologies that are both time consuming and also labour intensive. This limits their productive capacity and their ability to cultivate large acres of land.

Agricultural Extension Services provide the primary mode of dissemination of information on agriculture technology to rural farmers. The extension services are provided by ESD of MOFA and Cocoa Marketing Board(COCOBAD). However, COCOBOD targets cocoa farmers who are mostly large commercial farmers. Majority of female farmer does not benefit from its services. The implementation of agricultural extension services by ESD is provided under the decentralized system at the district level through local government and rural structures. The directorate of the division provides policy guidance and monitors the implementation of the extension programmes at the national level. Extension officers are distributed among the Head Office of MOFA,

regional offices and the districts.

At national level, the ESD also coordinates all agriculture extension activities of NGOs and other private sector organizations involved in the provision of agricultural extension services.

A part from the general agricultural extension services rendered to farmers, ESD also collaborates with WIAD to provide services specifically to rural women in diet improvement, food production, food processing, food preservation and storage, and home management.

Several agencies such as Ghana Regional Technology Industrial Service (GRATIS) and NGOs have different projects aimed at introducing women to technologies that save time and energy but which increase output. These projects focus mainly on food processing. Villages that benefited from these projects included the chain of fishing village along the coast, and those in the hinterland involved in oil extraction and gari (cassava product) processing.

In practice, however, several social and logistical factors have led to a low level of female participation in extension service. These include lack of contact with extension officers, the male-female extension officer preference, and the inadequate support staff within the MOFA. Also, feminized and domesticated aspect of extension services for women and the way to approach women should be encouraged to improve both the quality and quantity of extension services for women in rural areas.

3-4 Economic Activities

Economic Activities

Job opportunities in the formal sector are limited and require educational qualifications that most women do not have, so women make up a significant proportion of the labour force in the informal sector. The activities of women in the informal sector consist mainly of trading activities, catering, dressmaking, oil extraction, fish smoking and bakery. Even working in formal sector, since most women in this category are unskilled, they do not receive high salaries. Government Organizations and NGOs have started supporting systems for female entrepreneurs and working women in the form of micro finance, vocational training programme, and day care centers for children.

[Women in Informal Sector]

Women make up a significant proportion of the labour force in the informal sector. In 1997, 81.5% of the female labour force were self-employed and in the informal sector. The equivalent figure for men was 71.0%. Women in this sector engage mostly in agriculture and trading activities that are characterized by low incomes, small value additions and job insecurities. Most women work in this sector not as a matter of choice, but as a necessary option. Job opportunities in the formal sector are limited and require educational qualifications which most women do not have. About 51.2% of the female labour is in agriculture in rural areas mostly cultivate small holdings to feed their households and sell the surplus to generate income.

In most urban areas, petty trading is the dominant activity. Many women sell anything they can lay hands on. This results into overcrowding of most markets. About 5% of women labor force are in manufacturing and most of them are in the informal sector. The activities of women in the informal manufacturing sector consist mainly of dressmaking, oil extraction, fish smoking and bakery.

[Women in Formal Sector]

The formal sector provided employment for only 11.1% of the total labor force in 1997. About 4.7% of women labor force was in formal sector while the corresponding figure for men were 18.1% for the same period. In public sector and formal private sector 3.3% and 1.4% of women labor force were employed while 10.6% and 7.5% for men were engaged respectively. In formal sector, employment capacity is very limited especially employment of women. Most women working in the formal sector do not participate as intellectuals in policy-making, planning etc., but largely at the lower levels mostly as unskilled labourers. The level of skill determines the wage level. Since most women in this category are unskilled, they do not receive high salaries.

[Technical Education and Vocational Training]

There are some programmes that have components seeking to address women's employment and training needs. Majority of them is run by both governmental agencies and NGOs. The National Board for Small-Scale Industries (NBSSI) provides training and professional counseling for both small-scale entrepreneurs and potential entrepreneurs. Data showed that since the programme started, only 18% of participants were women. The board is currently in the process of setting up a Women's Section to specifically assist small-scale women industrialist, and to encourage women in setting up their own businesses. Governmental organization such as the National Vocational Training Institutes (NVTI) of Ministry of Employment and Social Welfare, polytechnics under Ministry of Education, and the National Council on Women and Development provide vocational and technical training for women. In the case of polytechnics, female constituted 25% of total enrollment for full-time courses in 1994. Most females take courses such as cookery, office management, and catering. There are also many private and religious organizations working in Ghana to improve the situation of women and girls in the areas of employment. Private organizations like the Young Women Christian Association etc., organize vocational training for girls to help them compete in the labour market. Others like the Christian Mother of the Catholic Church and Ghana Red Cross train women to improve on their productivity and earning capacity.

Almost all the training or re-training facilities offered to women and girls are in the area of food processing (gari-making, oil extraction etc.) catering, typing, dressmaking, hairdressing and housekeeping. There is already oversupply of labour in these areas, and this is not always in the interest of women.

[Support for Micro Enterprises]

In recent years, various institutions have been promoted to come up with strategies on how to help

women in particular to have more access to credit. Some of these institutions include NBSSI, Bank of Ghana, Women's World Banking, etc.

NBSSI, in collaboration with other governmental organization and NGOs, is involved in various national initiatives to support women's efforts in income-generation and enterprise development efforts. For example, in the programme for Enhancing Opportunities for Women in Development (ENOWID) organized in collaboration with the Ministry of Local Government and Rural Development, the NBSSI provided support for women in credit delivery and business management skills in targeted communities. The NBSSI also collaborates with NCWD in running programme for women's groups and small business women in various rural and urban communities. These programmes seek to provide credit for women's economic activities as well as other strategic interventions such as reproductive health education, literacy, project management and good parenting. The programme also supports activities like pottery, soap making, beads making, and food processing. Women's groups are given loans at an interest rate of 20% with a three-month moratorium with installment repayment over a period of one year.

The Bank Ghana's Ghana Women Fund Scheme seeks to assist women through groups, banks and NGOs approved by NCWD. No collateral is required by Bank of Ghana. However, the disbursing banks demand that the groups put up guarantees and open bank accounts.

Women's World Banking (WWB) focuses on women in commerce such as traders and women in small-scale enterprises. It provides non-institutional credit schemes for women in addition to providing them with technical assistance in the form of training in the fields of business management, marketing and export. Its area of operation has, until recently, been concentrated in the capital cities.

[Supporting System for Female Workers]

Law on the provisions of day care centres for children or pre-school-going age was enacted in 1987. The 1992 constitution specifically states that "facilities shall be provided for the care of children below school going age to enable women who have traditional care of children realize their potential". About 90% of the day-care units in the country are located in the regional capitals. There are very good private child care facilities for parents who can afford to pay the required fees. Such centers provide trained nursery attendants, good health and sanitation, structural facilities, playing materials as well as good curriculum. The public-owned centres are not expensive but they do not provide good facilities.

Women in the formal sector benefit from the maternity leave system which is assured by law while women in the informal sector who constitute of majority of economically active population do not.

4. WID/Gender Projects

Project/Programs	Implementing Agency	Donor	Duration	Budget (US\$)	Gender-related Issues
Education					
Credit with Education for rural Women		UNICEF	1996 - 2000	1,000	To enable poor women in rural areas to increase income and savings to improve nutrition and health
Plan on Girl/Child Education		WFP	1997 - 2001		Food assistance to girl pupils in northern regions
Health					
Supplementary Feeding, Nutrition and health Education	Ministry of Health, NGOs	WFP	1995 - 1999	5.5 million	To train expectant and nursing mothers and mothers of malnourished children in basic nutrition and health
Motherhood and Female Reproductive Health		UNICEF	1996 - 2000		To improve quality of and accessibility to maternal, obstetrical and neonatal care
Reproductive Health		UNFPA	1996 - 2000		To ensure comprehensive, quality and cost-effective reproductive health services
Population and Development Strategies		UNFPA	1996 - 2000		To integrate population variables into development planning
Advocacy		UNFPA	1996 - 2000		To create a conducive environment for promoting reproductive health and population
AIDS	Ministry of Health, NGOs	USAID	1996 -		
Baby Friendly Hospital Initiative	Regional Hospitals	WHO	1997 -		To promote breast feeding in health facilities
Programme of Research, Development and Training in Human	Ministry of Health, National Hospital	WHO	1997 -		To coordinate, promote conduct and evaluate external research in human reproduction
Regional Plan of Action to accelerate Elimination of Female Genital Mutilation		WHO	1996 - 2015		To reduce the population of female who have undergone any type of genital mutilation
Agriculture, Forestry, and Fishery					
Research and Regional Training on Artisanal Fish Processing	Ministry of Food and Agriculture	NEDA	1992 - 1997	9 million	To increase availability to quality fish products for rural population through improved fish production
Root and Tuber Improvement Programme		IFAD	1997 -		To introduce technologies which ease women's work and increase time for incomes
Upper East land Conservation and Small Holder Rehabilitation Project		WFP	1992 - 1997		To allocate more plots to women involved in dam rehabilitation works
Research and Regional Training on Artisanal Fish Processing		NEDA	1992 - 1997		To improve fish processing for mainly women
Integrated Rural Development Project at Eyisam	NGO	DANIDA	1996 - 1998		To improve upon the income level and overall quality of life, of women and their families
Community Forestry		WFP	1995 -		Income generation through sale of matured trees, fruits and products
Gender Disaggregated Statistical Data		FAO			To increase availability and use of gender disaggregated data in rural planning effort
Economic Activities					
Production of hand dyed textiles and garments for export	Entrepreneurs	DANIDA	1996 - 1997		To promote product quality and income earning opportunities for Ghanaian entrepreneurs
Others					
Promoting Gender Equality in Ghana	NCWD, Women NGOs/CBOs NCWD, ISSER, GIMPA,	UNDP	July 1998 - July 2000	1,000,000	To strengthen and enhance national machinery and women's NGOs/CBOs' activities
Women in Public Life Research		DFID	1997 - 1998		Study on Ghanaian women in public life
Trokosi Modernization Project		DANIDA	1996 - 1997		To advocate, facilitate, and abolish the Trokosi institution, and promote the integration of emancipated Trokosi Slaves
Strengthening the protection of women's legal rights		DANIDA	1996 - 1998		To emancipate women in Ghana by securing a level of protection of their human rights
Sexual defilement of female children		DANIDA	1997		To stimulate the formulation of appropriate sanctions and policies to control the phenomenon
Street Babies Programme		DANIDA	1997 - 1999		To improve upon the quality of life of street mothers and street babies
Street Children training and Sponsorship Programme		DANIDA	1997 - 2000		To restore the lost self esteem and confidence of street children
Assistance to Liberian Refugees		WFP	1990 -		Food aid in the camps mainly for women and children

5. WID/ Gender Information Sources

5-1 List of International Organizations and NGOs related to WID/ Gender

Governmental Organization

Name and Specialty	Past Records	Reports	Contact Address
Family and Development Project	1990-1996		Tel : 500786, Legon
National Board for Small Scale Industries (NBSSI), Gender Desk - Mrs. Rubby Dagadu		Information on Women's Access to Credit	Tel : 668641/2 Fax : 669707
The Ministry of Health, Mrs. Rejoice Nutakor		Information on Women in Health	Tel : 665444
National Population Council, Mrs. Esther Apcokin		Information on Women and Population Issues	Tel : 665421
National Council on Women & Development, Ms. Atawa Akyca, Mrs. Gifty Ohene - Konadu		Information on Women and Production	

Consultant

Name and Specialty	Past Records	Reports	Contact Address
Dr. Clara Fayoursey, Gender Consultant		Empowering Women for Entrepreneurship Development in Ghana Population Income Generation and Fertility Behavior among Rural Women in Ghana Commodification of Childbirth : Female Strategies towards Autonomy among the Ga of Southern Ghana The Role of Donor Agencies in Population Policy Implementation in Ghana	Tel/Fax : 774657
Family and Development Project, University of Ghana, Legon. Mrs. Elizabeth Ardarfo - Shandorf, Gender Consultant		Urban Marketing System ; An Analysis of Operational and Environmental Condition of Markets in Ghana	Tel : 500786
University of Ghana, Mrs. Mariama Awumbila, Gender Consultant		Women and Change in Ghana : The Impact of Environmental Change and Economic Crisis on Rural Women's Time Use Gender and Structural Adjustment in Ghana	Tel : 500385
Institute of African Studies, University of Ghana, Legon Ms. Takyiwa Manu, Gender Consultant			Tel : 500512
Institute of Statistical Social & Economic Research, Ms. Ellen Bortei - Doku Aryeetey, Gender Consultant			Tel : 665778
MEL Consulting limited Ms. Aba Amissah Quainco		Micro credit, Marketing System	Tel: 245429 Fax: 245429 E-mail: mel@ghana.com

Institution

Name and Specialty	Past Records	Reports	Contact Address
Magament Development Institute, MDPI	Post Graduate Training, Provide Managerial Skills & Gender Awareness		
GIMPA	Research, Training for management		

NGOs

Name and Specialty	Past Records	Reports	Contact Address
African Centre for Human Development, Mr. Wilbert Tengey		Information on Women in Development Training on WID	Tel : 668641/2 Tel : 220138
Freedom from Hunger, Mrs. Josephine Martei	Gender Consultant & Advocate for Women's Progress		Tel : 774828
WILDAF, Mrs. Elizabeth Akpalu, Private Gender Consultant	WID Training		Tel : 4007555
Center for the Development of People, Yaa Peprah Amekudzi	WID Programme / Training		Tel : 051 26026, Kumasi Fax : 051 26026
31st December Women's Movement, Dr. Nana Konadu, Agyeman - Rawling (Hon 1st Lady of Ghana)			Tel : 230366 Fax : 220303
Forum for African Women Educationalists Ghana Chapter Ms. Vida Amaadi Yeboah	Information on Education for Girls and Women Research on Education	Report on Research on Teenage Pregnancy and Attrition Rates among Girls at the Basic Educational level in Ghana	Tel: 406853 Fax: 406682 E-mail: fawegh@AfricaOnline.Comgh

Others

Name and Specialty	Past Records	Reports	Contact Address
Women's World Banking, Mrs. Comfort Engman, Director	Women Credit Schemes		Tel : 222497/667748
Federal of Women Lawyers (FIDA, English Translation of Spanosh Acronym)	Legal Issues on Women, Legal Aid		
Association of Women in the Media (ASWIM)	Media Promotions of WID		

5-2 List of Reports and References Related to WID/ Gender

Education

Title	Author	Year	Publisher
Feminism and Social Justice in Education : International Perspectives	Arnot, M. & Weiler, K. eds.	1993	British Council
Gender Matters in Educational Administration and Policy : A Feminism Policy	Blackmore, J. & Kenway J. eds.	1993	British Council
Parents, Gender and Education Reform	David, M.E.	1993	British Council
Gender and Classroom Interaction : Implications for Teacher Education	Dolle Willemsen, D. & Rodenburg Smith, H., eds.	1993	British Council
The 'Girl Question ' in Education : Vocational Education for Young Women in the Progressive Era.	Powers, J. B.	1994	British Council
Women, Literacy, Income Generation	Rogers, A.	1994	British Council
Ghanaian Women in the Formal Sector : Social Mobility through Education in Greenhill Journal of Administration	Ardafo Shandorf	1990	GIMPA
Gender Issues in Higher Education in Ghana in Building Technical Capacity and Gender Advocacy of Young Professional African Women	Alexina Arthur	1993	U. G Balme Library, Legon
"Analyzing Human Resource Effects Education" in Demery L, Ferroni M, Grootaert C. (Ed) with Wong Valle, J. " Understanding the Social Effects of Policy Reforms "	World Bank	1993	UNDP Library
Proposed Pilot Project Increase Girls' Participation in Education in the northern region, Ghana September 1996 - December 1997	S.K. Atakpa	1996	Ministry of Education
Factor Affecting Female Participation in Education Related to the Northern Scholarship Scheme Research		1996	Ministry of Education
National Plan of Action on Girls' Education	S. K. Atakpa	1995	Ministry of Education
The Status of Basic Education in the Area affected by the Ethnic Conflict of 1994 in the Northern Region Ghana	R.A.I.N.S Consultancy	1997	Ministry of Education
Ghana Ministry of Education National Plan of Action of Girls' Education	S. K. Atakpa	1995	Ministry of Education
Basic Education Sector Improvement Programme "Policy Document" Free Compulsory Universal Basic Education By the Year 2005 (FCUBE)	Ministry of Education	1996	Ministry of Education
The Effects of Community Participation in the Provision of Basic Education on Access to and Quality of Education	Baku, JJK & Agyeman DK		Ministry of Education
Report on the STM Zonal Clinics held at Tamale, Kumasi, Takoradi, Ho	Ghana Education Service / Girls Education unit		

Health

Title	Author	Year	Publisher
Women and HIV/AIDS : An International Resource Book	Berer, M. & Ray, S.	1993	British Council
Women's Medicine : Zar -Bori Cult in Africa and Beyond	Lewis, L.M. & others, eds.	1991	British Council
Women and Health	Smyke, P.	1993	British Council
Adolescent Fertility and Reproductive Behavior in Ghana : The Case of Accra and Kumasi	Prof. John S. Nabila and Dr. Clara Fayorsey	1996	FADEP
Children and Women of Ghana A Situation Analysis 1989 - 1990	Republic of Ghana and United NationsChildren's Fund	1990	UNICEF
National Population Strategy and Guidelines	National Population Council	1998	National Population council
National Reproductive Health Service Policy and Standard	Ministry of Health	1996	Ministry of Health
Revised National Population Policy 1994 Action Plan (Volume I - General Introduction)	National Population Council	1994	National Population Council
Revised National Population Policy 1994 Action Plan (Volume II - Maternal and Child Health/Family Planning)	National Population Council	1994	National Population Council
Revised National Population Policy Action Plan 1994 (Volume III - For popolation Policy and Programmes including Women in Development)	National Population Council	1994	National Populaiton Council
Revised National Population Policy 1994 Action Plan (Volume IV - For Population Information, Education and Communication)	National Population Council	1994	National Population Council
Rrvised National Population Policy 1994 Action Plan (Volume V -)	National Population Council	1994	National Population Council
Revised National Populatin Policy 1994 Action Plan (Volume VI - For Data Collection, Research Monitering and Evaluation)	National Population Council	1994	National Population Council
Maternal and Children Health and Family Planning 1995 Annual Report	Ministry of Health	1996	Ministry of Health
Health Sector 5 Year Programme of Work 1997 - 2001 joint Ministry of Health - health Partners 1998 Review	Ministry of Health	1999	Ministry of Health
Ghana Demographic and Health Survey 1998	Ghana Statical Service, Macro Internatioal Inc.	1999	Ghana Statical Survey

Economic Activities

Title	Author	Year	Publisher
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6-2. Interviewed Person

- National Council on Women and Development(NCWD)
 - My Marian A. Takie (Director)
 - My Lena Alai Ciariba (Information Officer)
- Institute of Local Government Studies
 - My Esther Oduraa Ofei-Aboagye (Deputy Director/Head of Training)
- Center for Social Policy Studies(CSPS), Faculty of Social Studies, University of Ghana
 - Prof. Nana Abena Apter
- MEL Consulting Limited (Executive Director)
 - My Aba Amissah Quainoo
- ENDOW Foundation (Executive Director)
 - Mrs. Magdalen A. Abrokwa
- Canadian International Development Agency (Development Program Officer)
 - Ms Nana O. Koranteng
- United Nations Development Program (Assistant Resident Representative)
 - Mrs. Confort Tetteh

6-3. Local Consultant

JICA Ghana Office In-House Consultant (Ms. Junko IZUMIYAMA)