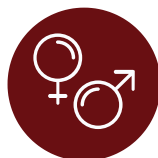




GENDER BUDGET BRIEF



Gender inequality is a continuing reality in Ghana. However, in early childhood, such disparities are far less apparent – girls have higher survival rates through infancy, are more likely to be developmentally on track, and are more likely to attend pre-school. However, in later childhood, and particularly with the onset of adolescence, significant gender disparities begin to emerge. The hygiene and sanitation needs of girls are often neglected by schools, precluding them from regularly attending class; discriminatory teaching practices may produce gender gaps in academic progression and skills development; perpetuation of harmful gender norms may expose girls to child marriage, unwanted pregnancies and sexual violence; and a lack of gender-sensitive health services may result in poor health and malnutrition. It is, therefore, apparent that gender disparities are not naturally occurring, but rather are largely driven by existing policy and practice across several sectors.

The Sustainable Development Goals (SDGs) include several gender-specific goals and targets, which aim to address entrenched gender disparities, such as those outlined above. Several of the other targets, meanwhile, are gender-sensitive in nature, meaning that achievement thereof will naturally necessitate a closing in existing gender parity gaps. As a signatory of the SDGs, Ghana has implemented several policies, across various sectors, which are specifically targeted at achieving these goals, thereby addressing gender disparities across the country. However, it is important to assess the degree to which implementation of these policies has, in fact, resulted in addressing gender inequalities in the country.

Interrogating budgets through a gendered lens is, therefore, critically important for ensuring that policies and their accompanying budgets do not serve to perpetuate existing gender inequalities, but rather contribute to a more equitable society in which boys and girls alike are afforded equal opportunity to learn, grow and fulfil their potential.

1

Within the Ministry of Interior's Programme Based Budget, create a sub-programme for the Domestic Violence and Victims Support Unit (DOVVSU) and allocate sufficient resources for the expansion of their services to areas of the country that are not currently covered. These units are critical to realising various SDG targets related to ending sexual violence and violence against children, it is therefore important to link their expenditures to the relevant SDGs..



The Ministry of Interior plays a crucial role in the prevention and response to violence against women and children which are covered by SDG targets 5.2 and 5.3. The efforts of Ghana Police Service and its Domestic Violence and Victims Support Unit (DOVVSU) are key contributors to the realisation of these objectives.

DOVVSU is mandated to respond to acts of violence against women, and children. As of 2020, the Unit employs around 831 staff, including 46 senior police officers. It has 112 offices across the country with Ashanti and Eastern regions having the largest number of locations, 22 and 19 respectively. Despite this large number of offices, DOVVSU does not have offices in all areas of the country.

The current Programme Based Budget of the Ministry of Interior does not link the contribution of DOVVSU to any of the policy objectives set out in the Medium-Term Development Policy Framework (2018-2021) related to the prevention and response to violence against children and women, or SDGs. Indeed, the budget for DOVVSU is located under sub-programme 3.2 Maintaining Law, Order and Crime Prevention, but is not visible. It would greatly assist the tracking of spending on these critical units if a separate subprogramme were created for them under Programme 3, and if specific budget codes for them were allocated within the GIFMIS system. This would facilitate linking spending on these units to the specific SDG targets.

48%

The 2016 Domestic Violence Survey in Ghana found that over 48 per cent of girls aged 15–19 years reported having experienced at least one act of physical violence in their lifetime, with 28 per cent having experienced physical violence within the past year



2 Allocate GH¢ 257 million for the implementation of the Ghana Family Planning Costing Implementation Plan 2016 – 2020 and the Five-Year Strategic Plan (2018–2022) for addressing adolescent pregnancies in Ghana.

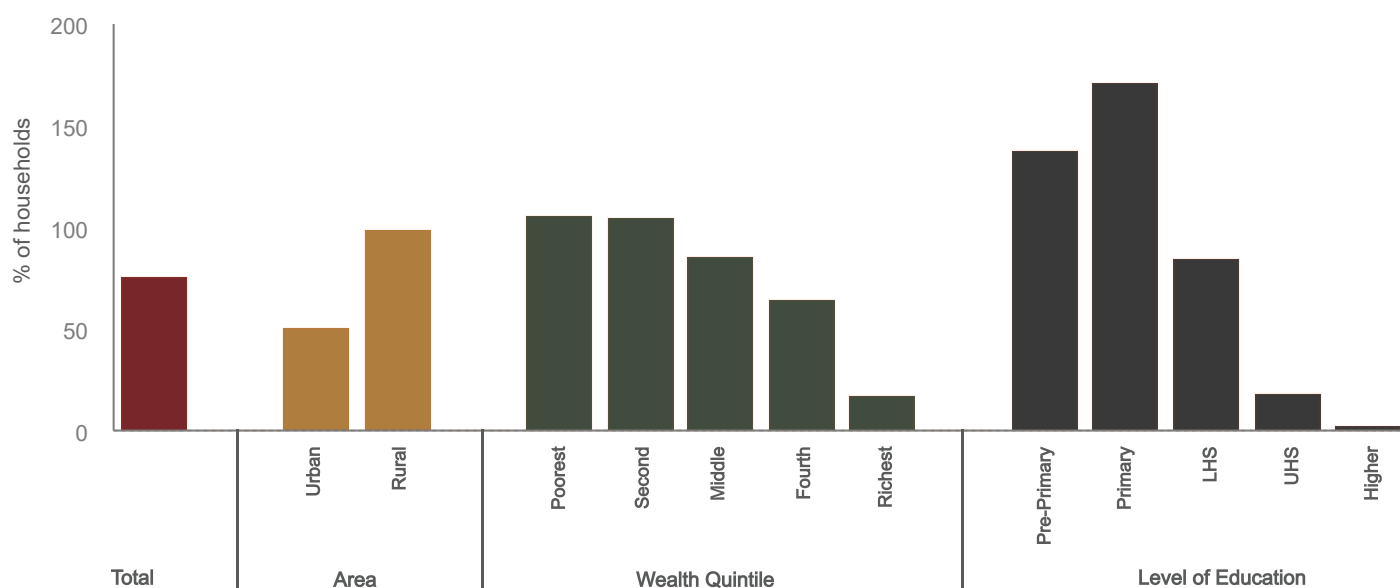


Complications related to pregnancy and childbirth are among the leading causes of death for adolescent girls age 15 to 19. Preventing teenage pregnancy both improves the health of adolescent girls and enables them to continue their education, preparing them for jobs and livelihoods. Yet too often adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception.

Strategies to combat child marriage and expand access to sexual and reproductive health services are integral to preventing adolescent pregnancies and enabling women to delay the age at which they have their first child.

To this end, the Ministry of Health developed the Ghana Family Planning Costing Implementation Plan 2016 – 2020 and the Ministry of Gender, Children and Social Protection developed the Five Year Strategic Plan (2018-2022) to prevent adolescent pregnancies. The Family Planning Costing Plan committed the government to increasing the modern contraceptive prevalence rate to 30% amongst married and 40% amongst unmarried, sexually-active women by 2020. The MICS 2017 shows that current use of any modern method is still well below these targets: 22% for married women and 18% for unmarried women.

Adolescent pregnancy rates in Ghana

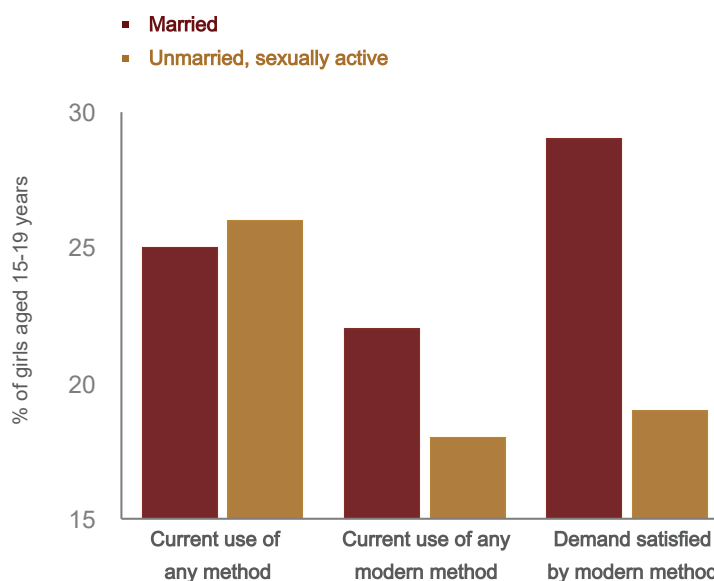


Source: MICS, 2017

If the government is going to reduce adolescent pregnancies, it needs to prioritise spending on family planning and preventing adolescent pregnancies: it is estimated that the annual budget required to implement the family planning policy is around GH 257 million.

Making these investments in family planning and achieving the desired contraceptive prevalence rate targets will avert more than 2.3 million unintended pregnancies, more than 800 000 abortions, almost 30 000 child deaths, and more than 5,000 maternal deaths over a five-year period. Additionally, the intervention will avert expenditures of almost GH 630 million on maternal and infant healthcare costs alone during the five-year period. In addition, other sectors, including public health, education, and infrastructure, will also experience significant cost savings due to increased family planning.

Use of contraception among girls aged 15-19 years



Source: MICS, 2017



3

Allocate adequate budgets to expand services and implement policies that prevent and respond to sexual and gender-based violence against women and children. The government has adopted the Child and Family Welfare Policy (2014), the Justice for Children Policy (2015) and the National Gender Policy (2015), along with their costed operational plans, but is yet to adequately fund their implementation.



It is known that children still experience frequent and multiple forms of violence. Less known is the extent of sexual violence against children, since incidents of sexual abuse are commonly under-reported. According to the 2016 Domestic Violence Survey, 38.2% of girls aged 15-19 have experienced sexual violence in their lifetime, with 22.1% of girls aged 15-19 having experienced at least one act of sexual violence in the year preceding the survey. But this is only part of the picture. The Child Protection Baseline Research Report (2014) found that: 54.9% of respondents said that children engaging in transactional sex happens “all the time” or “sometimes” in the community; 18.1% of respondents said that the commercial sexual exploitation of children happens “all the time” or “sometimes” in their community; 18.3% of respondents said that trafficking of children for sexual purposes happens “all the time” or “sometimes” in their community. Most disturbing is that the sexual violence against women and children is most commonly domestic in nature – perpetrated by people the child knows and happening more frequently in the child’s home, neighbourhood and at school.

To combat the scourge of sexual violence against children, the government has adopted the Child and Family Welfare Policy (2014), the Justice for Children Policy (2015) and the National Gender Policy (2015) along with their operational plans. These plans have been costed at the national level, and District Assemblies have developed costed plans for child protection – assisted by the National Development Planning Commission. However, the government needs to allocate sufficient funds to ensure that these policies and plans can be effectively implemented.

38%

The 2016 Domestic Violence Survey in Ghana found that over 38 per cent of girls aged 15–19 years reported having experienced at least one act of sexual violence in their lifetime, with 22 per cent having experienced sexual violence within the past year

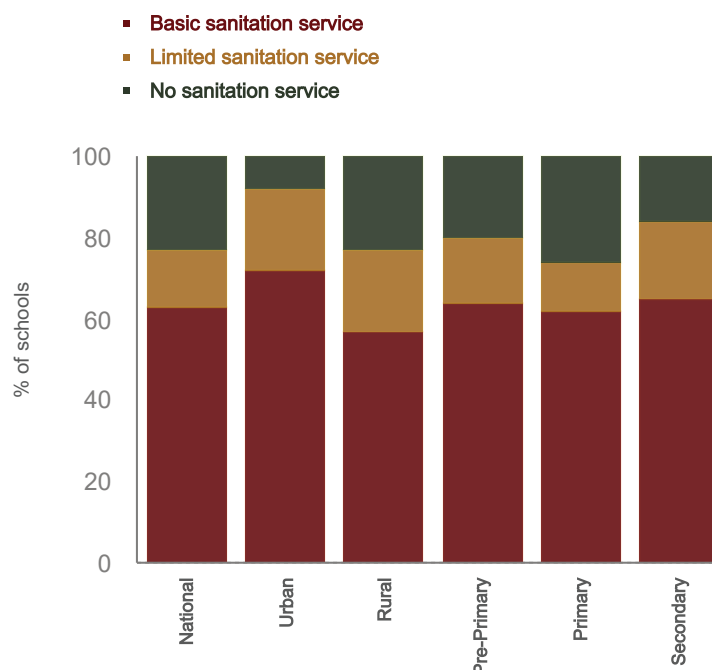
4

Prioritize education WASH expenditures that promote the empowerment of adolescent girls. These expenditures include the financing of gender responsive WASH facilities in schools and health facilities.



Children spend a significant portion of their year at school. Ensuring all schools have basic drinking water, sanitation and hygiene services is, therefore, essential to improving equitable access to quality education. However, the presence of improved, separate sanitation facilities in schools is particularly important for girls. Indeed, there is strong evidence that separate sanitation facilities for girls and boys contributes significantly to the continued participation of girls in schools post puberty. Data from the Drinking Water, Sanitation and Hygiene in Schools Database (2020) shows that only 64% of schools in Ghana have sanitation facilities that are improved, usable and single-sex, while 23% of schools have no sanitation facilities whatsoever. The absence of improved, single-sex sanitation facilities is even more stark in rural areas, where only 57% of schools have such facilities. It is critically important for the retention of girls in schools at the higher levels of the education system that all schools in Ghana – and particularly primary and secondary schools – have basic sanitation facilities available on site. The Government, therefore, needs to give priority to ensuring all such schools have access to basic sanitation facilities, and this needs to be reflected transparently in the Ministry of Education’s budget.

Coverage of sanitation facilities in schools in Ghana



Source: UNICEF: Drinking Water, Sanitation and Hygiene in Schools Database, 2020

GENDER BUDGET BRIEF



5

Prioritize education expenditures that promote the empowerment of adolescent girls. These expenditures include programmes to support retention in higher education levels and girls' involvement in vocational education.

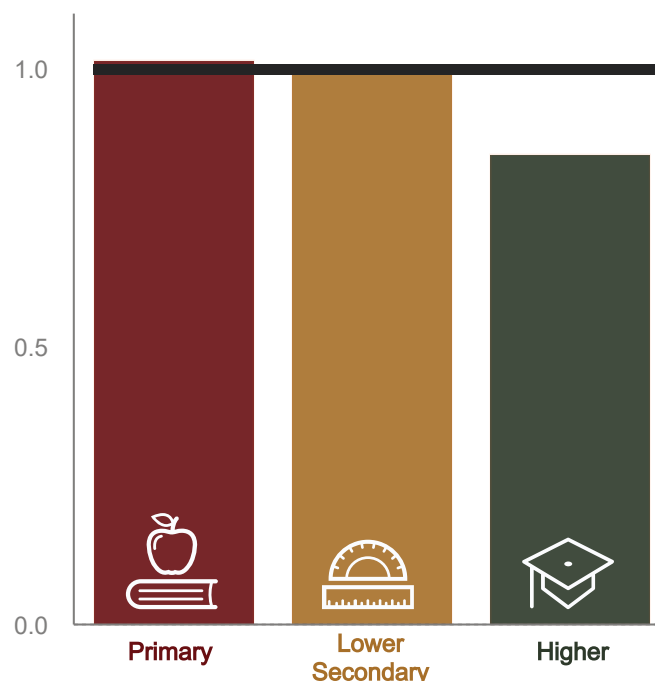


As alluded to above, retention of girls in schools at the secondary school level – and beyond – is critically important for the empowerment of girls in Ghana, and for addressing gender disparities in economic opportunity. Indeed, as the graph to the right illustrates, while Ghana has achieved gender parity in enrolment at the primary and lower secondary levels of the education system – both laudable achievements – retention of girls through the duration of lower secondary education and into higher education levels is poor, reflected by the poor gender parity index score for transition into higher education levels.

In addition to the economic exclusion of women that occurs later in life due to lower levels of formal education, out-of-school girls also become vulnerable to other forms of exploitation, including child marriage, child trafficking and child labour.

The Government needs to invest in strengthening the measures it currently has in place to encourage girls to remain at school, as well as the programmes aimed at addressing the practices that take them out of school, specifically child marriage, pregnancy and child labour.

Gender parity index (GPI) by level of the education system



Source: World Development Indicators, 2020

6

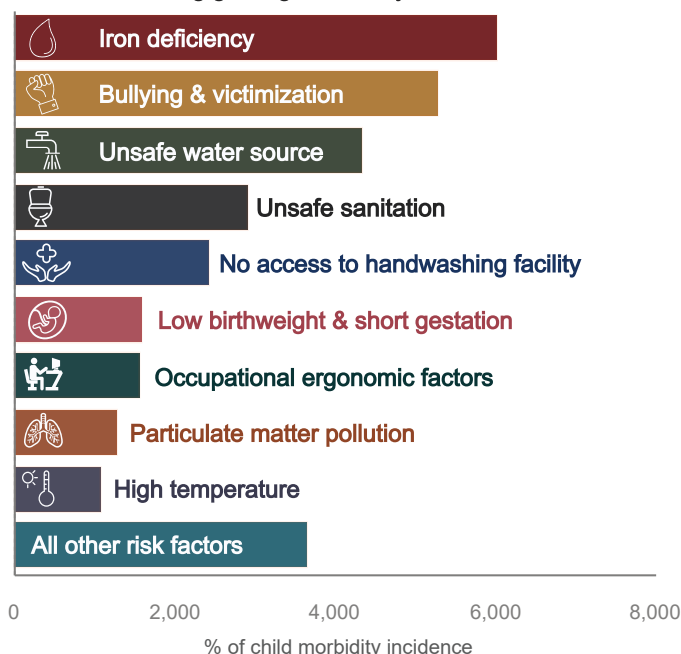
Prioritize health expenditures that promote the empowerment of adolescent girls. These expenditures include provision of iron folate supplementation for girls of a reproductive age.



Anaemia is a significant health risk to girls in Ghana, with 48% of girls aged 15-19 in the country suffering from anaemia. This affects girls' physical and cognitive abilities and, ultimately, their performance in school and society. Indeed, iron deficiency ranks first of the top ten risk factors contributing to productivity losses, expressed as disability-adjusted life years (DALYs), among girls aged 15-19 years in Ghana.

These years of healthy life lost are, however, easily and readily avoidable through the provision of iron and folic acid supplements to girls of a reproductive age. Herein, the Ghana Health Service has developed the Girls Iron-Folate Tablet Supplementation Programme, providing nutrition education and weekly supplements of iron folic acid to adolescent girls aged 10-19 years. It is critical that the Ghana Health Service allocates adequate budgets for the full implementation and scale-up of this programme, such that these losses of healthy life years can be averted.

Total Disability-Adjusted Life Years (DALYs) by risk factor among girls aged 15-19 years in Ghana



Source: 2019 GBDS, IHME