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GENDER NEEDS ASSESSMENT FOR KUMASI, GHANA

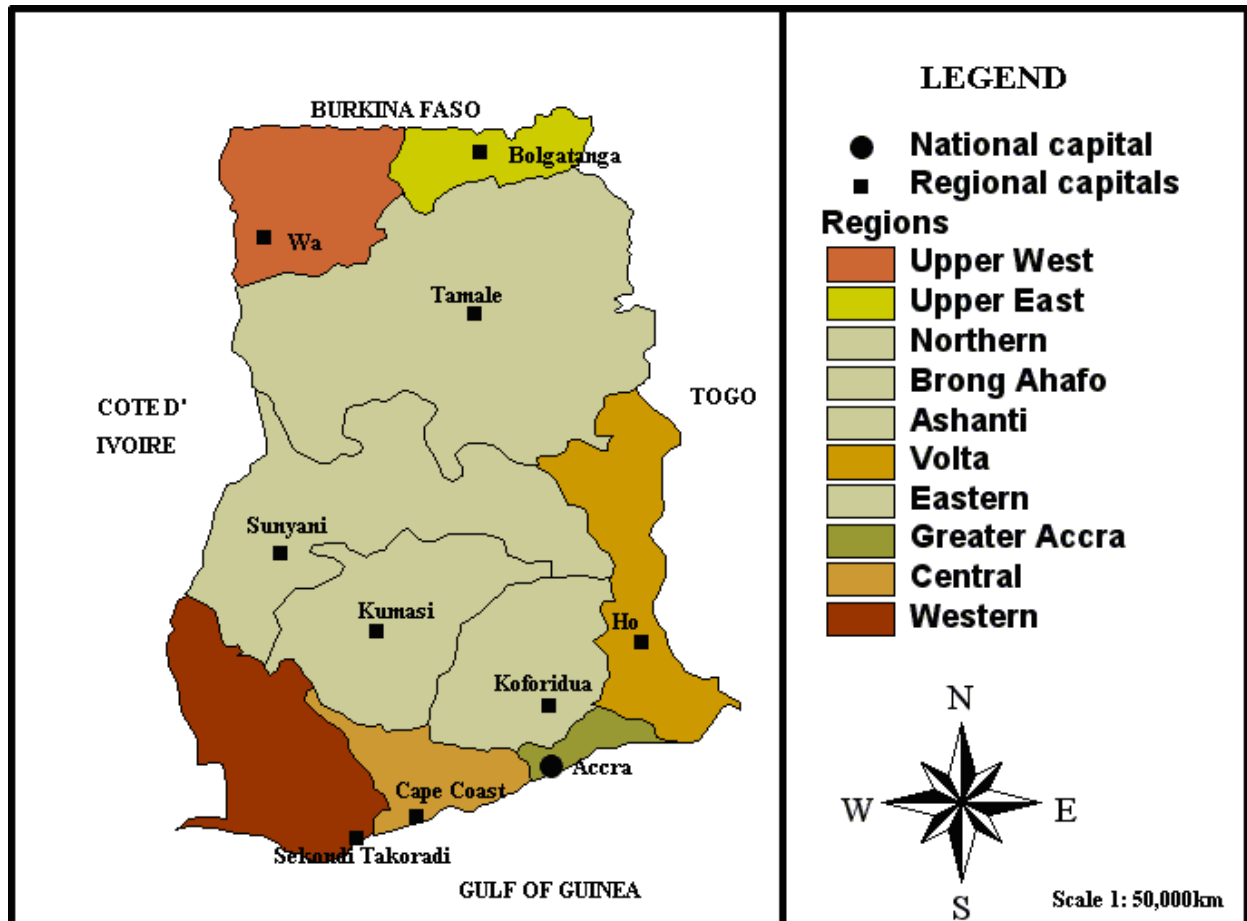
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Figure 1: Map of Ghana Showing Kumasi Metropolitan Area



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LIST OF ABBREVIATIONS

ANC	Antenatal Care
AWLA	African Women Lawyers Association
BECE	Basic Education Certificate Exam
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEDEP	Center for the Development of People
CSOs	Civil Society Organizations
DOVVSU	Domestic Violence and Victim's Support Unit
ECD	Early Childhood Development
FCUBE	Free Compulsory and Universal Basic Education
FIDA	International Federation of Female Lawyers
GBV	Gender Based Violence
GDOs	Gender Desk Officers
GES	Ghana Education Service
GHS	Ghana Health Service
GDHS	Ghana Demographic and Health Survey
GLSS	Ghana Living Standards Survey
GSS	Ghana Statistical Services
ICCPR	International Covenant on Civil and Political Rights
JHS	Junior High School
KATH	Komfo Anokye Teaching Hospital
KMA	Kumasi Metropolitan Assembly
KMHD	Kumasi Metro Health Directorate
KNUST	Kwame Nkrumah University of Science and Technology
MCI	Millennium Cities Initiative
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MOWAC	Ministry of Women and Children's Affairs
NCWD	National Council on Women and Development
NGO	Non-Governmental Organization
PNC	Postnatal Care
SHS	Senior High School
SRH	Sexual and Reproductive Health
STME	Science, Technology, Mathematics Education
TBA	Traditional Birth Attendant
UDHR	Universal Declaration of Human Rights
UNDP	United Nations Development Program
WAJU	Women and Juvenile Unit (former name of DOVVSU)
WDF	Women's Development Fund

EXECUTIVE SUMMARY

In September 2000, Ghana was one of 189 signatories to adopt the United Nations Millennium Declaration on the Millennium Development Goals (MDGs). This gender needs assessment focuses on the Millennium Development Goal of gender equality and women's empowerment (MDG 3), and whether Kumasi, Ghana's second largest city, can achieve both objectives by 2015. MDG 3 specifically seeks to eliminate gender inequality at all levels of education by 2015, but gender equality and women's empowerment entail much more. They require equality of economic opportunity, equitable representation in political bodies, access to reproductive rights and freedom from gender-based violence.

A combination of factors has hindered the progress towards women's social, political and economic empowerment throughout Ghana. A major impediment is the limited government budgetary allocation for the immense list of activities expected to be carried out by the Ministry of Women and Children's Affairs (MOWAC). The Ministry was allocated only 0.2 percent of the total 2006 budget, restricting the number and scale of activities the regional offices of MOWAC could carry out (Orhin, 2006). Other factors include: low enrollment rates for girls in secondary and tertiary levels of education; limited female participation in the formal sector of the economy; a lack of knowledge of and access to sexual and reproductive rights; and pervasive gender-based violence. While progress has been made in promoting the status of women in recent years, there continues to be high gender disparity throughout the economic, political and social spheres of Kumasi society.

This needs assessment puts forward a number of practical interventions to reduce gender inequality and promote women's empowerment, including:

- Conducting a campaign encouraging girls to complete secondary schooling;
- Reducing the maternal mortality ratio (MMR) by training traditional birth attendants, decreasing the risks associated with home deliveries and decreasing the number of unsafe abortions;
- Providing women with entrepreneurship training and microloans to start businesses;
- Building the capacity of women candidates and elected representatives, and promoting a quota system ensuring 30 percent female representation in political bodies; and
- Conducting community-based awareness campaigns around gender-based violence and the importance of reporting and prosecuting such cases.

MCI finds that with an average investment of \$3 (4.4 GH¢) per capita per year between 2010 and 2015, Kumasi can achieve MDG 3.

This needs assessment has four sections. Section One offers a background on Kumasi and an overview of the major gender issues there, as well as the objectives and limitations of this needs assessment. Section Two provides a detailed data analysis, delving into some of the priority areas of MDG 3 in the Kumasi context. Section Three discusses proposed interventions and their costs, and Section Four contains the study's conclusions and recommendations.

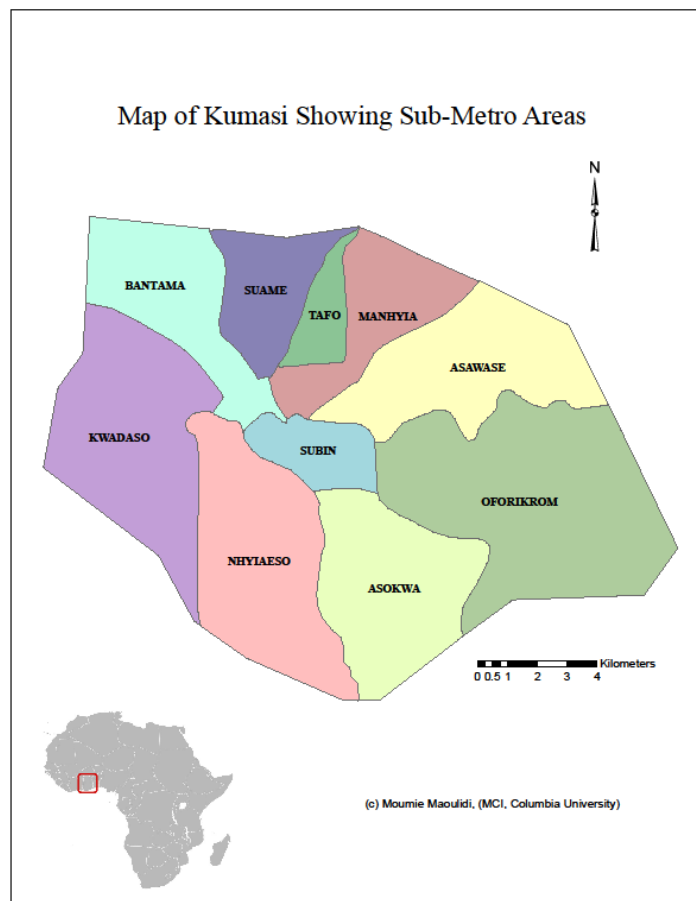
I. INTRODUCTION

1.1. Background

Situated in south central Ghana, the city of Kumasi is the capital of the Ashanti region. It is the second largest city in Ghana, located 270 kilometers from the capital, Accra. Kumasi covers approximately 254 square kilometers and is made up of 10 sub-metropolitan areas: Asawasi, Asokwa, Bantama, Kwadaso, Manhyia, Nhyiaeso, Oforikrom, Suame, Subin and Tafo (see Figure 2).

Kumasi is administered by the Kumasi Metropolitan Assembly (KMA) and the current mayor, elected in 2009, the Honorable Mr. Samuel Sarpong. The city also has 24 Town Councils and 419 Unit Committees and is made up of 87 members, 60 of them elected and 27 appointed.¹ Along with the KMA, there is also a parallel traditional authority in Kumasi and across the surrounding region, under which the *Asantehene*, the Ashanti king, presides over 33 paramount chiefs and rules the Ashanti people through a sophisticated and highly nuanced system of government.

Figure 2: Map of Kumasi and Sub-Metropolitan Areas



¹ Kumasi Metropolitan Assembly (2007).

The Kumasi metropolis is the most populous district in the Ashanti region, with a projected population in 2010 of 1,634,900.² Table 1 shows the population from the 2000 census and projected populations for 2010 and 2015.

Table 1: Kumasi Population by Age Cohorts and Gender (2000, 2010, 2015)

	2000			2010			2015		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	77,542	76,858	154,400	108,328	107,373	215,701	128,040	126,910	254,950
5-9	71,659	73,296	144,955	100,110	102,397	202,506	118,325	121,029	239,354
10-14	62,207	71,321	133,528	86,905	99,637	186,542	102,718	117,767	220,485
15-19	61,664	70,681	132,345	86,146	98,743	184,890	101,821	116,711	218,532
20-24	63,285	63,851	127,136	88,411	89,202	177,613	104,498	105,433	209,931
25-29	53,445	55,087	108,532	74,664	76,958	151,622	88,250	90,961	179,211
30-34	40,815	41,815	82,630	57,020	58,417	115,436	67,395	69,046	136,441
35-39	31,351	33,265	64,616	43,798	46,472	90,270	51,768	54,928	106,696
40-44	26,681	25,538	52,219	37,274	35,677	72,951	44,056	42,169	86,226
45-49	22,262	17,756	40,018	31,101	24,806	55,906	36,760	29,319	66,079
50-54	15,426	13,942	29,368	21,551	19,477	41,028	25,472	23,021	48,493
55-59	12,016	8,716	20,732	16,787	12,176	28,963	19,841	14,392	34,233
60-64	10,232	8,236	18,468	14,294	11,506	25,800	16,895	13,600	30,495
65+	38,427	22,896	61,323	53,684	31,986	85,670	63,452	37,807	101,258
Total	587,012	583,258	1,170,270	820,072	814,828	1,634,900	969,292	963,093	1,932,385

1.2. Objectives

The objectives of this needs assessment are to analyze the economic, political and social status of women in Kumasi, to identify relevant interventions that will contribute to the attainment of MDG 3, and to estimate the costs of these interventions.

Using the framework proposed by the UN Millennium Project Task Force on Education and Gender Equality, this needs assessment focuses on the following priority areas:

- Strengthening opportunities for post-primary education for girls;
- Guaranteeing sexual and reproductive health and rights;
- Guaranteeing women and girls' property and inheritance rights;
- Eliminating gender inequality in employment by decreasing women's reliance on informal employment, closing gender gaps in earnings and reducing occupational segregation;
- Increasing women's representation in politics; and
- Combating violence against girls and women.

² The population of Kumasi at the time of the 2000 census was 1,170,270. 2010 projected populations are based on the 2000 census and rely on an exponential growth function at a growth rate of 3.34 percent. The Kumasi Health Directorate uses a growth rate of 3.4 percent but the Town and Country Planning Office uses 5.4 percent.

1.3. Limitations

In conducting the gender needs assessment, a major challenge was the limited availability of gender disaggregated socio-economic data. The Ghana Living Standards Survey (GLSS) and the Ghana Demographic and Health Survey (GDHS) publish such data at the national level, but it was difficult to find data by gender for Kumasi.

In addition, the issue of physical and sexual violence against women is, of course, a sensitive one, with many women reluctant to discuss or report incidents, leading to potential under-estimation of the severity of the issue. Finally, this needs assessment does not discuss the third priority area recommended by the UN Task Force on Gender, investing in infrastructure to reduce women's and girls' time burdens, because the information retrieved was incomplete.

1.4. Methodology

Initial field research for this needs assessment was conducted between February and March 2008. Primary data was obtained through interviews with the Regional Director of the Department of Women and Children's Affairs, Mrs. Augustina Gyamfi; the former Regional Director of MOWAC, Mrs. Alice Botchway; the former mayor of Kumasi, Mrs. Patricia Appiagyei; the Regional Director of the Ministry of Labor; and leaders and staff from a wide range of organizations working on women's issues. Secondary data was collected from the government of Ghana, international organizations, non-governmental organizations (NGOs), academic journals, the media and other reports.

1.5. Overview of Key Gender Issues in Kumasi

Since achieving independence in 1957, Ghana has implemented and ratified a number of laws aimed at achieving gender equality. Article 17 of the 1992 Ghanaian Constitution forbids all forms of discrimination based on sex. Clause 17(4) explicitly permits affirmative action as a means to end all forms of discrimination. Ghana has ratified three international treaties and declarations based on the attainment of equality: the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Ghana also ratified the new Protocol to the African Charter on Women's Rights, which entered into effect in 2005. A 1994 Amendment Act to the Ghanaian Criminal Code includes articles on the criminalization of female genital mutilation, customary or ritual enslavement of any kind and harmful traditional widowhood practices. The Labor Act of 2003 protects employees from unfair termination of employment, ensures maternity leave for up to 12 weeks and ensures equal pay for all workers. There is currently no provision regarding paternity leave in the Labor Act, nor does it provide adequate protection for domestic assistants, most of whom are girls. However, it is nevertheless a positive step.

Despite Ghana's progressive legislation, women continue to face myriad challenges. In the economic sphere, key constraints include major disparities in wage employment and low female participation rates within the formal sector. With the population growth, there has been a corresponding increase of people vying to participate in the workforce, leading to more

competition for employment. The burgeoning numbers, along with a continuing lack of female participation at the secondary and tertiary levels of education, make it difficult for women to enter the workforce, especially in traditionally male-dominated fields within the formal sector.

In the political sphere, women continue to be under-represented in the male-dominated government, with roughly nine percent female representation in the Kumasi Metropolitan Assembly (Mohammed, 2010) and eight percent at the national level (Adam, 2010). Women candidates and representatives have difficulty gaining support, both as a result of financial and time constraints and because of the widespread perception held by many men and some women that politics is a domain reserved for men.

In addition, many instances of gender-based violence (GBV) continue to go unreported, either from a continued perception held by many that domestic violence is a private family matter, lack of awareness regarding the importance of reporting, inadequate law enforcement around this issue (shown in the very small percentages of reported cases that go to court) or the lack of institutional support for GBV victims.

Since 2000, the city of Kumasi has made progress in reducing gender disparity at the primary and junior high school levels. For instance, the gender parity index (GPI) for primary school education improved from 0.96 to 0.98 between the 2001-2002 and 2008-2009 school years.³ The JHS GPI also improved dramatically, from 0.83 to 0.92 over the same period.⁴

Despite these achievements, Ghanaian women face many impediments to the achievement of women's empowerment and total gender equality. Even so, with increased support from the government and continuous advocacy by civil society organizations, it will be possible for the city of Kumasi to attain MDG 3 by the year 2015.

II. DATA ANALYSIS

2.1. Priority Area 1: Strengthen Opportunities for Post-Primary Education of Girls

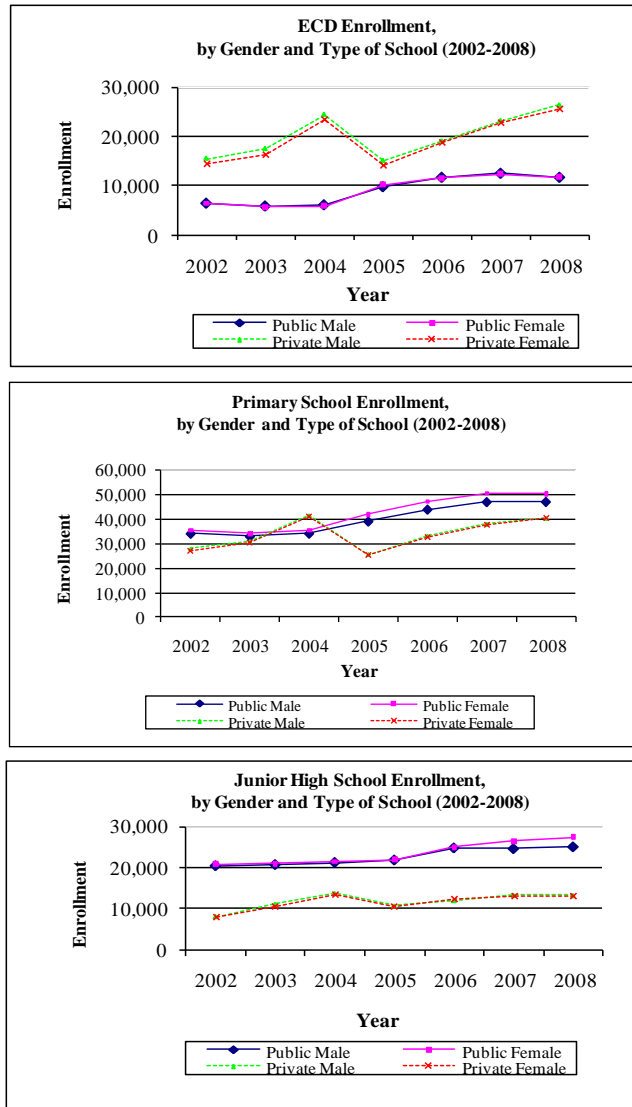
In recent decades, gender parity at the lower education levels in Kumasi has decidedly improved. Since the beginning of the Free Compulsory Basic Education (FCUBE) program in 1996 and the establishment in 1997 of the Girls' Education Unit (GEU) within the Basic Education Division of the Ghana Education Service, the national lower-level attendance and retention rates of girls have increased. In 2005, the Ministry of Education abolished school fees nationwide in basic education and introduced a capitation grant for all basic schools, which also contributed to the increase in girls' enrollment.⁵ In Kumasi, the benefits of these programs are clear, as is revealed by the evolution of enrollments from 2002 to 2008, depicted in Figure 3.

³ District Level Enrollment Data 2008/2009, EMIS Project.

⁴ Ibid.

⁵ United Nations Girls Education Initiative, http://www.ungei.org/infobycountry/ghana_426.html

Figure 3: ECD, Primary and JHS Enrollment by Gender, Type of School (2002-2008)



Source: EMIS (2002-2008), Kumasi District Profile

While it is promising that girls' enrollment has been increasing, gender parity actually declines at higher levels of schooling, as can be seen in Table 2 below, suggesting that more needs to be done to promote girls' continuing participation in higher grades.

Table 2: Gender Parity Index, 2007/2008 and 2008/2009 School Years (Public and Private)

	2007/2008 GPI	2008/2009 GPI
KG	1.00	1.01
Primary	0.98	0.98
Junior High	0.89	0.92

Source: EMIS (2007-2009), Kumasi District Profile

A major challenge to reaching total gender equality at higher levels of schooling is the low girls' transition rate from junior to senior high school. While gender parity has almost been attained in junior secondary school enrollment, there is still a gap in completion rates. For instance, in 2008, 87.3 percent of boys completed the primary school cycle, as compared with 80.8 percent for girls. That gap grew larger at the junior high school level, with completion rates of 79 and 69.9 percent for boys and girls, respectively.⁶

One possible explanation for lower completion rates is that girls are often overburdened with household chores. This detracts from the time and energy they are able to devote to schoolwork, impacting their academic performances and lowering their chances of moving up to the senior high level. Another possible reason is poverty: frequently, girls engage in commercial activities to help support their family, thereby allowing less time, if any, for studying; in other cases, families cannot afford to pay school fees, which increase with education level.

After completing JHS, students in Kumasi have the option of continuing on to senior high school (SHS) or to vocational training school, depending on their scores on the Basic Education Certificate Exam (BECE). The number of female students enrolled in vocational training school is disproportionately high. Currently, there is one public vocational and technical institute and resource center housed at the Ministry of Labor in Kumasi, as well as 13 private vocational training schools. These vocational training institutes have unquestionably helped reduce the level of unemployment amongst young women. However, it is unclear whether current vocational training practices are conducive to the attainment of MDG 3, since many of the trainings perpetuate stereotypical gender roles. The Opoku Ware Girls' Vocational/Technical Institute states that it trains girls in vocations such as dressmaking, housekeeping and cookery, "in order to empower them to be useful wives, mothers and professionals."⁷

At the tertiary level, female enrollment is still lower. Kumasi has two public universities, one private university, one polytechnic, one teacher-training college, two public nursing training colleges, three private nursing schools and a medical school. However, aside from higher enrollments of women in the nursing and teacher training colleges, women continue to constitute a smaller percentage of the student population than men, especially in more technical, traditionally male-dominated subject areas. For instance, in 2007, women constituted only a little over 30 percent of all applicants for admission to Kumasi Polytechnic.⁸

More attention must also be paid to creating scholarships and other means for girls from poorer backgrounds to attend school, especially at the higher levels. Vocational training institutes for girls could also do much more to train young women in non-stereotypical trades, and additional efforts are needed to increase girls' enrollment in secondary and tertiary institutions. This is critical because higher levels of schooling tend to a) raise the age of marriage for girls; b) increase chances of garnering employment in the formal sector and earning a steady income; c) reduce fertility rates; and d) increase knowledge regarding reproductive rights.

⁶ EMIS (2008-2009), Kumasi District Profile.

⁷ Opoku Ware Girls' Vocational/Technical Institute.

⁸ Kumasi Polytechnic, Application For Full-Time Admission (2007/2008).

2.2. Priority Area 2: Guarantee Sexual and Reproductive Health and Rights

Maternal mortality is an acute challenge facing women in Kumasi. In 2008, the government of Ghana initiated a program that included coverage under the National Health Insurance Scheme of free antenatal care and deliveries (Appiah-Kubi, 2010). As a result, national rates of maternal mortality have been declining over the past few years. Similar improvements are expected to take hold in Ashanti region and in the city of Kumasi in the future, but, as Table 3 shows, MMRs there increased in recent years, until the last 18 months, when, due to a comprehensive effort on the part of the Kumasi Metro Health Directorate, this concerning trend began to reverse itself.

Table 3: Maternal Mortality Ratio (per 100,000 live births), 2005-2008

	2005	2006	2007	2008	2009	2010 (Projected)
Kumasi	395	383	359	397	332	273
Ashanti Region	200	208	246	253	210	
Ghana	560		451			

Source: World Health Organization (2007), Ghana Maternal Health Survey (2007), GHS Ashanti Region Annual Report (2006), KMHD (2009), KMHD (2010a), KMHD (2010b).

One of the factors contributing to high MMRs is that many women have been slow to patronize health facilities for antenatal care. For instance, the rate of antenatal service coverage decreased from 85.4 percent in 2005 to 74.1 percent in 2007. While it increased slightly in 2008 to 79 percent, (see Table 4 below), it is still significantly below the 2009 ANC coverage target of 90 percent (KMHD, 2009). However, the program mentioned above offering free pre- to postnatal care has already altered this trend.

Table 4: Percent Coverage of Antenatal Services in Kumasi Metro Area 2005-2008

Year	Coverage of Antenatal Services (%)
2005	85.4
2006	73.3
2007	74.1
2008	79

Source: KMHD (2008)

A substantial number of unsafe abortions in Ghana is another contributing factor to the high maternal mortality rates (Baiden et al, 2006; Ahiadeke, 2001). Ghana has implemented some of the more progressive abortion laws on the African continent. Since 1985, Ghana permits abortion if rape or incest occurred; if the woman's physical or mental health is in jeopardy; or if there is a substantial risk of abnormalities in the fetus.⁹ However, the law requires more than one doctor's recommendation, and, as a result, access to abortion services continues to be extremely limited. According to one study, 22-30 percent of maternal deaths in Ghana result from complications of unsafe abortions (Ipas, 2008). Maternal deaths so attributed may also occur because of the lack of knowledge among women and health professionals about safe abortion services. According to the 2007 Ghana Maternal Health Survey, only 4.7 percent of women in the Ashanti region thought that abortion was legal, a slightly higher number than the national

⁹ The consent of the husband is not required.

number of 3.9 percent. Nationally, only 4.45 percent of girls aged 15-24 believed abortion was legal. In addition, a study of health care facilities throughout 10 districts in the Ashanti, Greater Accra and Eastern regions, including the Kumasi Metro district, found that fewer than 20 percent of health workers were aware of the entirety of the legal indications for abortion, and less than one in seven public health facilities offered legal abortion services (Aboagye, 2007). This indicates that, to lower MMRs, awareness campaigns need to be conducted, to heighten awareness on the legality of abortion in today's Ghana. More importantly, to reduce the number of botched abortions, women need to be sensitized about alternatives such as emergency contraception.

Another potential contributing factor to high maternal mortality rates is that, though the number of institutional deliveries is increasing, many women continue to give birth at home. As Table 5 shows below, 58.7 percent of deliveries nationwide in 2008 were attended by skilled health workers.¹⁰ This number was higher in the Ashanti region, at 72.6 percent (Ghana DHS, 2008). Thus, women who choose to deliver in their homes are often assisted by traditional birth attendants (TBAs), many of whom do not have proper certification or proper training.

Table 5: Assistance During Delivery, 2008

	Traditional Birth Attendant [TBA]- Untrained	Traditional Birth Attendant [TBA]-Trained	Skilled Health Worker
Ashanti	7.5%	11.7%	72.6%
Ghana	14.1%	16.2%	58.7%

Source: Ghana Demographic and Health Survey (2008)

There are significant risks associated with deliveries attended by uncertified personnel, and emergency interventions are sometimes needed – of the 60,696 deliveries in Kumasi in 2007, 15.8 percent required emergency interventions (KMHD, 2008).

In an effort to reduce maternal mortality, the Ministry of Health launched the Maternal and Child Health Campaign in 2007. The objectives of this campaign are to increase coverage of antenatal care, encourage institutional deliveries, increase coverage of postnatal care and increase access to and use of family planning services. The Metro Health Directorate has initiated awareness campaigns to encourage institutional deliveries (KMHD, 2008).¹¹

¹⁰ The term “skilled health worker” includes doctors, nurses, midwives, auxiliary midwives and community health workers.

¹¹ Upon learning of the disturbing maternal mortality numbers, as well as the dangerous crowding of the neonatal intensive care unit at the Komfo Anokye Teaching Hospital (KATH), and at the request of the KATH CEO, MCI sought out world-renowned Israeli neonatologists to train medical practitioners in neonatal emergency care. This valuable intervention led to the creation by the Israeli team, with support from MASHAV, the Office for International Cooperation of the Israeli Ministry of Foreign Affairs, of two low-cost, low-tech neonatal units, where basic resuscitation and other neonatal treatments are carried out, and Kangaroo Mother Care has also been introduced. In addition to training in proper breast-feeding and infant care, Kangaroo Mother Care teaches new mothers the importance of newborn care and check-ups, thorough postnatal care and information regarding basic hygiene and family planning. Note that this intervention is geared primarily towards the reduction of neonatal deaths; now, together with the Ghana Health Service, the American Academy of Pediatrics (AAP) and Johnson & Johnson, MCI has embarked on training medical practitioners as well as frontline community nurses and midwives

Table 6: Coverage of Postnatal Care and Family Planning in Kumasi (2005-2007)

Year	Postnatal Care	Family Planning
2005	48.8	10
2006	48.3	11.4
2007	38.1	10

Source: KMHD (2008)

Recent surveys also indicate that contraceptive usage is low. As seen in Table 7 above, only about 10 percent of women of fertility age were enrolled in family planning services in 2007 (KMHD, 2008). According to the Ghana Maternal Health Survey of 2007, 20.9 percent of women nationally and 24.8 percent of women in the Ashanti region reported using any kind of method of contraception. To increase family planning coverage, the Kumasi Metro Health Directorate (KMHD) could ensure that health facilities in Kumasi offer family planning services and increase public awareness on reproductive and sexual health issues. Moreover, it could make birth control options available and easily accessible to all, including to poorer residents.

Another problem is that complications due to pregnancy are often not detected until the situation is dire, forcing many women to go to the hospital at close to the last minute. Many hospitals in the metropolis are not prepared to deal with these sudden visits, as the ratio of doctors to patients is decreasing with the rapid population growth, from 1:56,250 in 2003, to 1:70,552 in 2005 (see Table 7 below).

Table 7: Doctor/ Patient Ratio in Kumasi (2003-2005)

Year	Ratio
2003	1: 56,250
2004	1: 66,886
2005	1: 70,552

Source: Government of Ghana, Kumasi Development Plan (2006)

To improve women's sexual and reproductive health (SRH), therefore, KMHD needs to recruit additional qualified health personnel and train additional, lower-level cadres to handle some of the routine aspects of SRH care. In addition, given that women who work in the informal sector cannot leave their businesses unattended to participate in family planning workshops/meetings, outreach programs, such as the workshops conducted by the National Council on Women and Development (NCWD) at locations such as Kejetia market, need to be actively promoted.

in a new neonatal resuscitation protocol developed by the AAP, entitled Helping Babies Breathe. While focused primarily on the newborn child, the training is also likely to result in greater attention paid to the mother and her medical needs. Finally, MCI has sought to bring heightened attention to the issue of the availability of safe blood, not only in the Ashanti region, but nationwide. Lack of access to safe blood continues to result in maternal deaths, as women in complicated labor and/or at risk of severe hemorrhaging cannot currently be treated at sub-metro facilities, which lack adequate blood storage capability. According to KMA Health Director Dr. Kwasi Yeboah-Awudzi, women may die as they wait on line for the operating theatre at KATH, the tertiary care center.

2.3. Priority Area 4: Guarantee Women and Girls' Property and Inheritance Rights

In Kumasi, the *Asantehene*, king of the Asante people, is the overall custodian of lands and a customary land tenure system prevails.¹² There are three types of lands in Kumasi: stool lands (belonging to the *Asantehene*); vested lands (belonging to the government and used for schools, clinics, hospitals and market stalls); and family lands. As a result, land is not sold, but leased or inherited, in the Ashanti region, and women and men wishing to lease land must obtain the *Asantehene*'s approval. A lease for residential purposes can be renewed after 99 years, at the discretion of the *Asantehene*. Land can be leased for commercial purposes for 30 to 50 years. Typically, an application is submitted to local chiefs, and once the *Asantehene* approves a land transaction, it is ratified by the Lands Commission (Ubink, 2006).

Women have equal access to land in Kumasi and the Ashanti region and can acquire land through their lineage, inheritance, marriage and contractual arrangements (LAP, 2009). However, although the inheritance system is matrilineal, women's access to and control over land is limited by the fact that many women do not have land titles. A formal land registration system might help secure women's land rights and protect them from dispossession by spouses, family members and squatters.

Land disputes in Ghana are mainly resolved through customary law, which is often biased against women owning land and is sometimes in conflict with state law. Moreover, even when land disputes are brought to state courts, state officers who mediate land dispute cases tend to rule in favor of men (id21¹³, 2008). To address these problems, the Land Administration Project (LAP) recommends sensitization and awareness programs regarding the laws and procedures governing land, as well as land registration under the names of both spouses in a marriage (Minka-Premo, 2005).¹⁴

2.4. Priority Area 5: Eliminate Gender Inequality in Employment and the Economy

Increasing women's involvement in the economy is a vital step towards sustainable national development. However, the number of Ghanaian women in the formal labor market remains extremely low. Few Ghanaian women occupy high-level positions in either the professional and technical fields or in administrative and managerial positions. Women continue to be largely restricted to the informal sector, due in part to their lower levels of education.

According to the 2000 census, the Kumasi metropolis had an unemployment rate of 16 percent (Government of Ghana, 2006b). Wholesale and retail trade was by far the most popular economic activity in Kumasi among women, with a participation rate of 44.8 percent. Occupational segregation was pronounced, with the majority of women involved in traditionally female-dominated sectors of trade, commerce and services (see Figure 4 below). Many women

¹² All land in the region is held in trust for the Asante people by the *Asantehene*.

¹³ id21 is a publication targeting policy-makers on international development and is sponsored by the Institute of Development Studies at the University of Sussex and the UK Department for International Development (DfID).

¹⁴ LAP is an initiative launched in 1999 by the Government of Ghana's Ministry of Lands and Natural Resources, with the objective of developing and ensuring an equitable land administration system.

2.5. Priority Area 6: Increase Women’s Representation in Politics¹⁶

At the 1995 Fourth World Conference on Women in Beijing, the United Nations declared that, “women’s representation must be at least 30 percent in order to be a meaningful part of the decision-making process” (Baidoo, 2004). In 1998, shortly after the Beijing Conference, the National Council on Women and Development (NCWD) submitted a proposal on affirmative action to the Ghanaian Parliament. One of the proposal’s recommendations included the adoption of a quota system for all government and public boards, commissions, councils, committees and official bodies. The recommendation suggested 40 percent female representation as the medium and long-term target for this quota system. At the local level, a 30 percent quota was recommended for government appointees to the District Assemblies. In addition, the proposal urged the National Electoral Commission to encourage political parties to place more women on its electoral lists, in order to reach the target recommended by NCWD (CEDAW, 2005). The proposal was approved in 1998 by the Government of Ghana, but despite efforts by various bodies to instate a quota system, it has yet to be implemented.

Women’s participation at the national level of Ghanaian government stood at approximately 10.9 percent, or 25 out of the 230 members of Parliament, in 2005.¹⁷ As of 2010, Ghana is rated among the lowest on the continent in terms of fair representation, with only 19 women representatives out of the 230 members of Parliament, or eight percent (Adam, 2010). As the numbers above show, Ghana is far from achieving equitable gender representation in governance.

In January 2006, when she was elected mayor of Kumasi, Mrs. Patricia Appiagyei became the country’s first female mayor. During the same year, however, in the Ashanti region, only 72 out of the 783 District Assembly seats, a little over nine percent, were held by women.¹⁸ In the Kumasi Metropolitan Assembly, women representatives only held about nine percent of the seats (Mohammed, 2010). As Table 9 shows, women constituted only six out of the 60 members elected to the KMA in 2006.

¹⁶ Note: During the late 1980s and early 1990s, Ghana introduced decentralization. The local government law PNDCL 207 of 1988 established district assemblies (called metropolitan or municipal assemblies in the main urban centers) and lower levels of local government. Kumasi is generally referred to as a district, but its boundaries relate to the urban area, and therefore the elected assembly is known as the Kumasi Metropolitan Assembly (KMA).

¹⁷ Inter-Parliamentary Union, http://www.ipu.org/pdf/publications/wmnmap05_en.pdf

¹⁸ “Know your Assembly members - Ashanti region,” http://ghanadistricts.com/home/?_id=15&sa=3655

Table 9: District Assembly Election, 2006¹⁹

Sub-Metro	# of Female Candidates	# of Females Elected to the KMA	# of Male Candidates	# of Males Elected to the KMA
Bantema	2	1	12	4
Kwadaso	2	0	17	4
Nhyiaeso	2	0	19	5
Manhyia	12	1	22	8
Old Tafo	1	0	12	4
Suame	3	1	14	3
Subin	3	2	25	7
Asokwa	1	0	27	7
Oforikrom	4	2	23	6
Asawase	2	0	26	6
Total	32	6	197	54

Source: Electoral Commission, Kumasi (2006); <http://www.ghanadistricts.com/pdfs/Kumasi%20Metro.pdf>

Women in Kumasi continue to be under-represented in the political sphere, as Table 9 shows. A critical obstacle to higher representation is insufficient governmental support to address the gender imbalance. In order to ensure those elected perform efficiently, the government should prioritize the allocation of more funding toward training and capacity-building programs and would do well to conduct periodic leadership skills training (Ministry of Women and Children's Affairs, 2007).

Higher rates of female representation have the potential to increase the prospect of gender equality in the economic and social realms as well as the political, as female representatives tend to further policies and initiatives that are relevant and beneficial to women and children. Consequently, another important step the government can take to increase women's representation in politics is to implement a quota system ensuring that at least 40 percent of representatives are women.

2.6. Priority Area 7: Combat Violence Against Girls and Women

According to the 2008 Ghana DHS, 20.62 percent of women in Ghana aged 15-49 reported physical violence by a spouse or partner, and 6.73 percent reported sexual violence. The number of those reporting physical violence was higher in the Ashanti region, at 25.3 percent, while the number reporting sexual violence was slightly lower, at 5.2 percent (GDHS, 2008).²⁰

Ghana's Domestic Violence Act was passed in 2007, a result of lobbying efforts by MOWAC and various NGOs. The Act encompasses multiple forms of domestic violence, including physical abuse (criminal homicide, assault, battery, etc.), economic abuse (i.e. preventing women

¹⁹ Note: Out of the 87 members in the Kumasi Metropolitan Assembly, a little over two-thirds, or 60 seats, are elected. A little under one-third of the members, or 27 seats, are appointed by the central government (Kumasi Metropolitan Assembly, "Good Governance," <http://kma.ghanadistricts.gov.gh/>).

²⁰ Collecting reliable data on gender-based violence is challenging. Domestic violence is a sensitive topic. People hold varying opinions on what constitutes abuse or violence, and cultural norms may hinder instances being reported. Due to these factors, accurate numbers of women affected by gender-based violence are difficult to determine, and it is possible that the number of women affected is much higher than reported.

from working or otherwise accessing independent income), sexual violence (rape, defilement, etc.), verbal/psychological abuse and sexual harassment (in the context of a previous or existing domestic relationship). Although the original bill criminalized marital rape, the Ghanaian Parliament removed that clause from the final version (MOWAC, 2007).

Though the numbers of cases reported has risen since domestic violence legislation was enacted, women still encounter a myriad of difficulties in reporting, and therefore the prosecution of domestic violence cases remains a challenge. One such difficulty is the fear of ruining family relations. Many Ghanaians continue to regard what goes on inside the house as a private matter, to be dealt with by the couple itself. Many cases therefore go unreported, and of those that are reported, very few end up in court. The Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service, formerly known as the Women and Juvenile Unit (WAJU), was established in October 1998, in response to the growing number of reported cases involving abuse against women within the household. In 2005, WAJU was renamed DOVVSU, to avoid gender bias and to incorporate men into the unit. DOVVSU has clinical psychologists and counselors in most of its regional offices/units who provide counseling services free of charge to victims of violence.²¹ However, many women remain reluctant to report cases, and it is unclear whether members of the Kumasi police force have had proper or sufficient training regarding the reporting of instances of domestic violence. An unknown but potentially high number of cases therefore go unreported each year. In addition, as Table 10 indicates, most reported cases are not prosecuted. In 2007, only 70 out of the 1,911 reported cases in Kumasi, a mere 3.7 percent, were sent to court. A May 2009 Ministry of Women and Children’s Affairs press release reports as a key problem that some DOVVSU staff actually aid perpetrators of domestic violence instead of persecuting them.²²

Table 10: Cases Reported to DOVVSU in Kumasi (2005-2007)

Cases	2005	2006	2007
Rape/Attempted Rape	6	50	59
Defilement/Attempted Defilement	45	200	188
Assault	355	257	256
Neglect of Parental Duty	2052	1448	1068
Offensive Conduct	300	1014	40
Others	290	388	300
Total	3048	3357	1911
Total # of Cases Sent to Court	100	200	70
Total Cases sent to Court (%)	3.28%	5.96%	3.66%

Source: DOVVSU Annual Reports (2005-2007)

DOVVSU, along with MOWAC and other women’s organizations, have held numerous awareness campaigns and sensitization seminars on the new Domestic Violence Act and on the importance of reporting instances of violence. Its proponents hope that this Act, like the subsequent efforts to increase awareness of the issue, will decrease both women’s reluctance to report instances of domestic violence, as well as the incidence of domestic violence overall. In order to enforce the Domestic Violence Act properly, more awareness campaigns are needed,

²¹ DOVVSU, http://www.ghanapolice.info/dvvsu/about_dvvsu.htm

²² <http://www.mowacghana.net/?q=node/90>

especially within the law enforcement community. More state funding needs to be allocated towards the training of judges, attorneys, police officers, social workers and health personnel, to increase awareness on and collaboration around gender-based violence. The government must also ensure that women have proper access to information regarding their rights as enumerated under the Act.

In addition to strengthening and expanding prevention efforts, the government must also provide more support for the victims of domestic violence. There are few formal counseling centers or shelters for victims of gender-based violence. According to one report, there is only one shelter, run by the ARK Foundation in Accra (Amankwah, 2009). Clause 29 of the Domestic Violence Act 2007 declares an establishment of the Victims of Domestic Violence Support Fund and recommends that some of the monies be used for the construction of reception shelters for victims of domestic violence in the regions and districts.

III. INTERVENTIONS

Based on the findings of MCI's own field research and the analytical framework proposed by the UN Task Force on Education and Gender Equality, MCI believes the following interventions have the potential to address the major problems discussed above.

In some cases, local unit costs for delivering the interventions were not available, and MCI resorted to regional averages. Recurrent costs are most commonly staff or trainer salaries, as well as annual administrative and operational costs. For media-based awareness and sensitization campaigns, capital costs include studio charges as well as airtime and production costs. For newspaper-based campaigns, capital costs include advertising costs.

3.1. Priority Area 1: Strengthen Opportunities for Post-Primary Education of Girls

Secondary level education for women is associated with better maternal and child health, increased economic opportunity and reduced fertility (World Bank, 2007). However, in Kumasi few girls transition from junior to senior high school (EMIS, 2001-2008). One possible explanation is that many families cannot afford to educate all of their children past primary school, and, when this is the case, it is often girls who are taken out of school. Many girls may also need to earn income or provide childcare for their siblings while their parents work.

A radio-based campaign focused on a "girls to school" awareness campaign using a 30- or 60-second advertising spot, broadcasting 96 times per year, will feature 96 radio ads and the same number of print ads between 2010 and 2013 and 48 ads in 2014 and 2015.

Average yearly cost between 2010 and 2015: \$70,850 (102,732 GH¢).²³

²³ Costs in Ghana cedis were calculated using a conversion rate of \$1= 1.45 GH¢.

3.2. Priority Area 2: Guarantee Access to Sexual and Reproductive Health

Maternal mortality is an acute problem in Kumasi. It is pertinent to note that while the national MMR decreased between 2005 and 2008, the rate in Kumasi was increasing. This is partly due to deliveries by untrained personnel (mostly traditional birth attendants) in non-institutional settings. The risk of infection and other complications during delivery tends to be higher for home delivery.²⁴ A portion of maternal deaths can also be attributed to a high number of unsafe abortions and the lack of awareness regarding the legal status of abortion.

To reduce the risk of infection during home deliveries, trainings on safer, more hygienic birthing techniques should be carried out for 1,500 TBAs in Kumasi, and they should be given incentives to take pregnant women to institutions to deliver.

Moreover, community-based awareness programs on sexual and reproductive health and the legal status of abortion should be conducted throughout the year, targeting women and men aged 16-24.²⁵ Most young women are unaware that abortion is legal under certain circumstances. Of the women surveyed in 2007, only 4.7 percent in the Ashanti region believed abortion to be legal, a slightly higher number than the national number of 3.9 percent (Ghana Maternal Health Survey, 2007). Increasing knowledge about all available options could potentially decrease the number of unsafe abortions.

Average yearly cost between 2010 and 2015: \$2,436,810 (3,533,374 GH¢).

3.3. Priority Area 4: Guarantee Women and Girls' Property and Inheritance Rights

Access to land is an important means to increasing women's productivity and income. However, many women in Ghana have little access to meaningful land rights (Minka-Premo, 2005). Initiatives to address this problem, such as attempting to replace customary tenure systems (often biased against women) with individual titles, have actually hindered rather than helped women's access to land, as land is often only registered in the husband's name (id21, 2008).

To address this problem, sensitization and awareness campaigns through mass media should be undertaken regarding different forms of land and property rights, as well as on equitable access to these rights. Emphasis should be placed on registering land under both spouses' names. Weekly radio programs, like those sponsored by the Town and Country Planning Department, teaching people about land rights and procedures, should be promoted.²⁶

Average yearly cost between 2010 and 2015: \$291,767 (423,062 GH¢).

3.4. Priority Area 5: Eliminate Gender Inequality in Employment and the Economy

²⁴ Again, the MCI/GHS-MoH/AAP/Johnson & Johnson "Helping Babies Breathe" curriculum is designed, and is being introduced in Kumasi and the surrounding region, in order to reduce precisely those risks.

²⁵ Note: Community-based programs, rather than mass media programs, are encouraged, as sexual and reproductive rights and abortion are sensitive topics (especially given the important role of religion in Ghanaian society).

²⁶ The program is broadcast in Kumasi on Wednesdays at 3:00-3:30pm on Fox FM 97.9.

Gender inequality in earnings is prevalent in Kumasi. Nationally, of the married men and women aged 15-49 who were employed as of 2008, 63 percent of them on average received cash-only earnings. Among this group, 73.8 percent of women reported earning less than their husbands, as compared to 10.1 percent who reported earning more. In the Ashanti region, a slightly lower number of women, 72.8 percent, reported earning less than their husband, as opposed to 10.2 percent earning more (Ghana DHS, 2008). In addition to this earnings gap, low participation rates characterize women's activities in the formal sector, either because they lack the qualifications, or because the informal sector allows more flexibility in terms of domestic responsibilities (childcare, cleaning, cooking, etc.). Increased economic empowerment and independence, of course, have far-reaching benefits, including improved health for women and their children and increased educational opportunities for future generations.

The capacity of women entrepreneurs could be enhanced through training more than 20,000 women in small business development courses between 2010 and 2015. Each training will consist of 25 participants. Following the training, participants will receive microloans of \$100-350 to start/expand a small business.²⁷

Average yearly cost between 2010 and 2015: \$2,665,080 (3,864,366 GH¢).

3.5. Priority Area 6: Increase Women's Political Representation

Women representatives are more likely than their male counterparts to promote favorable policies for women. However, as recently as this year, women constituted only eight percent of the national Parliament. Increasing the number of women representatives and building their capacity, as well as the capacity of other female candidates, is therefore necessary.

A quota system is widely accepted as an effective means of increasing representation of women. However, despite approving a 1998 proposal that introduced a quota system of 30 percent, to date, no such quota system has been implemented. Therefore, as MOWAC and local NGOs have been advocating, Ghana should implement the approved proposal and mandate that at least 30 percent of seats in every level of governance be held by women.

In order to lessen the challenges faced by women candidates, a sensitization campaign targeting members of parliament advocating a quota system can be implemented in 2011, 2012 and 2013.

Average yearly cost between 2010 and 2015: \$185, 413 (268,848.9 GH¢).

3.6. Priority Area 7: Combat Violence Against Girls and Women

Gender-based violence is prevalent in the Ashanti region. Throughout the region in 2008, 27.4 percent of women aged 15-49 reported experiencing some form of physical or sexual violence, which is higher than the national figure of 22.93 percent (Ghana DHS, 2008). As mentioned above, cases of gender-based violence regularly go unreported, and even when they are reported, few are prosecuted. In addition, there is little support for the victims. There are few psycho-

²⁷ Found on kiva.org: Some examples of microloans for women in Ghana, all between \$100-350, include loans for cloth supplies, soap-making, selling/trading food stuffs and for starting or operating a hairdressing business.

social counseling programs, domestic violence hotlines and shelters for victims of gender-based violence.

Community-based awareness of, and education workshops focused on, the Domestic Violence Act could be conducted by DOVVSU, with a target age of 15-35.

Training of judicial and law enforcement officials to recognize, diagnose, properly record and prosecute cases of domestic violence could be conducted by DOVVSU.

Average yearly cost between 2010 and 2015: \$92,082 (133,518 GH¢).

Table 11 summarizes the intervention costs by priority area.

Table 11: Summary of Intervention Costs

SUMMARY OF INTERVENTION COSTS								Average
YEAR		2010	2011	2012	2013	2014	2015	
PRIORITY AREA 1: Strengthen opportunities for postprimary education for girls.								
TOTAL	USD	85,275	84,000	84,000	85,275	43,275	43,275	70,850
PRIORITY AREA 2: Guarantee sexual and reproductive health and rights.								
TOTAL	USD	1,516,624.8	1,639,619.3	2,325,645.4	2,594,875.9	2,986,235.5	3,557,858.9	2,436,810.0
PRIORITY AREA 4: Guarantee women's and girls' property and inheritance rights.								
TOTAL	USD	1,245,543.5	129,756.6	85,543.5	126,061.7	81,848.7	81,848.7	291,767.1
PRIORITY AREA 5: Eliminate gender inequality in employment.								
TOTAL	USD	1,042,145.0	1,428,105.2	1,946,592.7	2,667,208.4	3,697,626.3	5,208,804.8	2,665,080.4
PRIORITY AREA 6: Increase women's share of seats in national parliaments and local governmental bodies.								
TOTAL	USD		185,413.3	185,413.3	185,413.3			185,413.3
PRIORITY AREA 7: Combat violence against girls and women.								
TOTAL	USD	61,420.9	153,405.6	61,420.9	153,405.6	61,420.9	61,420.9	92,082.5
TOTAL GENDER NEEDS ASSESSMENT								
YEAR		2010	2011	2012	2013	2014	2015	
TOTAL	USD	3,951,009.2	3,620,299.9	4,688,615.8	5,812,239.8	6,870,406.4	8,953,208.3	5,649,296.6
Per capita	USD	2.43	2.15	2.70	3.24	3.70	4.67	3.15

CONCLUSION AND RECOMMENDATIONS

The city of Kumasi is making progress toward empowering women and achieving gender equality. In the education sector, gender parity has almost been achieved at the pre-primary school, primary school and junior secondary school level. However, for several years, MMRs in Kumasi showed an upward trend, women's land rights need to be strengthened and barriers to women's participation in the formal economy sector persist. Furthermore, while women's representation in politics has been increasing, gender-based violence continues to have debilitating effects on women's physical and mental health.

MCI estimates that at an annual cost of \$3 (4.4 GH¢) per capita, the interventions proposed in this needs assessment can have a decisive and positive impact on Kumasi's effort to attain the third Millennium Development Goal.

It must be emphasized, however, that the set of proposed interventions is by no means comprehensive or sufficient; the interventions listed here are by no means the only actions needed to empower women and achieve gender equality. Additional interventions not included in this study's resource estimates include the monitoring of laws protecting women's rights and financial support to women's organizations.²⁸ Changes in social attitudes and norms are also necessary, and efforts need to be strengthened to improve the collection of gender-disaggregated data on health, education outcomes, gender-specific violence, employment and political representation.

Gender equality and women's empowerment are cross-cutting objectives closely related to MDGs 4 and 5, which aim to reduce child mortality and improve maternal health. These objectives also indirectly contribute to reaching MDG 1, the reduction of poverty and hunger. Therefore, gender concerns should be mainstreamed into all local, regional and national government policies. Strategies that the Kumasi Metropolitan Assembly in particular might consider pursuing include:

- Prioritizing infrastructure investments that help women (water, roads, marketing centers, etc.);
- Building the capacity of women's organizations; and
- Facilitating women's access to credit and trainings that enhance women's productivity.

With careful, interdisciplinary attention on the part of government to the issues highlighted by MDG 3, and with the commitment and efficient utilization of financial resources needed to implement the recommended interventions, MCI believes that the women of Ghana can enjoy a greatly expanded set of options and opportunities, thereby enriching their own lives and the lives of those around them.

²⁸ It was not possible to obtain reliable cost data for these two interventions.

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