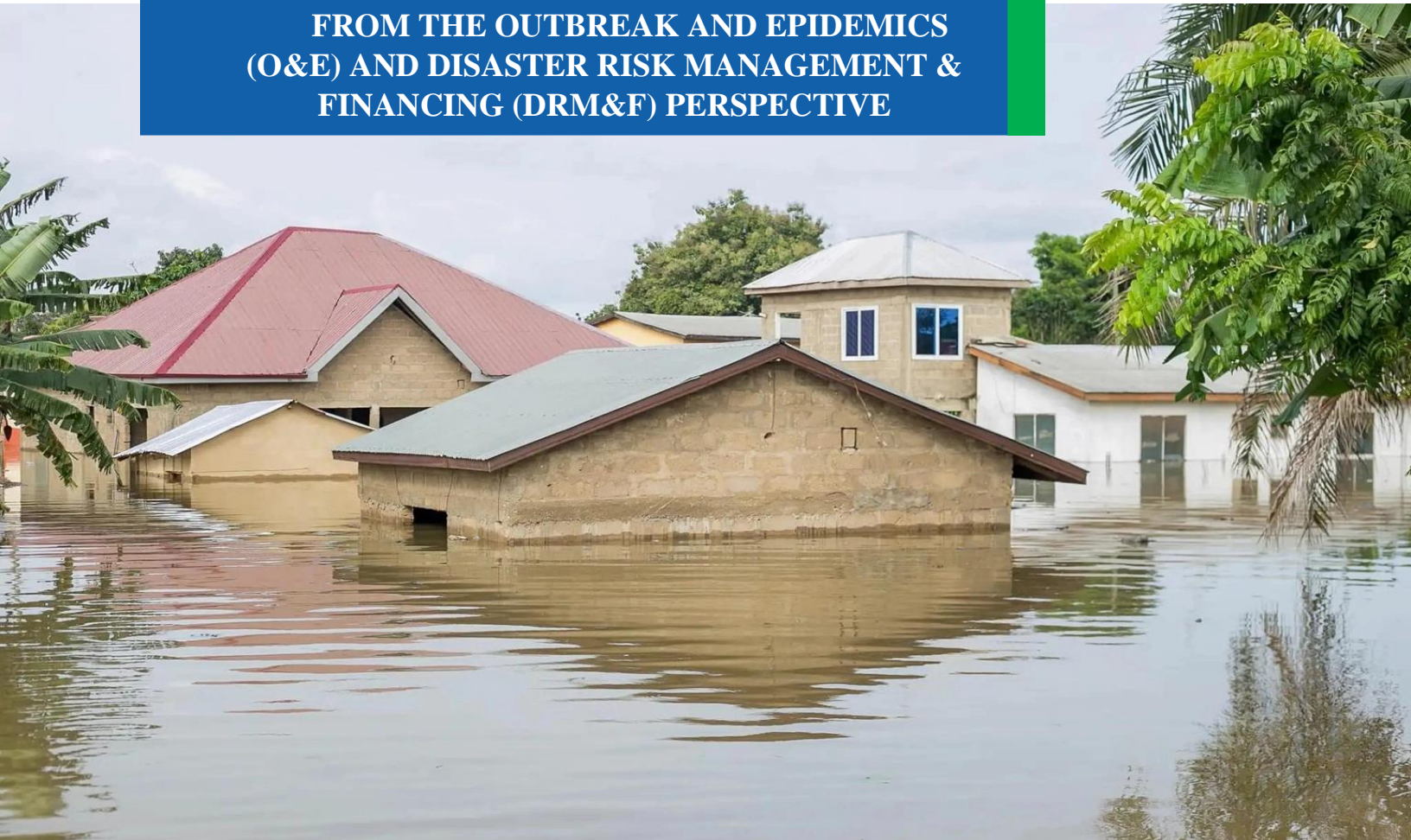




GENDER ANALYSIS

**FROM THE OUTBREAK AND EPIDEMICS
(O&E) AND DISASTER RISK MANAGEMENT &
FINANCING (DRM&F) PERSPECTIVE**



APRIL 2024

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ACRONYMS AND ABBREVIATIONS

ARC	African Risk Capacity
CBO	Community-Based Organizations
CSO	Civil Society Organization
DCE	District Chief Executive
DRM	Disaster Risk Management
FGD	Focus Group Discussion
GoG	Government Of Ghana
GBV	Gender-Based Violence
MCE	Municipal Chief Executive
MDAs	Ministries, Departments, And Agencies
MMDAs	Metropolitan, Municipal, And District Assemblies
MoF	Ministry of Finance
MTDP	Medium-Term Development Plan
NADMO	National Disaster Management Organization
NDPC	National Development Planning Commission
NGO	Non-Government Organization
RCC	Regional Coordinating Council
SDG	Sustainable Development Goal
UN	United Nations
WIAD	Women in Agricultural Development

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Special appreciation is extended to key stakeholders, including the National Disaster Management Organisation, Ministry of Gender, Children and Social Protection, Ministry of Health, Ghana Health Service, National Development Planning Commission, Non-Governmental Organizations, and community leaders, for their significant contributions and active participation in stakeholder consultations and interviews conducted for this report.

DRAFT

EXECUTIVE SUMMARY

Disasters pose significant challenges globally, leading to loss of life, economic setbacks, and hindrances to progress. The United Nations Office for Disaster Risk Reduction (UNDRR) defines disasters as severe disruptions that exceed a society's coping capacity. Collaboration beyond individual communities is crucial for effective disaster management, especially considering the high vulnerability of many communities. In Africa, disasters have led to massive displacement and economic losses, with factors like technological hazards, epidemics, floods, and landslides contributing significantly. In low- to middle-income countries (LMICs), disasters are increasing in frequency and complexity due to various factors such as uncontrolled land use, rapid urbanization, climate change, and population growth. Ghana, like many LMICs, faces numerous natural hazards, including earthquakes, floods, coastal erosion, droughts, storms, and wildfires, with flooding alone affecting millions of people and causing significant economic damage. Thus, effective Outbreak and Epidemics as well as Disaster Risk Management (DRM) strategies are crucial to mitigate and control disasters effectively.

In Ghana, persistent patriarchal and capitalist structures, along with discriminatory gender norms, contribute to enduring gender inequality, particularly in rural areas. Women face limited access to services, assets, and opportunities and bear the burden of unpaid care and domestic work. Despite commitments to gender equality through international, regional, and national policies and agreements, evidence shows scant improvements in women's livelihoods or safety during disasters. Gender disparities extend to political participation and governance, with women often excluded from decision-making processes and political representation. This exclusion persists despite mandates for gender representation in government, highlighting the need for greater efforts to address gender inequality and promote women's participation at all levels of governance.

The African Risk Capacity (ARC), in partnership with the World Food Programme (WFP), engaged the consultant to conduct a comprehensive gender analysis aimed at enhancing the integration of gender considerations in disaster risk management (DRM) in Ghana. The objective is to assess the current status of gender mainstreaming efforts, identify existing gaps, and pinpoint opportunities for improvement. The consultant's tasks, as outlined in the terms of reference, included: (1) Conducting a gender analysis from both health and DRM perspectives in Ghana; (2) Producing a synthesis report and gender action plan based on the findings; (3) Developing a policy brief addressing gender in DRM and O&E; and (4) Creating a training manual to guide the integration of gender mainstreaming in DRM initiatives across the country.

The process of formulating the gender analysis for Ghana commenced with a stakeholder meeting involving key institutions including the National Disaster Management Organisation (NADMO), the National Development Planning Commission (NDPC), the Ministry of Health (MOH), the Ghana Health Service (GHS), ABANTU, the National Commission for Persons with Disabilities (NCPD), and the Ministry of Gender, Children and Social Protection

(MoGCSP). The purpose of this meeting was twofold: to establish a collaborative framework for the successful execution of the assignment and to gain insights into the challenges, opportunities, and entry points for integrating gender perspectives into DRM and O&E activities from the perspective of stakeholders. This collaborative approach ensures that the gender analysis is informed by diverse perspectives and experiences, laying a strong foundation for effective gender mainstreaming in DRM efforts in Ghana.

The gender analysis of Disaster Risk Management (DRM) and Outbreaks and Epidemics (O&E) in Ghana employed a comprehensive approach, including desk-based reviews, stakeholder consultations, policy analysis, and key informant interviews/Focus Group discussions (FGDs). Through these phases, it aimed to assess existing gender inequalities and identify opportunities for advancing gender equality within DRM and O&E management.

As part of a comprehensive policy analysis, a content review was conducted on key health sector and Disaster Risk Management (DRM) policies and strategic documents. These included the National Gender Policy (2015), the National Climate Change Policy (2013), the National Climate Change Adaptation Strategy (2012), and the National Health Policy (2007). Additionally, Ghana's Nationally Determined Contributions (2015) and the Coordinated Programme of Economic and Social Development Policy (2018–2024) were also analyzed.

To further delve into the gender-inclusivity of disaster management approaches and decision-making processes, Focus Group Discussions and interviews were carried out. Participants included community members, chiefs, assemblymen, and community health professionals from communities in North Tongu, Tema-West, and Talensi. This qualitative research aimed to gain insights into how these communities, which had previously experienced disasters, approached disaster management and recovery, as well as understanding the dynamics of decision-making within them with a focus on gender inclusion.

Key findings from our analysis include:

- Ghana has made strides in promoting women's participation in leadership positions across various sectors. However, challenges such as insufficient funding and technical capacity for gender-inclusive programming exist.
- National policies on emergency health and disaster management have gender connotations but lack structured implementation strategies to protect women during crises.
- The Ministry of Gender, Children, and Social Protection (MoGCSP), National Disaster Management Organization (NADMO), and Ministry of Health/Ghana Health Service (MOH/GHS) lead in gender-inclusive emergency response, but face challenges such as funding shortages and lack of gender-focal persons.
- At the local level, women are vulnerable due to limited access to information and decision-making positions predominantly held by men.
- Case studies in North Tongu, Talensi, and Tema West reveal coordination gaps, a lack of gender-focused disaster management, and neglect of vulnerable groups during disasters.

- In North Tongu, flooding impacts include water pollution, health risks, and displacement, with community leaders and health professionals providing support and disseminating information.
- Klagon's community leaders prioritize infrastructure development and collaborate with health authorities during emergencies, demonstrating proactive approaches to disaster management.
- Challenges remain in both areas, including limited women's representation in leadership and decision-making roles, underscoring the need for gender-inclusive disaster management strategies.

Based on these key findings, the following key recommendations have been made:

- **Mainstreaming gender responsiveness into O&E and Disaster Risk Management:** DRM structures lack training in gender analysis and mainstreaming, leading to a limited understanding of gender issues in policy and implementation. Clear guidelines for gender mainstreaming in DRM at all levels are absent, highlighting a need for specific guidelines to guide gender-transformative decision-making. Table 9 (annex 1) indicates the Entry Points , Barriers , Capacity Gaps and Recommendations for Mainstreaming Gender into DRM and O&E
- **Establishment of Gender Desks and Focal Persons:** The Occupational Health Unit of the Ghana Health Service (GHS) and district offices of NADMO and MoGSCP should establish dedicated gender units with trained officers to integrate gender considerations into policies, ensure equitable access to health services, and promote inclusive disaster risk management strategies.
- **Enhanced Data Disaggregation:** The availability of sex-disaggregated data is crucial for informed decision-making and targeted interventions. Stakeholders must prioritize the collection and dissemination of such data across all levels of DRM planning and implementation, enabling tailored responses to address the specific needs and vulnerabilities of men, women, boys, and girls.
- **Capacity Building in Gender-Inclusive DRM:** District and local stakeholder groups need comprehensive training in transformative gender-aware DRM management. These programs should integrate gender considerations into strategies, catering to diverse community needs. Regular gender training for all DRM structures at district and sub-district levels is essential. It should utilize transformative tools to challenge negative social norms among council staff involved in DRM.
- **Structures for Gender Activities Implementation:** Developing clear structures and mechanisms for the implementation of gender activities within DRM frameworks as well as outbreaks and emergencies is essential. This involves establishing designated focal points, coordinating bodies, and monitoring and evaluation mechanisms to track progress and ensure accountability in gender-inclusive DRM initiatives.
- **Community Engagement and Participation:** Efforts to engage communities in DRM initiatives must prioritize inclusivity and accessibility, particularly for women. Scheduling community engagement programs at convenient times for all, including women, fosters active participation and ensures that their voices are heard in decision-

making processes. Developing women's leadership that aligns with existing governance structures in the communities they live in and at all levels nationally is also important.

- **Resource Allocation and Timely Funding:** Adequate allocation of funds for gender-inclusive DRM, outbreaks and epidemics in both national and district-level budgets is essential. Equally important is the timely release of these funds to facilitate the implementation of gender-responsive interventions and initiatives.
- **Development of Training Manuals:** The production and dissemination of training manuals on gender mainstreaming in emergencies are vital for building capacity among stakeholders. These manuals serve as practical guides for integrating gender considerations into DRM planning, implementation, and evaluation processes.
- **Sensitization of Management:** Sector institutions' management should be sensitized on disaster risk and gender issues to garner their buy-in and support for gender-inclusive DRM efforts. This involves raising awareness about the differential impacts of disasters on men and women and highlighting the importance of gender-sensitive approaches during outbreaks and epidemics, early warning, disaster response, and recovery.
- **Media Awareness Campaigns:** Media plays a crucial role in promoting gender-inclusive disaster risk management by raising awareness. Advocacy efforts should highlight the vulnerabilities of women, children, and others, and involve them in DRM decision-making. Simple, gender-sensitive briefs can be disseminated to disaster-prone communities, supported by community outreach programs to ensure accessibility. These materials should cover gender-sensitive aspects of hazards, disasters, and response measures.
- **Gender Sensitive Disaster Response:** Disaster response focuses on rescue and relief efforts, often led by male-dominated institutions lacking gender sensitivity. It's crucial to establish gender-sensitive relief procedures, including registration and cash transfers, to ensure food security and support other interventions. Recovery efforts must prioritize vulnerable groups, including the elderly, people with disabilities, female-headed households, and others.
- **Gender Sensitive Disaster Recovery:** Disaster recovery exposes and worsens gender disparities, particularly impacting women and girls due to cultural norms. Neglecting these issues perpetuates inequality, leading to risks like child marriages and gender-based violence. Effective recovery requires inclusive planning, prioritizing vulnerable groups, and striving to build more resilient communities.
- **Promotion of Women's Leadership and Participation:** Advocacy efforts should aim at promoting women's leadership and increasing their participation before, during and after outbreaks, epidemics and DRM decision-making at all levels. This involves creating opportunities for women to actively contribute their perspectives, insights, and expertise to inform policy development, planning, and implementation processes.
- **Promoting Inclusiveness in Gender and DRM Trainings:** Gender training for Disaster Risk Management (DRM) should address intersectionality, emphasizing the active roles of women and people with disabilities in recovery, not just as recipients. Stakeholders should recognize existing capacities and ensure participatory, rights-based recovery assessments reflecting gendered realities.

- **Mentorship Programs:** Senior officers should engage in mentorship programs to support and empower junior officers, particularly in areas related to gender and DRM. These initiatives facilitate knowledge transfer, skill development, and career advancement, strengthening institutional capacity in gender-inclusive DRM.
- **Capacity Building for MMDAs:** NADMO and MoGCSP should train MMDAs on gender and DRM to integrate gender perspectives into local disaster planning. Strengthening DRM capacity ensures gender-equitable governance and encourages gender-responsive programming
- **Outbreaks, Epidemics and DRM Financing:** Advocate for government allocation of a portion of the annual budget as a Contingency Measure and DRM and gender mainstreaming across all levels. Consider utilizing a percentage of the NHIS tax for DRM funding. Collaborate with private sector organizations and development partners to secure seed capital for DRM financing.

DRAFT

Definition of Key Terms

Disasters: A disaster is any event that causes serious disruption of the functioning of a community or society, causing major human, material or environmental losses which exceed the ability of the affected society to cope using only its resources.

Vulnerability: It is the conditions determined by physical, social, economic, and environmental factors or processes that increase the susceptibility of an individual, a community, assets, or systems to the impact of hazards.

Natural Hazard: A natural process or phenomenon – such as a hurricane, earthquake, or drought - that can potentially result in a loss of life, property damage, livelihoods and services, social and economic disruption, or environmental damage (UNISDRR, 2016).

Disaster Risk: It is the potential loss of life, injury, and damage to assets that could occur to a system, society, or community in a specific period and this is a function of hazard, exposure, vulnerability, and capacity.

Disaster Risk Reduction: DRR is defined as both the concept and practice of reducing disaster risks, through systematic efforts to analyze and manage the causal factors of disasters. It is concerned with managing intensive, extensive, and emerging disaster risks both hydro meteorological as well as geophysical (UNISDRR, 2016).

Definition of Gender:

Gender refers to the roles, behaviors, activities, and attributes that a given society at a given time considers appropriate for men and women. In addition to the social attributes and opportunities associated with being male or female and the relationships between women and men and girls and boys, gender also refers to the relations between women and men. These attributes, opportunities and relationships are socially constructed and are learned through socialization processes. They are context/ time-specific and changeable. Gender determines what is expected, allowed, and valued in a woman or a man in a given context. In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities. Gender is part of the broader sociocultural context, as are other important criteria for sociocultural analysis including class, race, poverty level, ethnic group, sexual orientation, age, etc.

Definition of Gender Equality:

Gender equality refers to the equal rights, responsibilities, and opportunities of women, men, girls and boys. Equality does not imply sameness but that the rights of women and men will not depend on the gender they were born with. Gender equality implies that the interests, needs, and priorities of all genders are taken into consideration, recognizing the diversity of different groups. Gender equality is not a women's issue but should concern and fully engage all genders while recognizing that neither all men nor all women are a homogenous group.

Definition of Gender mainstreaming:

It refers to the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas, and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring, and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

Definition of Gender-responsive:

Gender-responsiveness describes processes or outcomes that explicitly take gender equality into account, for example through research, data collection, analyses, consultation, and other processes. Gender-responsiveness implies consistent and systematic attention to gender-based differences and inequalities between women and men, intending to address systemic and structural constraints to gender equality, as well as underlying causes of gender inequality, discrimination, and exclusion. Processes and outcomes that are gender-responsive could be laws, policies, programmes, services, and other inputs that are formulated, planned, and delivered in a manner that facilitates the achievement of gender equality.

Definition of Gender-transformative:

'Gender-transformative' refers to development projects, programs, and policies in which gender mainstreaming is utilized to design and implement activities that attempt to redefine gender roles, and relations and promote positive gender equality results. Commonly used terms such as *Gender-transformative approaches*, practices, and interventions indicate that these are planned and implemented in a manner intended to lead to positive transformation and the intended gender equality results.

Gender-transformative results refer to results that arise from transformative change processes that have challenged existing gender power relations and/or the underlying systemic or structural causes of gender-based inequality, discrimination, and exclusion.

1. INTRODUCTION

Disasters persist as significant challenges for both developed and developing nations, resulting in considerable loss of life, economic setbacks, and hindrances to progress. The United Nations Office for Disaster Risk Reduction (UNDRR) defines disasters as severe disruptions to societal functioning, leading to widespread human, material, or environmental losses that exceed the affected society's coping capacity¹. Consequently, effective disaster management requires collaborative efforts beyond individual communities. Vulnerability to disasters remains high in many communities, leading to substantial economic and social repercussions. For instance, in Africa between 2008 and 2012, disasters displaced 144 million people, causing economic losses exceeding \$1.3 trillion². Similarly, from 2005 to 2015, over 700,000 people lost their lives, with millions more injured or displaced in Sub-Saharan Africa alone³. Technological hazards, epidemics, floods, and landslides contribute significantly to these losses⁴. In low- to middle-income countries (LMICs), disasters are escalating in frequency and complexity due to factors like uncontrolled land use development, rapid urbanization, climate change, population growth, and environmental degradation⁵. Ghana, like many LMICs, faces various natural hazards such as earthquakes, floods, coastal erosion, droughts, storms, and wildfires, with flooding alone affecting millions of people and causing significant economic damage⁶. Hence, effective Disaster Risk Management (DRM) strategies are needed to mitigate and control disasters effectively.

In Ghana, particularly in rural areas, persistent patriarchal and capitalist structures, along with discriminatory gender norms, contribute to enduring gender inequality⁷. Women face limited access to communal services, assets, and opportunities to shape programs and policies that impact them⁸. Additionally, they bear the burden of unpaid care and domestic work within their households and communities. Ghana has committed to various international, regional, and sub-regional agreements promoting gender equality, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, and has enacted national-

¹ United Nations International Strategy for Disaster Reduction [UNISDR]. Local Governments and Disaster Risk Reduction: Good Practices and Lessons Learned. In Geneva: UNISDR;2010

² UNISDR. Sendai framework for disaster risk reduction 2015–2030. In: Proceedings of the 3rd United Nations World Conference on DRR. Sendai, Japan: UNISDR. 2015;14–8.

³UNISDR. Sendai framework for disaster risk reduction 2015–2030. In: Proceedings of the 3rd United Nations World Conference on DRR. Sendai, Japan: UNISDR. 2015;14–8.

⁴ United Nations Office for Disaster Risk Reduction [UNDRR]. Highlights: Africa Regional Assessment Report 2020;2020

⁵ Intergovernmental Panel on Climate Change [IPCC]. Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation. In: Field et. CB, editor. A Special Report of Working Groups I and II of the Intergovernmental Panel on Climate Change. Cambridge, UK and New York, NY, USA. New York: Cambridge University Press; 2012.

⁶ UNDP/NADMO. Mainstreaming Disaster Risk Reduction-A Short Course for Practitioners in Ghana. Discussion Version. 2016

⁷ “Despite efforts by the Government of Ghana to reduce gender inequalities in the past three decades, gaps remain between legislation and implementation, and the connection between gender and rural development strategies needs to be improved.” FAO and ECOWAS Commission, National Gender Profile, xiv.

⁸ FAO and ECOWAS Commission, National Gender Profile,10–12.

level policies like the Constitution and the National Gender Policy, there is however little evidence that these commitments have translated into meaningful improvements in women's livelihoods or ensured their safety during disasters⁹.

Moreover, gender disparities persist in political participation and engagement in governance and community decision-making processes. Women are often excluded from crucial activities like planning, budgeting, and data collection, resulting in decisions being made without adequately considering their perspectives. This exclusion extends to political representation, with women significantly underrepresented at all levels of government, particularly at the district and local levels, where only a small fraction hold positions despite the 40 percent mandate set by Ghana¹⁰.

To enable a full understanding of how gender has been mainstreamed in outbreak and epidemics situations and disaster risk management in Ghana and also identify existing gaps and opportunities, a Gender Analysis was initiated by the Africa Risk Capacity (ARC). The findings of the Gender Analysis will inform the development of a Gender Action Plan, a Policy Brief on gender and DRM/O&E, and a training manual to guide the strengthening of gender mainstreaming in Disaster Risk Management in the country.

1.1 OVERVIEW AND OBJECTIVES OF THE REPORT

1. Conduct an in-depth gender analysis of the health sector from the Outbreak and Epidemics (O&E) perspective. The analysis aims to identify gaps & challenges and propose recommendations for gender integration in O&E towards gender transformation of the sector.
2. Carry out an in-depth gender analysis on Disaster Risk Management & Financing (DRM&F) to identify gaps & challenges and propose recommendations in policies, strategies and activities to ensure a gender-responsive and transformational DRM sector.

1.2 STRUCTURE OF REPORT

This report is structured into five chapters, with each chapter building on the preceding one. Chapter 1 provides a general background to the gender analysis, including how gender is adversely impacted by climate-induced disasters and the purpose of the assignment. Chapter 2 provides an understanding of Ghana's Disaster Risk profile. This chapter provides context to the gender responsive emergency and disaster risk reduction management in Ghana. Chapter 3 presents the methodological approach used in collecting data for this analysis. Chapter 4 provides a review of relevant sector policies and frameworks highlighting gender integration

⁹ SEND Ghana. (2019). "Gender Audit Report for Ministry of Food and Agriculture (MOFA) & Ministry of Fisheries and Aquaculture Development (MOFAD)." Draft version. Accra, Ghana.

¹⁰ FAO and ECOWAS Commission, National Gender Profile.

efforts in these guiding documents. It maps the relevant stakeholders for gender mainstreaming efforts in O&E/DRM and presents results for both stakeholder engagement and field data collection. Lastly, Chapter 5 presents the key findings, conclusions and recommendations.

DRAFT

2. DISASTER PROFILE OF GHANA

Situated along the south-central coast of West Africa, Ghana shares borders with Togo, Burkina Faso, and Cote d'Ivoire. With a land area of 239,460 km² and territorial coastal waters extending 200 nautical miles offshore, Ghana features numerous water bodies, including Lakes Volta and Bosomtwe occupying 3,275 km², along with other seasonally flooded lakes covering 23,350 km² area¹¹. The country encompasses two main ecological zones: the forest zone covering 30% of the southern region and the drier Northern Savannah Ecological Zone covering the remaining 70%. Agriculture occupies over 70% of Ghana's land area¹². Classified as a lower middle-income, developing nation with a stable democratic government, Ghana had a population of 30.4 million in 2019, projected to increase to 37.3 million by 2030 and 51.2 million by 2050, with over 55% residing in urban areas¹³.

Climate change poses significant challenges to Ghana's economic growth, particularly affecting the agricultural sector, which employs about 45% of the workforce. The Northern Savannah Ecological Zone, where poverty rates are highest and agricultural production is centered, faces escalating risks due to climate change¹⁴. Ghana experiences various climate change-related hazards, including altered rainfall patterns and coastal flooding, impacting health, agriculture, and infrastructure¹⁵. The ND-GAIN Index ranks Ghana 109 out of 181 countries in terms of vulnerability to climate change impacts attributed to a combination of political, geographic, and social factors¹⁶. Ghana submitted its Nationally-Determined Contribution to the UNFCCC in 2016, in support of the country's efforts to realize its development goals and increase its resilience to climate change. Ghana also published its Fourth National Communication to the UNCCC in 2020.

Ghana is vulnerable to increasing aridity, droughts, extreme rainfall events, and flooding, and faces significant challenges from a changing climate change to its ecology, economy, and

¹¹ UNDP (2019). Climate Change Adaptation Profile – Ghana. URL: <https://www.adaptation-undp.org/explore/western-africa/ghana>

¹² Republic of Ghana (2015). Ghana's Third National Communication to the UNFCCC. URL: <https://unfccc.int/resource/docs/natc/ghanc3.pdf>

¹³ World Bank Open Data, Data Retrieved March 2021. Data Bank: Population Estimates and Projections, Ghana. URL: <https://databank.worldbank.org/data/reports.aspx?source=health-nutrition-and-population-statistics:-population-estimates-and-projections>

¹⁴ USAID (2017). Climate Change Risk Profile – Ghana. URL: https://www.climatelinks.org/sites/default/files/asset/document/2017_USAID_Climate%20Change%20Risk%20Profile%20-%20Ghana.pdf.

¹⁵ UNDP (2019). Climate Change Adaptation Profile – Ghana. URL: <https://www.adaptation-undp.org/explore/western-africa/ghana>

¹⁶ University of Notre Dame (2020). Notre Dame Global Adaptation Initiative. URL: <https://gain.nd.edu/our-work/country-index/>

society¹⁷. In addition, Ghana has a high degree of risk to natural hazards and disasters with a considerable recorded cases of outbreaks and epidemics. The country is exposed to risks from multiple weather-related hazards, primarily those due to floods and droughts in the Northern Savannah belt. There are also risks related to coastal zones, including storm surges and coastal erosion as well as landslides, earthquakes, pest infestations, and wildfires. Between 1991 and 2011 the country experienced seven major floods¹⁸. In 2010, floods in the White Volta River Basin affected hundreds of thousands of people and destroyed many of their livelihoods¹⁹. Urban floods also regularly impact major cities. Current development dynamics and demographic changes in Ghana further compound the risk of disasters. These dynamics are related to rural poverty, rapid urbanization, and environmental degradation²⁰. Agriculture and livestock, two sectors most impacted by weather-related hazards, constitute the foundation of Ghana's economy and employ 55% of the economically active population²¹. Climate change and variability are already affecting Ghana's water resources with projected damage and flood exposure amounting to \$160 million annually, due to flooding²².

Climate change is expected to increase the risk and intensity of water scarcity and drought across the country²³. The primary sectors affected are water, agriculture and forestry, and human health. As extreme rainfall events become more common, river banks over flow and flash flooding is likely²⁴. This may also result in soil erosion and water logging of crops, thus decreasing yields with the potential to increase food insecurity; particularly for subsistence farmers.

The frequency and complexity of some of these disaster events are also increasing, especially flooding. The country has been impacted by seven major floods in the last two decades²⁵. In 2007, floods caused damage to infrastructure and livelihoods over \$130 million and affected more than 265,000 people in the three northern regions, with nearly 100,000 requiring assistance in various forms to cope and restore their livelihoods²⁶. Additionally, these floods were preceded by a period of drought that destroyed most food crops²⁷. Higher temperatures coupled with increased aridity have also resulted in increased livestock stress and reduced crop

¹⁷ Republic of Ghana (2015). Ghana's Third National Communication to the UNFCCC. URL: <https://unfccc.int/resource/docs/natc/ghanc3.pdf>

¹⁸ Climate Risk Profile: Ghana (2021): The World Bank Group

¹⁹ Climate Risk Profile: Ghana (2021): The World Bank Group

²⁰ Climate Risk Profile: Ghana (2021): The World Bank Group

²¹ GFDRR (2019). Ghana, Country Context. URL: <https://www.gfdr.org/en/ghana>

²² UNISDR (2018). Disaster Risk Profile – Ghana. URL: <http://africa.cimafoundation.org/documents/869>

²³ EM-DAT: The Emergency Events Database - Universite catholique de Louvain (UCL) - CRED, D. Guha-Sapir, Brussels, Belgium. URL: http://emdat.be/emdat_db/

²⁴ EM-DAT: The Emergency Events Database - Universite catholique de Louvain (UCL) - CRED, D. Guha-Sapir, Brussels, Belgium. URL: http://emdat.be/emdat_db/

²⁵ Climate Risk Profile: Ghana (2021): The World Bank Group

²⁶ Climate Risk Profile: Ghana (2021): The World Bank Group

²⁷ UNDP (2017). Advocacy and Capacity Building for Disaster Risk Reduction and Preparedness in Ghana Project. Final Project Report. URL: <https://www.undp.org/content/dam/ghana/docs/Doc/Susdev/Final%20Project%20Report.pdf>

yields in certain areas²⁸. The consequences have been crop damage, loss of pasture and water sources, loss of animals, hunger, disease outbreaks, asset depletions, malnutrition and migration as well as human casualties. More so, recurrent floods and drought have adversely affected the livelihoods of the rural poor who are dependent on agricultural production as their primary source of income²⁹. Vulnerable groups are more sensitive to the impacts of disasters (floods, dry periods, disease outbreaks) because they have limited resources with which to confront these risks. As temperatures rise and the impacts of climate change come into view, there is the likelihood of the country's coastline being impacted by sea level rise, increase in frequency and duration of heat waves, increased tensions over available resources, high population movements, and increased Gender-based violence³⁰.

Over the past decade, Ghana has taken significant steps toward a more proactive approach to reducing its disaster risks and increasing its resilience. The Ghana Plan of Action for Disaster Risk Reduction and Climate Change Adaptation (2012) outlines support for disaster risk management (DRM) from the government and its development partners³¹. The country's National Disaster Risk Reduction Policy (2011–2015) was also adopted by disaster management stakeholders to ensure that all public institutions and non-governmental organizations factor DRM into their organizational planning, budgeting, and operations. Mechanisms and strategies have also been established to further integrate DRM into national and local development policies. The key focus has been to address flood risks in major urban areas and to make coastal communities more resilient to sea level rise, storm surges, and flooding.

Ghana is highly vulnerable to the adverse health implications of climate-related disasters. Projections indicate an increase in the prevalence and geographic extent of vector diseases, epidemics, and outbreaks that are already common in Ghana such as Cholera, COVID-19, Marburg virus, Ebola virus, and other respiratory diseases³². An increased disease prevalence is expected to be particularly significant in densely populated urban areas where temporary settlements lack access to clean water and sanitation³³. Access to improved sanitation is low overall (20% of urban and 9% of rural populations)³⁴. Flooding commonly leads to cholera

²⁸ USAID (2017). Climate Change Risk Profile – Ghana. URL: https://www.climatelinks.org/sites/default/files/asset/document/2017_USAID_Climate%20Change%20Risk%20Profile%20-%20Ghana.pdf

²⁹ Republic of Ghana (2015). Ghana's Third National Communication to the UNFCCC. URL: <https://unfccc.int/resource/docs/natc/ghanc3.pdf>

³⁰ Climate Risk Profile: Ghana (2021): The World Bank Group

³¹ UNDP (2019). Climate Change Adaptation Profile – Ghana. URL: <https://www.adaptation-undp.org/explore/western-africa/ghana>

³² Climate Risk Profile: Ghana (2021): The World Bank Group

³³ USAID (2017). Climate Change Risk Profile – Ghana. URL: https://www.climatelinks.org/sites/default/files/asset/document/2017_USAID_Climate%20Change%20Risk%20Profile%20-%20Ghana.pdf

³⁴ Climate Risk Profile: Ghana (2021): The World Bank Group

outbreaks across the country posing a health challenge, particularly in coastal and urban zones³⁵.

2.1 GENDER-RESPONSIVE OUTBREAK AND EPIDEMICS

Ghana's health sector comprises various stakeholders from both the public and private sectors, collaborating with the Ministry of Health to deliver efficient and high-quality health services to the population. Over the past thirty years, significant progress has been made in healthcare provision and population health improvement. The proportion of fully immunized children rose by 30 percent between 1988 and 2014³⁶. Under-five mortality declined from 119 deaths per 1,000 live births to 60 deaths per 1,000 live births, and antenatal and maternal care utilization among pregnant women has steadily increased since 1988³⁷. The prevalence of stunted, wasted, and underweight children has also shown a consistent decrease. Despite these advancements, spatial disparities in healthcare provision persist across the country. However, some health indicators in Ghana remain concerning. In 2017, life expectancy at birth was 62.4 years for the total population, with maternal mortality ratio at 319 deaths per 100,000 live births, under-five mortality rate at 61.6 deaths per 1,000 live births, and neonatal mortality rate at 28.3 per 1,000 live births³⁸. While these figures may signify progress compared to previous years, they still indicate significant challenges that require attention. Ghana's total expenditure on health as a percentage of gross domestic product has fluctuated over the years, showing a net increase of 0.47 percent between 1994 and 2014.

The 2014 Ghana Demographic Health Survey indicates that a higher percentage of rural women (60.9 percent) compared to men (45.8 percent) are enrolled in the national health insurance scheme. In rural communities, health care access often relies on decisions made by male family members, hindering women's access to vital health services like antenatal, postnatal, and family planning care³⁹. This issue is compounded by men's limited access to reproductive health services and their lack of awareness about the importance of encouraging women and children to seek medical care. Challenges such as long distances to health facilities and inadequate transportation further restrict both women's and men's access to health services.

Urban areas show a higher percentage of women (89 percent) making four or more antenatal visits during pregnancy compared to rural areas (70 percent)⁴⁰. Additionally, 88 percent of women with secondary education or higher deliver in health facilities, contrasting with only 31 percent of women with no education⁴¹. Climate change poses various risks to the health sector, including increased disease incidence due to rising temperatures, exacerbating respiratory ailments like asthma from air pollution, and worsening cardiovascular diseases. Floods and

³⁵ Climate Risk Profile: Ghana (2021): The World Bank Group

³⁶ Climate Risk Profile: Ghana (2021): The World Bank Group

³⁷ World Health Organization (2017)

³⁸ Ghana Statistical Service. 2017. Ghana Living Standards Survey (7). Ghana Government, Accra.

³⁹ Ghana Statistical Service (GSS). (2014). Ghana Living Standards Survey Round 6: Poverty Profile in Ghana. Accra: GSS

⁴⁰ Japan International Cooperation Agency (2013). Country gender Profile: Government of Ghana.

⁴¹ Ghana Statistical Service. 2017. Ghana Living Standards Survey (7). Ghana Government, Accra.

rising sea levels contaminate water sources, leading to water-borne illnesses, especially impacting vulnerable populations.

Gender inequalities compound these vulnerabilities, stemming from differing physiological and social needs, roles, and access to resources between men and women. Within the health sector, gender disparities in decision-making persist within a cultural context. The National Health Policy (2007) advocates for gender- and child-sensitive programs, influencing sector activities. Additionally, the Gender Policy for the Health Sector (2009) and the Gender Sensitive Climate Resilience Screening Tool (2014) guide gender-sensitive program implementation. Maternal and child health programs primarily target women, while family planning initiatives now aim to involve both men and women for more effective outcomes.

The incidence and distribution of vector-borne diseases like malaria and dengue are influenced by both geographical location and seasonal changes in temperature and rainfall. For instance, the development of the malaria parasite is highly sensitive to temperature, with the optimal range for its development falling between 25°C and 30°C⁴². In Ghana, malaria cases tend to increase during the rainy season, while flooding can exacerbate diarrhoea outbreaks. Rising temperatures also impact water levels, contributing to higher rates of schistosomiasis infections. Additionally, increased evening temperatures, particularly in the savannah regions, can lead to a rise in cerebrospinal meningitis infections⁴³.

The escalation of temperature, often linked to climate change, is associated with a higher incidence of cerebrospinal meningitis, affecting both men and women, especially in northern Ghana. Various climate scenarios may lead to an uptick in cases of cholera, diarrhoea, malaria, malnutrition, and heat-related deaths. Pregnant women and children are particularly vulnerable to malaria, which can result in adverse outcomes such as prenatal mortality, low birth weight, and maternal anaemia⁴⁴. Furthermore, periods of drought can expose women and children, who typically fetch water, to water-borne infections like Guinea worm, onchocerciasis, and schistosomiasis, especially when drawing water from rivers and lakes⁴⁵. Extreme weather events such as heavy precipitation, floods, and drought, attributed to climate change, pose significant health risks to women and children, impacting their socio-economic status and overall well-being.

2.2 GENDER-RESPONSIVE DISASTER RISK MANAGEMENT

Disasters pose a significant challenge to Ghana, jeopardizing the economic progress achieved over the past thirty years. The country faces various hazards, including floods, droughts, bush fires, and industrial accidents. The National Disaster Management Organization (NADMO),

⁴² Akpalu, W., and Codjoe, S. N. A. (2013). Economic analysis of climate variability impact on malaria prevalence: the case of Ghana. *Sustainability*, 5(10), 4362–4378

⁴³ Glazebrook, T. (2011). Women and climate change: A case-study from northeast Ghana. *Hypatia*, 26(4), 762–782.

⁴⁴ Dampety, P. T. (2007). Climate Change and Women's Livelihoods. In National Forum on Climate Change. Accra

⁴⁵ Dankelman, I. E. M. (2008). Gender, climate change and human security lessons from Bangladesh, Ghana and Senegal.

operating under the Ministry of the Interior, serves as the central coordinating body for disaster-related matters. Additionally, key state institutions such as the Environmental Protection Agency (EPA), the Ghana Meteorological Agency (GMet), the Fire Service, Ghana Police Service, and the Ghana Armed Forces play crucial roles in disaster management. Furthermore, several non-governmental organizations and civil society organizations are involved in this field.

Ghana's commitment to disaster risk reduction was reinforced by signing the Hyogo Framework for Action (2005–2015), prompting a shift from disaster response to prevention and risk reduction. The development of the Ghana Plan of Action for Disaster Risk Reduction (2011–2015) marked a significant milestone in this transition. Climate change is expected to exacerbate the frequency and intensity of extreme weather events, leading to more frequent floods and landslides. Gender dynamics play a crucial role in determining individuals' vulnerability and response to disasters. Studies have shown differences in the experiences of men and women during disasters, with women and children often bearing the brunt of the impacts due to inequalities in exposure, sensitivity to risk, and access to resources⁴⁶. For instance, research conducted in Accra's slum areas revealed disparities in the experiences of men and women during flooding, heat waves, rainstorms, soil erosion, and salt-water intrusion. Women's limited access to resources and decision-making power exacerbates their vulnerability to climate change impacts⁴⁷. Men typically have greater access to assets, income, and resources, enabling them to build resilience more effectively. Thus, addressing gender inequalities is crucial for enhancing adaptive capacity and resilience to disaster risks among vulnerable populations in Ghana. Another contributing factor to the vulnerability of both women and men is their access to climate information services. Research indicates that individuals in Ghana, regardless of gender, are increasingly recognizing changes in climatic conditions, such as stronger winds, higher temperatures, more frequent droughts, variable rainfall patterns, and increased flooding. However, while both genders are aware of these changes, there are disparities in accessing climate information⁴⁸. Men tend to have greater access to climate information services through mobile phones and radios, enabling them to receive early warnings more effectively than women⁴⁹.

Disasters, compounded by various challenges including limited capital, land access, skilled labor, raw materials, market accessibility, and growth opportunities, disproportionately affect women's resilience to climate change⁵⁰. For example, flooding disproportionately impacts Ghanaian women who dominate the retail sector. Market centers and trading stalls, primarily

⁴⁶ Owusu, M. (2014). Gendered perception and vulnerability

⁴⁷ Owusu, M., Rudd, D., and Nursey-Bray, M. (2018). Gendered perception and vulnerability to climate change in urban slum communities in Accra, Ghana. *Reg Environ Change* 19, 13–25 (2019). <https://doi.org/10.1007/s10113-018-1357-z>

⁴⁸ Partey, S. T., Dakorah, A. D., Zougmore, R. B., Ouedraogo, M., Nyasimi, M., Nikoi, G. K., and Huyer, S. (2018). *Gender and climate risk management: Evidence of climate information use in Ghana*. Springer.

⁴⁹ Owusu, M. (2014) Gendered perception and vulnerability

⁵⁰ Opoku Mensah, A. Fobih, N. and Adom, A. Y. (2017). Entrepreneurship Development and New Business Challenges and Prospects for Ghanaian Entrepreneurs.' In *Universities, Entrepreneurship and Enterprise Development in Africa, German African University Partnership Platform for the Development of Entrepreneurs and Small/Medium Enterprises*.

operated by women, are often situated in flood-prone areas⁵¹. Consequently, when disasters strike, these women not only lose their livelihoods but also lack insurance coverage for their assets⁵². Additionally, rising temperatures and associated droughts⁵³ further exacerbate women's and girls' vulnerability, hindering their ability to cope with disasters. A gender analysis of disaster risk management (DRM) and O&E adaptation policies is crucial to evaluate how policy formulation and implementation address gender disparities. This analysis considers local gender priorities and international commitments to gender equality, ensuring equitable development plans and programs in Disaster Risk and Outbreaks & Epidemics management services.

⁵¹ Aboagye, D. (2012). Living with Familiar Hazards: Flood Experiences and Human Vulnerability in Accra, Ghana. *Journal of Urban Research*

⁵² Gell, F. (2010). Gender, Disaster Risk Reduction, and Climate Change Adaptation: A Learning Companion

⁵³ Aboagye, D. (2012). Living with Familiar Hazards: Flood Experiences and Human Vulnerability in Accra, Ghana. *Journal of Urban Research*

3. METHODOLOGY

The methodological approach for the gender analysis of DRM/O&E in Ghana involved four all-inclusive, gender-responsive, and participatory interlinked phases: a desk-based review, stakeholder consultations, policy analysis, and KIIs/FGDs.

1. **Desk-Based Review.** To gain insight into how gender considerations have been integrated into Disaster Risk Management (DRM) and Epidemics and Outbreaks (O&E) management, the consultant conducted a thorough review of policies, programs, budget analyses, and documentation related to DRM activities and advocacy by government agencies, NGOs, and CSOs in Ghana. This desk review involved gathering statistical data and evidence at the national level regarding the existing gender inequalities. By analyzing this information, the consultant aimed to identify areas of progress, existing gaps, as well as barriers and opportunities for advancing gender equality within DRM and O&E management in Ghana.
2. **Stakeholder Consultations.** In February 2024, a face-to-face meeting took place in Accra, involving key institutions in gender, disaster risk management (DRM), and health sectors such as NADMO, NDPC, GHS/MOH, MoGCSP, and ABANTU. The objective was to establish a strong collaborative framework for the successful implementation of the task at hand. Additionally, the meeting aimed to review the current DRM/O&E approach and explore ways to integrate gender considerations effectively within the targeted sectors, while also identifying the obstacles and prospects for gender integration in DRM/O&E efforts. Follow-up virtual meetings were subsequently held for clarifications and further discussions.
3. **Policy analysis of National Policies and Strategic Documents.** Some sector-specific policies and strategies informed the gender analysis. Policies from the Ghana Health Service/Ministry of Health, NADMO, MoGCSP, and other key documents guiding DRM/O&E and Gender issues in Ghana were reviewed.
4. **Key Informant Interviews and Focus Group Discussions.** Between February and April 2024, interviews and Focus Group Discussions (FGDs) were carried out in Accra, North Tongu District, Talensi and Tema-West District (refer to Table 1). A total of 98 interviews were conducted, covering all relevant topics: 30 in-depth, semi-structured interviews involved NGO personnel and government officials at national, regional, and district levels (including NADMO, GHS/MOH, District Coordinators for Disaster Management, Send-Ghana); 20 structured interviews were conducted with community leaders, opinion leaders, assembly members and community health professionals; and 5 interviews were held with individuals with disabilities (see Table 2). The FGD in North Tongu comprised 15 participants, including both men and women from three different communities, along with a physically challenged woman. The FGD in Tema West involved 15 participants including both men and women and a physically challenged woman as well.

Furthermore, the FGD at Talensi involved 16 participants with two persons with disabilities.

Table 1. Primary data collection sites

Region	District	Communities
Volta Region	North Tongu	<ul style="list-style-type: none"> ■ Torgorme ■ Kessegekope ■ Alabonu
Greater Accra	Tema West	<ul style="list-style-type: none"> ■ Klagon
Upper East	Talensi	<ul style="list-style-type: none"> ■ Talensi Rice Farmers Association ■ District Assembly ■ Community Leaders

Table 2. Summary of interview informants by category

Stakeholder Category	Number of Informants	% Women Participation
Focused Group Discussion	43	47%
Persons With Disability	5	60%
Opinion Leaders	6	50%
Community Leaders	8	0%
Assembly Members	3	0%
Community Health Professionals	3	100%
District Government Officials	2	0%
Regional Government Officials	2	0%
Ministry Officials	18	66%
NGO Staff	8	62%

3.1 DISTRICT CONTEXTS

The three districts were chosen for two primary reasons: (1) they are in regions where disasters have occurred and (2) these districts provide a snapshot of how DRM is contained in very different contexts.

In October 2023, controlled water release from the Akosombo Dam by the Volta River Authority (VRA) led to flooding in low-lying areas along the Volta River in Ghana, displacing over 26,000 individuals and causing extensive damage to infrastructure and livelihoods particularly in the North Tongu district in the Volta region. The incident underscores the

importance of disaster preparedness and the urgent need to design gender-sensitive response mechanisms. The floods devastated communities, destroyed property, disrupted livelihoods, and raised concerns about environmental and public health. A gender analysis is needed to investigate collaborative response support extended to affected communities in recovery and rebuilding efforts.

Klagon is bordered by the sea on one side and also enclosed by a river. Declared as a Ramsar site, the community has had instances of flooding in the past but measures taken by the chief and municipal assembly have curtailed the perennial flooding in the community. The consultant investigates the approaches to DRM in the community.

The Bagre Dam's operations in Burkina Faso result in recurrent flooding in Ghana's Talensi District, impacting residents' livelihoods and worsening poverty levels. The most recent flooding event occurred on August 23, 2024, causing widespread devastation, displacements, and fatalities. Agriculture, the primary source of income, faces significant losses, worsening food insecurity and poverty. Furthermore, floods disrupt education, infrastructure, and community cohesion. Gender-focused discussions underscore the increased caregiving responsibilities for women and the elevated risks of gender-based violence during such crises.

3.2 ETHICAL CONSIDERATIONS

Before the interviews, all interviewees received detailed information regarding the study's scope and objectives. They were briefed on confidentiality protocols, which included the following measures: (1) ensuring no direct references to individual informants in any reports or communications related to the study, (2) avoiding indirect attribution of information to informants in presentations, and (3) only citing public information shared by organizations or government stakeholders during the interviews. Verbal informed consent was obtained from each participant. While quoting or paraphrasing interviewee comments, anonymity was preserved. However, the text and notes specify the category to which each interviewee belongs (e.g., government, NGO, women's group).

4. DISCUSSION OF RESULTS AND FINDINGS

Gender Responsiveness of Policy and Legal Frameworks

The analysis set out to assess DRM and Health sector frameworks to determine the extent to which gender has been mainstreamed into the formulation of the policies. The major policies assessed were the National Health Policy (2007), the Health Sector Gender Policy (2009), and the Adolescent Health Service Policy and Strategy (2015).

Components of the policy documents (policy statement, policy objectives, underlying principles, implementation strategies, monitoring, and reporting) were assessed using the following guiding questions:

1. Is the policy statement gender-responsive?
2. Do the underlying principles acknowledge the differences in cultural roles and responsibilities of women and men?
3. Do the policy objectives recognize that the needs of women are different from the needs of men?
4. Are the strategies for implementing and means of implementation designed to be gender-responsive?
5. Do the results-based management and reporting frameworks include gender-sensitive indicators, sex-disaggregated data, and gender-specific results?

4.1 HEALTH SECTOR POLICIES

The National Health Policy (2007)

The formulation of the National Health Policy (2007) aligns with Ghana's aspiration to attain middle-income status by 2015, with health positioned as a cornerstone of socio-economic development. It builds upon previous health strategies, such as the Medium-Term Health Strategy and 5-Year Programme of Work (1997–2001) and the second 5-Year Programme of Work (2002–2006). Central to this policy is the recognition of the pivotal role of health and nutrition investments and the fostering of healthy lifestyles within conducive environments. Guided by specific principles, particularly addressing gender, the policy is geared towards enhancing the health of women, advocating for gender-sensitive programs, and promoting gender equality.

The policy's objectives emphasize gender sensitivity and strive for equitable access to high-quality, affordable health, population, and nutrition services. It envisions a comprehensive, gender-sensitive health service delivery system that encompasses various providers (allopathic, traditional, and alternative), both public and private sectors, spanning home-based, community-based, and facility-based care. The policy aims to integrate preventive, diagnostic, therapeutic, and rehabilitative services seamlessly. A key implementation strategy involves the establishment of gender-sensitive indicators to inform decision-making, policies, plans, and

practices across all levels of the health system. By incorporating gender considerations into health system operations, the policy seeks to enhance resilience. Implementation efforts are tailored to address the specific needs of different groups, including mothers, thereby ensuring gender responsiveness.

The policy acknowledges sociocultural barriers, including gender, as significant obstacles to accessing health services. It recognizes that gender dynamics influence health-seeking behaviors and access to healthcare, shaped by distinct roles and resource disparities between men and women. While gender considerations are addressed in certain sections of the policy, areas like health information systems lack directives on collecting sex-disaggregated data and assessing gender impacts effectively.

Health Sector Gender Policy (2009)

The Ministry of Health introduced the Health Sector Gender Policy in 2009 as a strategic framework to address gender-related issues within the health sector. Recognizing the multifaceted nature of gender disparities, the policy identifies several key areas of concern, including access to healthcare, life expectancy, disease prevalence, sexual and reproductive health, HIV/AIDS, gender-based violence, mental health, traditional practices, nutritional health, and emerging trends impacting gender and health.

The primary objective of the policy is to enhance health outcomes for both men and women by integrating gender considerations into health research, policy development, and program implementation, fostering fairness and equality. To achieve this goal, specific measures have been outlined for each of the seven overarching policy objectives. A pivotal aspect of the policy is the promotion and enhancement of access to sex-disaggregated data to facilitate comprehensive gender analysis in decision-making processes, program implementation, monitoring, and evaluation across all levels of the health system. To operationalize this, the policy proposes procedures to monitor the gender impact of healthcare interventions systematically.

However, a notable gap in the policy is the absence of acknowledgment regarding the intersection of disasters and health outcomes for both genders. Addressing this gap is crucial for ensuring comprehensive health policies that account for the evolving challenges posed by disasters and outbreaks on health systems and population well-being.

The Adolescent Health Service Policy and Strategy (2015)

The Adolescent Health Service Policy and Strategy aims to address the unique health concerns of young people, particularly regarding sexual and reproductive health, by providing a dedicated framework. Its objective is to improve the well-being and quality of life of adolescents and youth in Ghana, fostering their full potential in national development through the integration of informative and gender-sensitive health services. Similar to the National Health Policy, this strategy acknowledges gender as a significant socio-cultural barrier impacting access to healthcare and decision-making for both genders. It emphasizes gender

equity and sensitivity as guiding principles, recognizing the need to address diverse adolescent needs impartially due to entrenched gender stereotypes and disparities. Additionally, it upholds principles of human rights, strategic partnerships, diversity, and equitable service provision. To achieve its overarching goal, the policy advocates for the collection of health data disaggregated by age and gender. It also outlines strategies such as enhancing access to age- and gender-appropriate health information and services, enabling informed decision-making. Furthermore, it underscores the importance of providing a comprehensive package of high-quality, gender-sensitive, and disability-responsive health services in conducive environments at all levels.

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Table 3: Analysis of National Policies on Health

No.	Policy	Description	Responsibility	Gaps	Strengths	Recommendation	Gender Marker
1	National Health Policy (2007)	<ul style="list-style-type: none"> The policy seeks to promote health and vitality in order to boost socioeconomic development and wealth generation. This includes ensuring that all Ghanaians have equal access to high-quality health, population, and nutrition services. It also attempts to foster the development of a strong local health industry. 	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> Certain aspects of the policy, such as health information systems, lack instructions requiring data segregation by gender and the consideration of gender impacts policy implementation. 	<ul style="list-style-type: none"> The policy recognizes the importance of improving the health of mothers and children by increasing the availability of effective and timely health interventions. 	<ul style="list-style-type: none"> The monitoring indicators should include both sex-segregated data and the policy's gender implications. 	<ul style="list-style-type: none"> Gender Blind
2	Gender Policy for the Health Sector (2009)	<ul style="list-style-type: none"> To improve the health of both men and women by incorporating gender concerns into health research, policy, and programs, as well as promoting gender equity and equality. 	<ul style="list-style-type: none"> Ministry of Health 	<ul style="list-style-type: none"> There are no actions on gender and disaster response in the policy. 	<ul style="list-style-type: none"> The policy emphasizes gender and offers guidance on integrating gender into the sector's programs and initiatives. It strongly advocates for gender equality in healthcare. 	<ul style="list-style-type: none"> The impact of disaster situations on the health of both women and men should be addressed in future policy reviews. . 	<ul style="list-style-type: none"> Gender Transformative
3	Adolescent Health Service Policy and Strategy (2016–2020)	<ul style="list-style-type: none"> The greater emphasis on adolescent and youth health is consistent with a growing global understanding of the developmental stages that occur during adolescence. This understanding guides the development and execution of tailored interventions for different subgroups within this demographic, taking into account their age and gender-specific needs and interests. 	<ul style="list-style-type: none"> Ghana Health Service Ministry of Health 	<ul style="list-style-type: none"> There are no actions on gender and disaster response in the policy. 	<ul style="list-style-type: none"> The strategy formulation has been influenced by recognizing the gender distinctions between adolescent boys and girls. One of the guiding principles of the strategy is gender sensitivity and equity. Gender-responsive measures were established as part of the approach. . 	<ul style="list-style-type: none"> Subsequent policy reviews should incorporate an assessment of the influence of outbreaks and related disasters on adolescent health. 	<ul style="list-style-type: none"> Gender Transformative

4.2 GENDER RESPONSIVE DISASTER RISK MANAGEMENT (DRM) SECTOR POLICIES

National Building Regulation (1996)

The National Building Regulation (1996) was jointly developed by the Ministry of Works and Housing in collaboration with the MLGRD, encompassing guidelines for the construction, modification, and expansion of buildings.

Although the law mandates structures to be weather-resistant by facilitating proper rainwater drainage, enhancing surface and subsurface drainage, and regulating tree placement, it does not account for shifts in weather patterns. Consequently, there are no provisions to safeguard buildings against heavy rainfall, strong winds, or extreme heat, indicating a lack of climate-related disaster resilience in building codes. The regulation however incorporates certain environmental considerations, such as recommendations for integrating biogas systems and optimizing building orientation to leverage air/wind flow.

On gender mainstreaming, the regulation offers limited guidance to ensure the inclusion of separate facilities for men and women in buildings and other infrastructure. Section 2 of Regulation 182 stipulates the provision of separate privy accommodations for each sex in settings with more than six individuals, while Regulation 135 sub-regulation 8 mandates adequate sanitary conveniences for both sexes in buildings used as factories, workshops, or workplaces. However, there is no requirement for separate facilities for groups of fewer than six people, nor are there directives addressing gender-specific needs in spaces like markets and lorry parks.

Although the legislation does not explicitly outline infrastructure requirements tailored to the needs of men and women, gender considerations may potentially be integrated into implementation guidelines.

Ghana Plan of Action on Disaster Risk Reduction and Climate Change Adaptation (2011–2015)

NADMO, with support from UNDP, formulated the Ghana Plan of Action for Disaster Risk Reduction and Climate Change Adaptation, aiming to mitigate disaster risk and enhance resilience. Serving as both a strategic roadmap and a tool for resource mobilization, the plan addresses current budget shortfalls. Specifically targeting climate variability, the document outlines action plans with corresponding budget allocations to mitigate climate-related risks.

Recognizing the importance of gender inclusion and women's empowerment in disaster risk reduction, the plan aligns with international frameworks like the Hyogo Framework for Action 4 and the Sendai Framework. It includes initiatives aimed at enhancing women's resilience to climate change-related disasters, with dedicated budget allocations for these efforts.

However, certain sections of the plan overlook the nuanced roles, needs, and expertise of men and women, indicating a need for greater understanding and consideration of gender-specific factors in disaster risk reduction and emergency adaptation strategies.

Ghana Meteorological Agency Act, 2004 (Act 682)

The Ghana Meteorological Agency Act, enacted in 2004, establishes the Ghana Meteorological Agency (GMet) to replace the Meteorological Services Department and oversee associated matters. Under the jurisdiction of the Minister of Communications, the agency's primary objective is to furnish meteorological services throughout the country, ensuring adherence to international standards and practices in meteorology. The act mandates the promotion of meteorology services in agriculture, drought management, and desertification activities.

Additionally, the agency is tasked with facilitating global exchanges of meteorological information and conducting research, particularly in tropical, agricultural, hydrological, and other meteorological aspects. Notably, the act allocates two seats for women on the agency's governing body. However, it falls short in recognizing the differential impacts of meteorological activities on women and men, resulting in limited gender considerations within the legislation.

Table 4: Analysis of National Policies on DRM

No.	Policy	Responsibility	Gaps	Strengths	Recommendations	Gender marker
1	National Building Regulation (1996)	<ul style="list-style-type: none"> Ministry of Works and Housing 	<ul style="list-style-type: none"> There are no guidelines in place to cater to the sanitation and accommodation requirements of both women and men in public areas. 	<ul style="list-style-type: none"> There are limited regulations regarding the provision of separate accommodation and sanitary services for both genders. 	<ul style="list-style-type: none"> There is a growing demand to revise the regulation to align with contemporary trends. This presents an opportunity to incorporate considerations related to disasters and gender into the framework. 	<ul style="list-style-type: none"> Gender Blind
2	Ghana Plan of Action for Disaster Risk Reduction and Climate Change Adaptation (2011–2015)	<ul style="list-style-type: none"> National Disaster Management Organization (NADMO) 	<ul style="list-style-type: none"> Certain sections fail to acknowledge the varying roles, needs, and knowledge levels between women and men. 	<ul style="list-style-type: none"> Gender is acknowledged in several areas, particularly within the context of Hyogo Framework for Action 4. 	<ul style="list-style-type: none"> Gender-responsive activities need to be integrated into the next review or included as supplementary implementation measures. 	<ul style="list-style-type: none"> Towards Gender-Sensitive
3	Ghana Meteorological Agency Act, 2004 (Act 682)	<ul style="list-style-type: none"> Ministry of Communications 	<ul style="list-style-type: none"> The act fails to address gender and climate-related disaster dimensions. 		<ul style="list-style-type: none"> Future revisions should strongly consider integrating gender and climate-related disaster aspects. 	<ul style="list-style-type: none"> Gender Blind

4.3 OTHER NATIONAL POLICIES ON DRM AND GENDER

Nationally Determined Contributions (2015)

The Paris Climate Agreement, the Sendai Framework on Disaster Risk Reduction, and the SDGs collectively provide a new approach to addressing climate change and promoting low-carbon, climate-resilient development pathways. Under these frameworks, countries are urged to take progressive and transformative climate action. In line with this, Ghana submitted its Nationally Determined Contributions (NDCs) to the UNFCCC in September 2015, outlining its commitments to mitigate and adapt to climate change to reduce global emissions by 2.0°C and preferably by 1.5°C. The Ghanaian Parliament ratified these commitments in September 2016, setting a 10-year implementation period from 2020 to 2030, with distinct phases including readiness (2017–2019), NDC 1 (2020–2024), review (2025), and NDC 2 (2026–2030). Ghana's NDC comprises 31 action programs, with 20 focusing on mitigation and 11 on adaptation. These actions span seven priority sectors: health, agriculture, energy, water, waste, transport, and disaster risk and climate services. The development of Ghana's NDC was informed by key national development agendas such as the Ghana Shared Growth and Development Agenda II-2014–2017, the National Climate Change Policy (2015), and the 40-Year National Development Plan (2018–2057).

Gender considerations are incorporated into Ghana's NDCs, with a specific program dedicated to enhancing gender resilience through community-led adaptation and livelihood diversification for vulnerable groups. While gender and vulnerability are recognized as a distinct sector within the policy, gender is also integrated into other sectors as an additional consideration. However, data on vulnerable groups is not disaggregated by sex, indicating a potential area for improvement in gender-sensitive implementation.

National Climate Change Master Plan Action Programmes for Implementation (2015–2020)

Developed under the auspices of the Ministry of Environment, Science Technology and Innovation (MESTI) the National Climate Change Master Plan Action Programmes (2015–2020) presented a detailed strategies spanning five years. These action plans delineate various programs for implementation across sectors and initiatives, along with estimated budgets. They serve as guidance for institutions and organizations responsible for integrating the action programs into their respective mandates. By providing estimated costs for the proposed programs and initiatives, the Master Plan Action Programmes serve as a valuable tool for policymakers to comprehend the financial implications of undertaking different initiatives.

Addressing gender issues within the context of climate change-related risks is a key focus area of the policy. Gender considerations are integrated into energy and natural resources management while being mentioned as supplementary in other areas such as water and sanitation, and health. However, the strategy lacks explicit measures to ensure the involvement of women in both the planning and implementation stages. Additionally, some indicators are not disaggregated by sex, although others, particularly those related to gender and climate-related risks, include gender-sensitive indicators for monitoring progress.

National Climate Change Policy (2012)

The National Climate Change Policy (NCCP) represents Ghana's comprehensive approach to achieving a climate-resilient and environmentally sustainable economy while fostering equitable low-carbon economic growth (MESTI, 2012). Structured around three primary objectives of effective adaptation, social development, and mitigation, the policy is aligned with the then Ghana Shared Growth and Development Agenda. It delineates five main policy areas, each subdivided into 10 program areas, one of which prioritizes addressing gender issues in climate-related risks. This aspect of the policy is underpinned by the principle of enhancing equity and gender sensitivity, recognizing the heightened vulnerability of women, children, the elderly, and people with disabilities to climate change impacts, particularly concerning water, food, and household energy sources.

Acknowledging that existing gender disparities exacerbate women's vulnerability, the policy emphasizes that achieving climate justice hinges significantly on resolving gender issues. The NCCP's focus on gender issues in climate change encapsulated within focus area 8, aims to promote equal opportunities and affirmative action for women and vulnerable groups in climate disaster adaptation and mitigation. Additionally, it seeks to enhance knowledge and build capacities at all levels regarding gender-responsive climate risk policies, strategies, and programs.

Key program areas under focus area 8 include gender-responsive climate change research, livelihood protection, poverty reduction, budget allocation on gender and climate change, and gender-responsive disaster risk reduction and management. Through these initiatives, the policy endeavors to integrate the principle of gender equality into all social policies, ensuring that gender impacts of climate-related disasters are duly considered and addressed.

The Ministry of Gender, Children, and Social Protection (MoGCSP) plays a pivotal role in the governance structure of the policy, with a focus on capacity-building to facilitate women's full participation in climate change initiatives. Moreover, systematic gender analysis, collection, and utilization of sex-disaggregated data, along with the establishment of gender-sensitive benchmarks and indicators, are integral components of the policy's implementation strategies.

Recognizing the potential health implications of climate-related disasters, particularly for vulnerable groups such as women and children, the policy aims to enhance awareness within the health sector regarding the impacts of climate change on human health. However, there is a notable gap in focus area 7 concerning access to water and sanitation, where gender considerations are not explicitly addressed, despite the acknowledgment of women and children bearing a disproportionate burden in household water access.

National Climate Change Adaptation Strategy (2012)

The National Climate Change Adaptation Strategy (NCCAS) was developed to effectively incorporate climate resilience and adaptation measures into all aspects of national development planning, particularly at the local level. Aligned with Ghana's commitments to the UNFCCC

and the Hyogo Framework for Action, it aims to ensure thorough consideration of climate change issues and the impacts of climate-related disasters in national planning processes. Recognizing the significance of climate-sensitive sectors like agriculture, forestry, and energy for economic development, the strategy was formulated through a participatory approach involving input from various stakeholders across different sectors of the economy.

The overarching goal of the NCCAS is to bolster Ghana's current and future development in response to climate change impacts by enhancing its adaptive capacity and bolstering the resilience of society and ecosystems. The specific objectives of the policy include improving societal awareness and preparedness for future climate change, mainstreaming climate change into national development to mitigate risks, strengthening infrastructure development and long-term investments, enhancing the adaptability of vulnerable ecological and social systems, fostering competitiveness, and promoting technological innovation.

While gender is not explicitly listed as one of the specific objectives, the strategy emphasizes the adoption of gender sensitivity and reduction of vulnerability as key guiding principles. It acknowledges that female small-scale farmers are among the most vulnerable groups affected by climate change. However, the strategy falls short of ensuring women's active involvement in both the planning and implementation stages and gender considerations are not adequately addressed throughout the document.

Coordinated Programme of Economic and Social Development Policy (2018–2024)

The Comprehensive Programme for Economic and Social Development Programme (CPESDP) succeeded the Ghana Shared Growth and Development Agenda II (2014–2017). It aims to foster a fair and inclusive society with equal opportunities for all. Key focus areas include education, health, food security, poverty reduction, gender equality, sports, youth development, social protection, disability rights, and employment.

The CPESDP has four main goals:

- Creating opportunities for all Ghanaians
- Safeguarding the natural environment and ensuring a resilient built environment
- Maintaining a stable, united, and safe country
- Building a prosperous nation

Under the goal of creating opportunities for all, strategic objectives include job creation, improving education and healthcare access and quality, and strengthening social protection, especially for vulnerable groups like women and persons with disabilities. While the policy aims for social inclusion and equal opportunity, it lacks gender-responsive measures to address the different needs and cultural roles of women and men adequately.

Regarding O&E/DRM, the policy recognizes Ghana's vulnerability to flooding, drought, extreme temperatures, and diseases. It aligns with international agreements like the Sustainable Development Goals (SDGs), Agenda 2063, and the Paris Agreement. However, there's a need for more robust gender mainstreaming and disaster and epidemic resilience strategies within the policy framework to effectively address gender disparities and climate risks.

The National Gender Policy (2015)

The 1992 Constitution of Ghana, outlined in Article 17(1) and (2), guarantees gender equality and freedom from discrimination for all individuals, irrespective of social or economic status, including women, men, boys, and girls. The Ministry of Gender, Children, and Social Protection (MoGCSP) introduced the National Gender Policy in 2015 to embed gender equality and women's empowerment into the country's development agenda. This policy aims to enhance social, political, economic, civic, legal, and sociocultural conditions, with a focus on marginalized groups such as children, vulnerable individuals, and those with special needs. It builds upon the 2004 National Gender and Children Policy, aligning with national frameworks like the Ghana Shared Growth and Development Agenda, and acknowledges persistent gender disparities in power-sharing, decision-making, and addressing various forms of insecurity and violence against women.

Emphasizing the involvement of men and boys in combating systemic sociocultural barriers hindering women's empowerment and violence prevention, the policy outlines multifaceted strategies for empowering women across all sectors. It provides a comprehensive framework, institutional setup, and sector-specific guidelines to actualize the government's commitment to gender equality within its vision of a stable, inclusive, and prosperous nation. Sector-specific strategies are expected to be developed under MoGCSP's guidance, aiming to address gender disparities in health, education, disaster risk reduction, and other areas.

In the health sector, the policy underscores strategic measures for improving women's health and nutrition, including maternal and reproductive health services and equitable access to healthcare for all genders. It advocates for gender-sensitive approaches in school health programs and periodic reviews of WASH initiatives targeting women and girls. Additionally, the policy highlights collaboration with entities like NADMO and UN agencies to implement emergency response actions benefiting vulnerable groups during disasters.

However, the policy acknowledges challenges such as MoGCSP's limited capacity to coordinate gender mainstreaming efforts due to financial constraints and insufficient technical expertise and support. It identifies obstacles women encounter in accessing rights, resources, and opportunities across social, economic, cultural, and political spheres, underscoring the need for concerted efforts to address gender disparities and promote inclusivity in Ghanaian society.

Table 5: Analysis of other National Policies on DRM and Gender

No.	Policy/strategy	Policy statement	Responsibility	Gaps	Strengths	Recommendations	Gender marker
1	Ghana's Intended Nationally Determined Contributions (2015)	<ul style="list-style-type: none"> A commitment to its international obligations as a signatory to the United Nations Framework Convention on Climate Change, Ghana endeavors to implement coherent domestic policy measures. These efforts aim to establish a policy framework that seamlessly incorporates adaptation, mitigation, and other climate-related policies into broader development strategies and planning. The overarching goal is to protect developmental progress from the adverse effects of climate change and foster the development of a resilient economy capable of withstanding climatic challenges. 	<ul style="list-style-type: none"> National-level cross-ministry action. 	<ul style="list-style-type: none"> The document contains scant references to gender and vulnerable groups, despite these being designated sector areas. 	<ul style="list-style-type: none"> Gender is one of the sectors identified in the document. Gender is also seen as a cross-cutting issue in the document. 	<ul style="list-style-type: none"> The related action programs must be sensitive to gender considerations. 	<ul style="list-style-type: none"> Gender-Responsive
2	National Climate Change Policy (NCCP) (2012)	<ul style="list-style-type: none"> There is existing evidence demonstrating the influence of climate-related disasters on the national economy, showcasing evident effects on the coastal zone, agriculture, and water resources. These impacts extend to areas such as poverty, health, and livelihoods, particularly impacting women. 	<ul style="list-style-type: none"> Ministry of Environment, Science, Technology and Innovation (MESTI) 		<ul style="list-style-type: none"> Focus area 8 of the policy addresses gender issues in climate-related issues. Funds have been allocated in the budget for initiatives related to gender and climate-led situations. 		<ul style="list-style-type: none"> Gender-Transformative (High)
3	National Climate Change Adaptation Strategy (2012)		<ul style="list-style-type: none"> MESTI/National Climate Change Committee (NCCC) 	<ul style="list-style-type: none"> Gender is mentioned sparingly in only a few sections, often as an additional consideration. 	<ul style="list-style-type: none"> The document acknowledges gender partially, presenting an opportunity to advocate for further integration of gender considerations into 	<ul style="list-style-type: none"> Data collection for establishing the baseline and ongoing monitoring should encompass sex-disaggregated data 	<ul style="list-style-type: none"> Gender-sensitive (Low)

				<ul style="list-style-type: none"> ■ The strategy lacks clarity in ensuring the participation of women in both the planning and implementation phases. 	<p>programs and activities.</p>	<p>and incorporate gender analysis.</p>	
4	National Climate Change Policy Master Plan (2015–2020)		<ul style="list-style-type: none"> ■ MESTI/NCCC 		<ul style="list-style-type: none"> ■ Aligned with the National Climate Change Policy (NCCP), focus area 8 delineates strategies for executing gender-responsive initiatives. ■ There is a budget line for gender mainstreaming. 		<ul style="list-style-type: none"> ■ Gender-transformative (High)
5	Coordinated Programme of Economic and Social Development Policy (2018–2024)	<ul style="list-style-type: none"> ■ Promoting Inclusive Opportunities. The strategic objectives encompass: (i) fostering avenues for substantial job creation; (ii) enhancing access to and elevating the standard of education across all socioeconomic strata; (iii) enhancing access to and elevating the standard of healthcare; and (iv) bolstering social protection measures, particularly for children, women, individuals with disabilities, and the elderly. 	<ul style="list-style-type: none"> ■ NDPC 	<ul style="list-style-type: none"> ■ The restricted economic resources available to women and their limited engagement in public life stem from deeply ingrained sociocultural norms and traditional customs. ■ The inadequate representation of women in Parliament and across the broader political and economic spheres. 	<ul style="list-style-type: none"> ■ The essential legislative and institutional framework to advance gender equality was established. 	<ul style="list-style-type: none"> ■ A comprehensive strategy aimed at tackling the fundamental structural obstacles, encompassing economic, political, educational, sociocultural, and traditional norms that hinder the advancement of gender equality. 	<p>(High)</p>

6	National Gender Policy (2015)	<ul style="list-style-type: none"> ■ The primary objective of this policy is to integrate gender equality considerations into Ghana's national development endeavors, aiming to enhance the social, legal, civic, political, economic, and sociocultural circumstances of all citizens, with a particular focus on empowering women, girls, children, vulnerable populations, individuals with disabilities, and marginalized communities. 	<ul style="list-style-type: none"> ■ Ministry of Gender, Children and Social Protection 	<ul style="list-style-type: none"> ■ There are no actions on gender and climate-related disasters. 	<ul style="list-style-type: none"> ■ The policy is strong on women's empowerment 	<ul style="list-style-type: none"> ■ The policy needs to incorporate gender considerations, particularly within specific sectors such as climate emergencies. 	<ul style="list-style-type: none"> ■ Gender-responsive (High)
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4.4 STAKEHOLDER MAPPING IN MAINSTREAMING GENDER INTO DRM AND O&E

The study identified a range of stakeholders that are critical to the successful mainstreaming of gender into DRM issues from the National level to the Community level. These include NADMO; MoGCSP; Ministry of Health; Ghana Health Service (GHS); District level Governmental agencies; Community leaders; CSOs; FBOs; Women and Men Groups

Ministry of Gender, Children and Social Protection

Over the years, the Government of Ghana has placed a significant emphasis on social development goals, particularly in promoting gender equity and equality, and ensuring the welfare of children. To this end, the Ministry of Women and Children's Affairs was established in 2001 through Executive Instrument (EI 8) to champion the rights of women and children for sustainable development. Building on this foundation, the Ministry of Gender, Children and Social Protection (MoGCSP) was instituted in 2013 under Executive Instrument (EI 1), tasked with coordinating efforts to ensure gender equality, promote child welfare, and provide social protection for vulnerable groups, including persons with disabilities.

The core functions of MoGCSP encompass coordinating gender equality initiatives, advocating for the rights and development of children, and integrating social protection measures into national development agendas. Central to its mandate is the strategic coordination and formulation of policies concerning gender, women's empowerment, children, and social issues. This includes overseeing the mainstreaming of gender, child, and social protection policies into the broader national development framework.

In pursuit of its objectives, MoGCSP developed the National Gender Policy in 2015, mandating all government institutions to integrate gender considerations into their plans and operations. Additionally, the ministry has developed curricula and frameworks for mainstreaming gender into various aspects of planning, budgeting, and monitoring and evaluation processes. These efforts aim to ensure that gender concerns are systematically addressed across all sectors, including disaster risk management (DRM), to ensure equitable outcomes for both women and men.

Despite these initiatives, data suggests that MoGCSP faces challenges in effectively supporting other ministries, departments, and agencies (MDAs) in mainstreaming gender into their activities. Shortcomings include insufficient staffing and technical capacity within MoGCSP, leading to limitations in providing adequate support and coordination at both regional and district levels. The absence of recognized gender-focal persons within MDAs further hampers efforts to coordinate gender-related activities effectively.

Addressing these challenges requires bolstering MoGCSP's capacity, both in terms of personnel and resources, to enhance its role in coordinating gender mainstreaming efforts across various sectors. Additionally, strengthening collaboration and communication between MoGCSP and other MDAs is crucial for ensuring the successful integration of gender considerations into DRM initiatives.

The Ministry of Health

The Ministry of Health plays a crucial role in managing outbreaks and epidemics, aiming to safeguard the health of the Ghanaian population and aligning with the government's goal of achieving universal health coverage. Collaborating with various agencies and stakeholders, the Ministry works to strengthen human capital, emphasizing the concept of "creating wealth through health." This is achieved through the development and implementation of proactive policies aimed at enhancing overall health and well-being.

At the core of its mission is the promotion of socio-economic development and the local health industry by ensuring access to quality healthcare services for all individuals in Ghana, supported by a motivated healthcare workforce. The Ministry's health policy objectives, as outlined in the Sector Medium Term Development Plan 2014–2017, include addressing equity gaps in healthcare access, establishing sustainable financing mechanisms to protect vulnerable populations, improving the governance, efficiency, and effectiveness of the health system, enhancing the quality of health service delivery (including mental health services), strengthening national capacity to achieve health-related Millennium Development Goals (MDGs), and intensifying efforts in the prevention and control of communicable and non-communicable diseases.

In response to gender considerations, the Ministry has implemented the Health Sector Gender Policy, recognizing the significant impact of gender relations, roles, and access to resources on health outcomes. The policy emphasizes the integration of gender perspectives into health sector planning and implementation, with sector gender analyses conducted to prioritize critical gender-related health issues. Moreover, the Ministry advocates for gender equality, acknowledging its importance in the sustainable management and development of the health sector. This involves ensuring that both men and women can contribute effectively to healthcare delivery and advocating for equitable health services, taking into account the influence of gender on societal roles, responsibilities, status, and influence in the context of outbreaks and epidemics.

Ghana Health Service

The Ghana Health Service (GHS) operates as a governmental institution mandated by Act 525 of 1996, in accordance with the 1992 constitution, with a primary focus on Disaster Risk Management (DRM) within the healthcare sector. Its core mission revolves around providing and efficiently managing comprehensive and accessible health services, particularly in primary healthcare, across regional, district, and sub-district levels, aligning with national health policies aimed at DRM.

To achieve its DRM objectives, the GHS undertakes several key functions:

- Formulating appropriate strategies and technical guidelines in line with national health policy objectives.
- Efficiently managing and administering health resources within the service to ensure optimal utilization.

- Promoting healthy lifestyles and cultivating good health habits among the populace to mitigate health risks.
- Establishing robust mechanisms for disease surveillance, prevention, and control to address potential health emergencies effectively.
- Setting charges for health services with approval from the Minister of Health to ensure financial sustainability.
- Providing in-service training and continuing education opportunities for healthcare professionals to enhance their skills in DRM.
- Undertaking any other relevant functions necessary for promoting, protecting, and restoring health in the community.

Furthermore, the GHS integrates gender considerations into its activities and programs, guided by the Health Sector Gender Policy formulated by the Ministry of Health in 2009. This policy, although partially implemented, serves as a framework for addressing gender-related issues within the healthcare sector. By adhering to this policy, the GHS ensures equitable access to healthcare services and addresses gender-specific health concerns as part of its broader DRM efforts.

National Disaster Management Organisation

NADMO, the National Disaster Management Organization, holds the crucial mandate of spearheading timely and coordinated responses to mitigate the impacts of various disasters such as floods, bushfires, landslides, and others on human populations, livelihoods, properties, and the environment across Ghana. Collaborating with civil society groups, NGOs, and international organizations, NADMO operates at all levels of Disaster Risk Management for both natural and man-made hazards.

Their responsibilities encompass mobilizing all available resources and swiftly deploying them to areas affected by risks. This involves implementing activities including:

- Enhancing the resilience and planning capacity of communities through training on preparedness planning in districts prone to hazards. Training focuses on risk analysis, assessment, and reporting, as well as response and recovery protocols.
- Developing robust sector response plans outlining preparatory actions before, during, and after emergencies with flexibility to accommodate changes. These plans also pinpoint gaps requiring external support from cooperating partners.
- Collaborating closely with local-level institutions, the Ghana Meteorological Agency, and other stakeholders to monitor disaster situations in real time. Establishing an information coordination mechanism ensures stakeholders are regularly updated on the situation and progress in preparedness activities.
- Coordinating the implementation of a Contingency Plan in partnership with the National Disaster Management Committee and other stakeholders. At a technical level, the technical committee supports the plan's implementation. District Disaster Management Committees, alongside District Disaster Management Officers, Disaster First Responders Teams, CSOs, NGOs, and other stakeholders, conduct rapid assessments and share findings on disasters.

Moreover, NADMO's responsibilities extend to drafting, implementing, and evaluating climate change and disaster risk reduction programs across all organizational levels. They promote a gender-responsive culture in disaster risk reduction, enhance human and institutional capacity, establish national and regional platforms for stakeholders, and strengthen disaster prevention and response mechanisms.

Municipal, District and Local Disaster Management Committees

Municipal, District, and Local Disaster Management Committees, along with First Responder Teams, play crucial roles in disaster management. Their responsibilities encompass a range of tasks aimed at efficiently addressing and mitigating the impacts of disasters. These committees and teams are tasked with conducting prompt assessments during disaster incidents. This involves rapidly evaluating the situation to gauge the extent of damage and identify immediate needs. Additionally, they are responsible for disseminating relevant information and assessment findings to all relevant and concerned entities. This ensures that stakeholders are well-informed and can coordinate their response efforts effectively.

In times of crisis, first responders are on the front lines, providing quick assistance and first aid to affected individuals. Their swift actions can save lives and alleviate suffering. Furthermore, they play a vital role in search and rescue operations, working tirelessly to locate and extract individuals who may be trapped or in danger. Beyond immediate response efforts, these committees and teams also prioritize raising community disaster awareness. By educating the public about potential risks and preventive measures, they empower communities to be proactive in disaster preparedness. Additionally, they are involved in early warning systems, utilizing technology and communication channels to alert residents to impending disaster situations.

At the local level, Disaster Management Teams bear the primary responsibility for providing goods and services to citizens in emergencies. This includes ensuring access to essentials such as food, water, shelter, and medical care. Team members are thus continuously engaged in implementing activities related to prevention, mitigation, humanitarian response, and emergency management during disasters. Moreover, these teams collaborate closely with the National Disaster Management Organization (NADMO) office. They work together to monitor, assess, respond to, and report on risk levels and actions taken to minimize the adverse effects of emergencies. This collaborative approach ensures a coordinated and effective response to disaster situations, maximizing the protection of lives and property.

Community Leaders (Chiefs, Assembly Members, Opinion Leaders, Family Heads)

Community leaders, including Chiefs, Assembly members, Family heads, and Opinion leaders, play vital roles in Disaster Risk Management (DRM). They disseminate crucial information, mobilize community resources, advocate for policies, and facilitate coordination among stakeholders. During disasters, they coordinate emergency response efforts, provide support to affected individuals, and promote resilient practices. In the long term, they lead recovery and reconstruction efforts, ensuring sustainable and resilient development. Overall, community leaders are essential in building disaster resilience and fostering collective action within their communities.

Faith-Based Organisations (FBOs)

Faith-based organizations (FBOs) are vital in O&E situations and DRM within communities. They educate communities about disaster preparedness, mobilize resources, and provide psychosocial support by utilizing their religious platforms and gatherings. FBOs excel in mobilizing resources and volunteer networks to bolster disaster response efforts. With established infrastructures such as churches, mosques, temples, and community centers, they serve as focal points for coordinating relief activities, providing shelter, distributing aid, and offering logistical support. Their extensive networks of congregants, faith leaders, and volunteers enable swift and effective mobilization of resources to address the immediate needs of affected communities. Their ethical leadership fosters solidarity and resilience, emphasizing values such as compassion and justice. Overall, FBOs play integral roles in DRM by leveraging their spiritual, social, and institutional resources to promote community resilience, provide support to those in need, advocate for justice and equity, and foster a sense of hope and solidarity amidst crisis.

Women and Men Groups

Community-based organizations, including women's and men's groups, are crucial in crisis response, leveraging their understanding of gender-specific vulnerabilities. Women's groups excel in addressing women's needs, while men's groups offer insights into male perspectives. Despite being overlooked in post-crisis dialogues, partnerships with these groups enhance crisis response effectiveness and ensure gender-inclusive reconstruction efforts. Leveraging their unique strengths fosters resilience and inclusivity in communities.

4.5 GENDER-INCLUSIVE FINANCE FOR DISASTER RISK MANAGEMENT AND OUTBREAK OF EPIDEMICS

In addition to serving as a coordinating body, the Ministry of Gender, Children, and Social Protection (MoGCSP) is often sought after by various stakeholders for funding to support gender-related activities. However, the release of funds by the government for sector activities in the country is frequently delayed, leading many sector institutions to rely heavily on donor funding. This external funding is typically disbursed based on the specific objectives of the program, which may not always align perfectly with the priorities of MoGCSP or the needs of local communities.

While MoGCSP primarily depends on government funding for its programs, it also receives support from development partners. This support is predominantly allocated to providing training for Ministries, Departments, and Agencies (MDAs) on how to effectively mainstream gender into their programs and activities. Despite these efforts, MoGCSP cannot directly fund stakeholders to undertake gender-related programs. This limitation poses a significant challenge to the implementation of gender equality initiatives across sectors. Furthermore, MoGCSP faces resource constraints, including a shortage of vehicles and other logistical assets, which hinders its ability to effectively monitor the activities of sector partners. Monitoring is crucial for ensuring that gender considerations are adequately integrated into programs and that funds are used efficiently and effectively. Without sufficient resources for monitoring, there is

a risk of misallocation of funds and a lack of accountability in the implementation of gender-related activities.

To address these challenges, MoGCSP must advocate for the timely release of government funds for sector activities, as well as seek alternative funding sources to supplement its budget. This could involve exploring innovative financing mechanisms or forging partnerships with private sector entities. Additionally, building the ministry's capacity to provide direct funding to stakeholders and investing in monitoring and evaluation infrastructure are essential steps towards enhancing the effectiveness and sustainability of gender mainstreaming efforts in Ghana especially in DRM.

4.6 RESULTS FROM STAKEHOLDER ENGAGEMENTS

A stakeholder engagement was held with 30 relevant stakeholders to present the scope and methodology of the work and the support that the consultant required to execute the assignment. The stakeholders were drawn from DRM, Outbreaks and Epidemics and Gender priority sectors across ministries and agencies. These include MoGCSP; NADMO; Ministry of Health; Ghana Health Service (GHS); NDPC; the National Commission for Persons with Disabilities (NCPD); Others are CSOs including ABANTU for Development, Catholic Relief Services (CRS), Assemblies of God Relief Services (AgCare Ghana), and Send Ghana. The National Development Planning Commission (NDPC) and the Ministry of Finance play critical roles in the mainstreaming of disaster issues into the national development plans and the mobilization of finance. As part of the workshop, sector-based stakeholder focus group discussions were held to understand the barriers and opportunities for the integration of gender into DRM/O&E priority sectors.

Discussions from the stakeholder engagement revealed that women occupy high positions in the participating organizations with representatives from MoGSCP, NADMO, GHS, ABANTU, CRS, SEND Ghana, NCPD, and WIAD-MOFA affirming that between 1-5 women are involved in the highest decision-making in their organizations. Even though women were involved in the highest decision-making in these organizations, the majority of the participants reported that they had not received training in mainstreaming gender into O&E and DRM with only ABANTU and SEND Ghana confirming that they had received some training in that respect. Majority of the participants, especially the Government institutions indicated that gender considerations are made in their organizational policies and activities but budgetary allocations for gender concerns were inadequate.

For example, the representative from the Ministry of Gender, Children, and Social Protection reported that:

“Even though there is broad support for women's affairs at the ministry, we need adequate funds to champion the concerns of women”. (Representative, MoGSCP).

The consultant probed further into the perception of respondents on the gender sensitivity of their policies and actions and whether the staff felt that gender equality was prioritized at the workplace. Most of the respondents felt that more could be done to promote equality in the workplace, especially concerning budget allocation.

The Director of WIAD-MOFA also alluded that,

“We have a gender strategy for the ministry but there is no clear-cut policy for guiding gender mainstreaming. We also lack a specific budget for achieving gender equality in the organization”. (Director, WIAD-MOFA).

A participant from NADMO also iterated that

“Even though NADMO is into disaster risk management which considers vulnerable groups, there is no formal structure for integrating women/gender in their DRM activities”. (Participant, NADMO).

The assertions of the participants confirmed the findings of the consultant on the gender analysis of the policy documents from the interviewed organizations which indicated that even though gender is mentioned and considered in most policy documents, insufficient funding, lack of training for staff on gender issues, lack of proper implementation guidelines for mainstreaming gender into DRM/O&E issues, and lack of coordination among relevant stakeholders on policies, programmes, and information exist.

Table 6: Distribution of Respondents at Stakeholder Engagement

Stakeholder Category	Number of Informants	% Women Participation
Persons With Disability	1	0%
District Government Officials	1	0%
Regional Government Officials	2	0%
Ministry Officials	18	66%
NGO/CSO Staff	8	62%

4.7 RESULTS FROM FOCUS GROUP DISCUSSIONS AND INTERVIEWS – TEMA WEST

The role of women as critical actors during emergencies is evident in the daily roles they perform for their household; women are generally responsible for the welfare of the family by determining the rationing of food to family members, fetching of water, managing the home and caring for both young and old. A Focused Group Discussion with 15 participants (8 women, 7 men) was held with the community including a female person with a disability to solicit their views on their knowledge and experience with disasters and their involvement in decision-making. Interviews were also organized exclusively with the chief, assemblyman, and senior health professional at the health facility in the community.

In Klagon, decision-making positions are mostly held by men but women have a fair representation as opinion leaders. The community leadership is primarily held by men; the chief, and assemblyman, with only one out of the five (5) unit committee members being a woman. During emergencies, roles are differentiated among men and women, with the men

engaging in manual activities to mitigate against the situation or in recovery efforts while the women take care of the homes, children and aged.

For instance, during the focus group discussions, a woman participant iterated that,

“We are involved in household decision-making but more can be done”. (Woman participant, FGD).

On why men hold the major decision positions in the community and whether they will be willing to elect a woman to take the lead position as a community representative, the groups were divided. A male participant mentioned that,

“We are willing to elect a woman as an assembly member or a leader in our community but she must be capable of doing the work” (Male participant, FGD).

A female participant however was of the view that the men in the community were more willing to support a male contestant than a female one;

“Here, elections are based on partisan lines and if you are a woman, you have to do extra work and prove yourself beyond any reasonable doubt on your capabilities before you are considered” (Female opinion leader, FGD)

On health, the community has a health facility constructed by the chief that provides healthcare during emergencies; provides routine visits to homes, churches and schools to educate the populace on health-related issues, investigate health-related occurrences and to attend to vulnerable groups that might not be able to come to the facility. 90% of the staff at the facility are women including the nurse in-charge of the facility. The major health emergencies Klagon has experienced were the covid-19 pandemic and perennial flooding. However, the nurse in-charge mentioned that they did not face any casualties during these emergencies in the community and district. She indicated that during emergencies, they link up with the outbreak and emergency team from the district health directorate made up of the disease control officer, lab technician, doctor, health promotion officer and public health nurses. Home visits are then organized to investigate the situation and determine the needs of the affected people. Even though there is a fund from the district health directorate for outbreaks and emergencies, logistical issues exist.

“There is a van at the assembly that is used for public announcements that we also use for our home visits. The programmes of the assembly often clash with our scheduled health outreaches and so we sometimes have to make alternative transport arrangements. Even though the health directorate allocates funds for our programmes, we face challenges of bureaucratic processes, delay in disbursement and insufficiency”. (Nurse in-charge, Klagon Health Facility).

On the approaches the community leadership have instituted to protect and care for the needs of the community members during emergencies, interactions with the chief of Klagon revealed that a culvert drain with a bridge had been constructed along the main waterway which passes through the community to enhance the flow of water during heavy rains; there is frequent desilting of gutters in the community; the surrounding rivers are dredged to prevent clogging and also allow easy flow of water into the sea; a police station has been constructed to curtail

theft and violence during crises situations; there is a health facility for health situations and a fire service station is also under construction to oversee fire-related emergencies. A council office has been further set up in the community where grievances and challenges can be channeled to the community leadership to be addressed. The assemblyman for the area also affirmed that during the covid-19 lockdown for instance, food and other essential supplies were shared to more than 200 community members with priority given to the elderly, women and children, persons with disability and other vulnerable people through house-to-house donations. The items were sourced from the chief, churches, individual donations, member of parliament and municipal office. The assemblyman further mentioned that after the construction of the bridge, the perennial flooding of the community has been curbed apart from a few isolated cases of flooding in individual homes. He also mentioned a few isolated cases of fire outbreaks in the area necessitating the construction of the fire station as a response measure.

“We realized that our people had to travel long distances to access basic services and the situation was worsened during emergency situations where in the case of flooding for example our community is cut-off because of flooded roads. We have put in place, the police station, the health facility, the council office to extend support to members and also the on-going fire station project as response mechanisms during emergencies.” (Chief, Klagon).

Table 7: Distribution of Respondents at Klagon

Stakeholder Category	Number of Informants	% Women Participation
Focused Group Discussion	15	53%
Persons With Disability	1	100%
Opinion Leaders	7	57%
Chief	1	0%
Assembly Member	1	0%
Community Health Professionals	1	100%
FBO (Pastor)	1	0%

Attached are pictures taken during the survey.



4.8 RESULTS FROM FOCUS GROUP DISCUSSIONS AND KEY INFORMANT INTERVIEWS - NORTH TONGU DISTRICT

The study investigated the approach to disaster response and recovery and the steps taken by both the district and local leadership to include women in the decision-making process. Interviews were held with the chief and assemblyman for Torgume, and FGD held with respondents from three communities (Torgorme, Kessegekope and Alabonu) including an elderly woman with disability.

The distribution of respondents at Torgorme revealed that the major leadership roles are occupied by men (see Table 8). This affirms the findings of previous studies on gender and leadership roles in Ghana. Leadership decisions are crucial in determining the quality of lives of the people in the community. The consultant sought to investigate the inclusiveness of the leadership structure in Torgorme and whether the views of women are considered in decision-making especially in disaster situations.

The chief of Torgorme who happens to be the head of the Torgorme traditional council overseeing 23 communities was interviewed. It was deduced from the interaction that during the flood situation, the chief and community leaders continuously engaged VRA on the schedules for the dam spillage; there was community sensitization on the situation and also methods for coping; the community school was allocated as a safe haven for people who had been displaced by the floods. He further alluded that farms and homes were destroyed, and the community was totally surrounded by water blocking access roads to other communities; people had to resort to drinking from the polluted river because they could not get access to potable water which resulted in widespread bilharzia cases.

“When the flooding occurred no NADMO coordinator visited us, support came from organisations, the MP and VRA”. (Chief, Torgorme)

A Focus Group Discussion was held with 15 participants from Torgorme, Kessegekope and Alabonu. From the discussions it was revealed that the spillage occurred from September-December. The taps in Torgorme stopped flowing and the sachet water suppliers could not access the community because of flooded roads, therefore, the people resorted to drinking from the river which resulted in cases of bilharzia, stomach pains, skin diseases including red sores on skin, malaria, fever and cholera.

“The flooding was unexpected and so we experienced trauma and other psychological issues”. (Female participant, Torgorme)

Kessegakope was totally submerged by the floods and they had to be relocated to a community at a higher ground called Fojoku for 3 months. A camp was set for the members with support from the Member of Parliament, Electricity Company of Ghana(ECG), Golden Exotics Limited and Volta River Authority(VRA).

A physically challenged woman at the meeting intimated that,

“It was a traumatic experience for me. I was abandoned by friends and family because everyone was running for their lives. Afterwards, I was neglected because everyone was trying

to fend for themselves. I was fortunate for the Assemblyman to come to my aid”. (Physically challenged woman, Torgorme)

A question was asked as to whether Faith Based Organisations supported the victims to which they answered that they supported only their members. As to whether the community members received training on DRM prior to the occurrence, the respondents echoed that they had received none from VRA but the community leaders have given them some training. The consultant further probed on the role of the community leadership on DRM to which the assemblyman assented that,

“The spillage is a frequent activity VRA performs but the volume of the recent one was overwhelming. The problem is that they don’t inform us early enough to make arrangements, they sometimes call or blow a siren a few minutes to the spillage to alert us. During a crisis moment, the chief and community leaders quickly convene to decide on the actions to take and information is then relayed to various family heads to disseminate the information and oversee implementation of the response strategies”. (Assemblyman, Torgorme).

As to whether the women are part of the major decision making in the community especially in crisis situations, the women affirmed that the positions are occupied by men but they confirmed that they did not feel marginalized and that their views are considered at the household level.

The spillage was so severe it’s impact on the health and livelihoods of the communities are devastating and traumatic to them.

The flood has affected our livelihoods. I am a farmer, now when I think of the destruction to my maize and cassava farm, I get traumatized. I invested all my capital and lifetime savings into my farm and I will not reap anything from my efforts”

On the health response, the health professionals offered first aid and attended to minor cases such as dysentery, bilharzia and referred the other cases to the district hospital. They further issued a health warning to the communities to desist from drinking from the polluted water.

Table 8: Distribution of Respondents at Torgorme

Stakeholder Category	Number of Informants	% Women Participation
Focused Group Discussion	15	60%
Persons With Disability	1	100%
Opinion Leaders	1	0%
Chief	1	0%
Assembly Member	1	0%
Community Health Professionals	1	100%

Kessegakope	4	50%
Alabonu	2	100%
Torgorme	8	50%

Attached are pictures taken during the survey.



4.9 FOCUS GROUP DISCUSSIONS AND INTERVIEWS AT TALENSI

Background

The Bagre Dam, located in Burkina Faso, is a crucial water resource for both Burkina Faso and Ghana. However, the periodic release of water from the dam often leads to flooding and subsequent emergencies in downstream communities, particularly in the Talensi District of Ghana. The recurrent nature of these events has profound implications for the livelihoods of the people living in these areas, with gender playing a significant role in the differential impact experienced by men and women.

In recent years, Talensi has experienced multiple outbreaks and emergencies triggered by the spillage of water from the Bagre Dam and on August 23, 2023, the tributaries to the Dam overflowed. This event resulted in widespread flooding, destruction of property, displacement of families, and loss of lives. The sudden inundation of farmlands not only devastates agricultural produce but also disrupts the economic activities that rely heavily on these resources. As a result, engagements were held with the people of Talensi to unravel the implications of the emergency and outbreak.

Focus Group Discussion

From the focus group discussion, participants shared their experiences of being displaced from their homes during flood emergencies and the difficulties they faced in finding temporary shelter. They also raised the concerns for lack of adequate shelter, sanitation facilities, and

access to clean water at their temporary shelters emphasizing the need for improved emergency response and support services.

The participants were also particular about their state of livelihood during flood emergencies. According to the participants, agriculture is the primary source of livelihood for the residents of the Talensi community. The flooding caused by the Bagre Dam spillage destroys crops, leading to significant losses for farmers. According to them, the depth of the flood becomes so high that their farmlands become inaccessible. Subsistence farmers, in particular, bear the brunt of these losses, as they lack the resources to recover from such setbacks. Additionally, the disruption in farming activities contributes to food insecurity and exacerbates poverty in the region.

They indicated that the spillage affects other economic activities such as livestock rearing and small-scale businesses. Livestock, essential for both food security and income generation, often perish in floods or suffer from diseases brought about by contaminated water. Small businesses, including shops and markets, are mostly lost to the flood and in cases where they survive, suffer from reduced patronage as people grapple with the aftermath of the disaster.

Also, flooding disrupts education by damaging school infrastructure, forcing closures, and interrupting learning, while also affecting students' access to schools due to impassable roads and safety concerns according to the respondents. One of the respondents opined that,

“Flooding puts a strain on social networks by displacing communities, separating families, and disrupting communication channels, leading to increased isolation and challenges in accessing support and resources”.

Disaggregated Gender Discussions

Disaggregated gender discussions with women indicate that flood emergencies intensify their caregiving roles as primary caregivers. This emergent situation amplifies the caregiving burden, as women are increasingly tasked with attending to the needs of children, elderly individuals, and the sick within their households and communities. The expansion of the caregiving responsibilities during flood emergencies underscores the intersectional vulnerabilities faced by women, as they navigate the dual challenges of environmental disasters and gendered caregiving expectations. They asserted that flood emergencies heighten their susceptibility to gender-based violence due to factors such as displacement, overcrowded shelters, and disrupted social structures. These conditions exacerbate pre-existing vulnerabilities, rendering women more exposed to risks of gender-based violence in the aftermath of flooding. It emphasizes the critical need for gender-sensitive approaches in emergency response and recovery strategies to mitigate the heightened risks of gender-based violence and safeguard the well-being and safety of women and girls. Health concerns, particularly waterborne diseases and reproductive health issues emerged as prominent focal points for women during emergencies linked to dam spillage. The contamination of water sources and inadequate sanitation facilities exacerbate the risk of waterborne diseases, posing

significant public health challenges in flood-affected areas. Additionally, disruptions to reproductive health services and the lack of access to essential maternal and child health care further compound the health vulnerabilities faced by women during such emergencies.

The men were very concerned with the strain they faced due to the loss of livelihoods and increased financial burdens caused by the disasters. Although they are traditionally responsible for taking care of their families, they assert the disaster heightens and presents unbearable situations to meet their families' needs and the pressures of rebuilding their economic stability. The men expressed serious concern over the exacerbation of economic strain stemming from the loss of livelihoods and escalated financial burdens precipitated by the disasters. While traditionally vested with the responsibility of providing for their families, they assert the disaster amplifies the challenges, rendering it increasingly untenable to meet families' needs and navigate the complexities of rebuilding economic stability. As stated,

“Our farms are flooded and the depth of the water on our farmlands are so high that it is not advisable to even visit the field”.

The economic repercussions of flooding disproportionately impact men in Talensi due to their primary roles in agricultural production and labor-intensive sectors. The disruption of farming activities often leads to loss of income, reduced employment opportunities, and increased financial strain on male-headed households. This economic vulnerability exposes men to heightened risks of poverty, food insecurity, and indebtedness, further exacerbating gender disparities and socioeconomic inequalities in the community.

Discussions with opinion leaders

Discussions with the chiefs and assemblymen of the district unraveled their roles during flooding events, which primarily encompass ensuring the safety and well-being of affected individuals, orchestrating emergency response initiatives, and implementing mitigation measures to alleviate the impact of flooding. A consensus among them centered on aiding the vulnerable ones in any way they can and proactive communication with prominent institutions and influential individuals to solicit assistance and support. This strategic outreach cements the importance of leveraging networks and institutional partnerships in disaster management and response efforts. Moreover, it highlights the role of local leadership in mobilizing external resources and fostering collaborative relationships to enhance resilience and facilitate effective disaster recovery in flood-affected communities. The statement below is a quote from one of the assemblymen indicating what he mostly does during flooding.

“I engaged the youth to create water channels, deploy sandbags, and move possessions to higher ground during such emergencies”.

Following the spillage of the Bagre Dam in Talensi, several actions are typically initiated to address the immediate and long-term impacts on the community but what needs to be done to ensure a sustainable approach to flood management and community support includes;

1. Early warning systems to provide timely and accurate information about potential dam releases and flood risks to communities.
2. Investing in disaster preparedness and resilience-building initiatives to enhance communities' capacity to cope with and recover from flooding events.
3. Implementing community-based disaster risk reduction strategies and training programs to empower local communities to respond effectively to flood emergencies.
4. Integrating gender-responsive approaches in disaster response and recovery efforts to address the specific needs and vulnerabilities of women and girls, including their increased risks of gender-based violence and reproductive health concerns.
5. Adopting sustainable infrastructure development practices that consider the environmental impacts of dam operations and prioritize the resilience of infrastructure to withstand flooding events.
6. Fostering collaborative governance and partnerships among local authorities, communities, and relevant stakeholders to facilitate coordinated and effective disaster management and response efforts.
7. Providing support for the restoration and diversification of livelihoods, particularly for those whose agricultural activities have been severely impacted by flooding, to promote economic recovery and resilience.

Table 8: Distribution of Respondents at Talensi Stakeholder Engagement

Stakeholder Category	Number of Informants	% Women Participation
Focus Group Discussion	16	38%
Persons With Disability	2	50%
Talensi Rice Farmers Association	10	40%
Assembly Man	1	0%
Household Heads	6	0%
Community Health Professional	1	100%

Attached are pictures taken during the survey.

Community Entry

Focus Group Discussion



Disaggregated Gender Discussions



5.0 KEY FINDINGS AND CONCLUSION

Ghana like other developing countries have systemic norms that affect women's participation and contribution to societal issues. The country has put structures in place to allow more women to take up leadership positions in important positions across various sectors. However it is still a daunting task to get women into such positions due to the process and criteria for selecting persons into leadership. Fewer women are able to compete for elected positions at all governance structures and levels of society. This phenomenon is a barrier that prevents adequate representation and participation of women in key decision making structures. Even with a few more women contributing to national discourse, challenges such as insufficient allocation of funds for gender issues, technical insufficiency of staff to implement gender-inclusive programmes, lack of coordination among national agencies and programmes as well as poor policy formulation exists.

An analysis of the national policies governing response to emergency health and disaster management revealed that, while most policies have a gender connotation to them, they lack a structured implementation strategy to ensure women are protected and taken care of during crisis moments. Even though policies such as the National Gender Policy (2015), Health Sector Gender Policy (2009) and Ghana Plan of Action on Disaster Risk Reduction and Climate Change Adaptation policy (2011–2015) offer transformative approaches aimed at enhancing women's resilience to disasters, the nuanced roles, needs, and expertise of men and women and the methods of managing them during disaster situations are overlooked.

While the MoGSCP, NADMO and MOH/GHS are the primary stakeholders to lead in gender-inclusive emergency response and recovery, insufficient funding, lack of gender-focal persons to lead policy implementation at the district level, lack of sex-disaggregated data, lack of policy direction, Limited knowledge of the issues related to disasters, emergencies and gender. poor institutional coordination from the national to the community level, and inadequate technical capacity of personnel to mainstream gender into DRM issues has negatively affected women and other vulnerable groups during emergencies.

At the local level, women are vulnerable because they are secondary recipients of valuable information that could affect their ability to cope during disaster situations. Most decision-making positions are occupied by men and where women have been invited to the table, the reluctance to voice their concerns because of shyness or the fear of speaking in the presence of their partners has been a major challenge to having policies and programmes that effectively benefit women.

The study investigated North Tongu, Tema West and Talensi as case studies for the gender-inclusive management of emergencies. The results affirmed the lack of coordination of the various stakeholders from the national to the community level during disasters, lack of a

gender-approach in disaster management and recovery, lack of gender-focal persons at MMDAs, insufficient and delayed disbursement of funds during emergencies, uncoordinated response and recovery efforts by stakeholders as well as neglect of vulnerable groups during disaster situations.

For the study areas under North Tongu district, distribution of leadership roles predominantly favors men, aligning with previous studies on gender and leadership in Ghana. During flooding, the chief and community leaders engaged with various stakeholders, including the Volta River Authority (VRA), to manage the situation. Community sensitization and coping methods were initiated, with the school serving as a refuge for displaced individuals. However, flood-related challenges, such as water pollution, submerging of houses and destruction of farms, and health issues like bilharzia, cholera, and dysentery persisted. Respondents from Focus Group Discussions highlighted the impacts of the flooding, including disruptions to water supply, and health risks, and also underscored the emotional toll of disasters, particularly for vulnerable groups like the physically challenged. Kessegakope residents faced relocation due to the flooding, receiving support from multiple organizations. While Faith-Based Organizations primarily supported their members, community leaders provided some disaster response training. Regarding decision-making, women expressed their involvement at the household level but acknowledged male dominance in major community decisions. Health professionals provided first aid and issued health warnings, emphasizing the dangers of drinking polluted water. Despite challenges, community leaders swiftly convened during crises, disseminating information and implementing response strategies. However, concerns remain regarding early warning systems, DRM response, mitigation and women's participation in decision-making processes during emergencies. The respondents also indicated VRA normally warns through the ringing of their sirens if there is a pending danger of when they plan to spill water into the river. Unfortunately, it is those communities like Torgorme, which are closer to VRA that hear the sirens and prepare; however, those beyond the sound of the sirens, do not get the warning on time. They indicated the need to have more timely and inclusive DRM with VRA and other responsible institutions in their locality.

In Klagon, decision-making roles are predominantly held by men, but women have notable representation as opinion leaders. During emergencies, gender roles dictate that men engage in manual activities to mitigate or recover from the situation, while women attend to household responsibilities, including caring for children and the elderly. To gather insights on disaster knowledge and community involvement in decision-making, a Focused Group Discussion (FGD) involving 15 participants, including persons with disabilities, was conducted. Additionally, interviews were conducted with key community leaders, including the chief, assemblyman, and senior health professional. Participants expressed varied views on gender representation in leadership positions. While some men expressed openness to electing capable women leaders, citing the need for competency, others highlighted challenges women face in gaining support, particularly in a partisan electoral context. Regarding health emergencies, Klagon has a health facility primarily staffed by women, which provides routine visits, education, and care during emergencies. Despite facing logistical challenges, the facility collaborates with the district health directorate's outbreak and emergency team to address community needs. Community leadership initiatives include constructing drainage systems,

desilting gutters, dredging rivers, and building a police station and health facility to address emergencies. During crises like the COVID-19 lockdown, community members received support, prioritizing vulnerable groups. An ongoing fire station construction aims to enhance emergency response capabilities of the community during fire outbreaks.

Overall, Klagon's community leaders are proactive in addressing emergencies, recognizing the importance of local infrastructure, collaboration with authorities, and community support mechanisms in ensuring the safety and well-being of residents.

The Bagre Dam in Burkina Faso causes periodic flooding in Ghana's Talensi District, affecting livelihoods and exacerbating poverty. Recent flooding on August 23, 2023, led to extensive damage, displacement, and loss of lives. Focus group discussions revealed challenges in finding shelter and accessing basic amenities during emergencies. Agriculture, the main livelihood, suffers significant losses, disrupting food security and exacerbating poverty. Floods also disrupt education, damage infrastructure, and strain social networks. Disaggregated gender discussions highlight intensified caregiving roles for women and heightened risks of gender-based violence. Health concerns, particularly waterborne diseases and reproductive health issues, pose significant challenges for women, while men experience increased financial burdens due to loss of livelihoods. Chiefs and assemblymen play crucial roles in emergency response and mitigation measures, emphasizing the importance of leveraging networks and partnerships.

Ghana faces significant challenges in effectively implementing gender-inclusive Disaster Risk Management (DRM) and finance initiatives, hindering progress towards gender equality during emergencies. The insights gleaned from this study offer valuable lessons on enhancing emergency response processes in Ghana to be more gender-inclusive, particularly focusing on the needs of women and vulnerable groups. Additionally, it sheds light on strategies for fully engaging women in the DRM decision-making processes and better addressing their needs during crises.

In light of these lessons, a set of comprehensive recommendations is proposed for key policymakers and institutions within the Government of Ghana to make DRM processes and efforts during Outbreaks and Emergencies more gender-responsive. These recommendations aim to address systemic barriers and promote gender equality within the DRM framework.

Key areas for action include:

- **Mainstreaming gender responsiveness into O&E and DRM :**
Most of the DRM structures and allied institutions are not trained in gender analysis, mainstreaming and other gender-related expertise and mainstreaming in O&E situations and DRM. Consequently, there is little and very poor understanding of gender mainstreaming at the policy formulation and implementation levels. There are no clear gender mainstreaming guidelines in DRM at national, institutional and community levels to guide the committees in gender transformative decision making. There is a need to develop specific gender mainstreaming in DRM guidelines to address this gap.
- **Establishment of Gender Desks and Focal Persons:** Within the Occupational Health Unit of the Ghana Health Service (GHS) and district offices of NADMO and MoGSCP,

the establishment of dedicated gender unit/desk with trained gender officers/focal persons to provide technical gender expertise across their various organizations. In addition, they should spearhead efforts to integrate gender considerations into occupational health policies and practices, ensure equitable access to health services and resources, and promote more focused and inclusive DRM strategies.

- **Enhanced Data Disaggregation:** The availability of sex-disaggregated data is crucial for informed decision-making and targeted interventions. Stakeholders must prioritize the collection and dissemination of such data across all levels of DRM planning and implementation, enabling tailored responses to address the specific needs and vulnerabilities of men, women, boys, and girls.
- **Capacity Building in Gender-Inclusive DRM:** Comprehensive training programs on transformative O&E and DRM management are imperative for district and local stakeholder groups. These initiatives should equip participants with the knowledge and skills necessary to mainstream gender considerations into DRM strategies, ensuring that responses are sensitive to the diverse needs and experiences of all community members. Additionally, periodic gender training programmes should be organized targeting all DRM structures at both district and sub district levels. The gender training should employ gender transformative tools and approaches to challenge negative social norms, stereotypes and prejudices among all council staff involved in DRM work.
- **Structures for Gender Activities Implementation:** Developing clear structures and mechanisms for the implementation of gender activities within DRM frameworks is essential. This involves establishing designated focal points, coordinating bodies, and monitoring and evaluation mechanisms to track progress and ensure accountability in gender-inclusive DRM initiatives and O&E situations.
- **Community Engagement and Participation:** Efforts to engage communities in DRM initiatives must prioritize inclusivity and accessibility, particularly for women. Scheduling community engagement programs at convenient times for all, including women, fosters active participation and ensures that their voices are heard in decision-making processes. Developing women's leadership that aligns with existing governance structures in the communities they live in and at all levels nationally is also important.
- **Resource Allocation and Timely Funding:** Adequate allocation of funds for gender-inclusive O & E and DRM in both national and district-level budgets is essential. Equally important is the timely release of these funds to facilitate the implementation of gender-responsive interventions and initiatives.
- **Development of Training Manuals:** The production and dissemination of training manuals on gender mainstreaming in emergencies are vital for building capacity among stakeholders. These manuals serve as practical guides for integrating gender considerations into DRM planning, implementation, and evaluation processes.
- **Sensitization of Management:** Sector institutions' management should be sensitized on disaster risk and gender issues to garner their buy-in and support for gender-inclusive DRM efforts. This involves raising awareness about the differential impacts of disasters on men and women and highlighting the importance of gender-sensitive approaches in early warning, disaster response and recovery.

- **Media Awareness Campaigns:** Increasing awareness through media platforms about the gendered impacts of disasters and emergencies is crucial for fostering public understanding and support for gender-inclusive DRM. Advocacy efforts should highlight the unique vulnerabilities faced by women, children and others vulnerable and advocate for their active participation in DRM decision-making processes. Development of simple and practical gender sensitive briefs can be done by the media and disseminated to various disaster and O&E prone communities to raise awareness on the importance of engendering DRM and how this can be done. Community outreach programmes within local communities can also be explored to ensure information is accessible to all who need it for use in their communities. These materials could be developed and translated into various languages and the right medium of communication identified and used. The information should include gender sensitive information on hazards, disasters and what to do in the event of such occurrences in the community.
- **Gender Sensitive Disaster Response:** Disaster response entails rescue operations and relief. Most institutions that offer rescue and relief are mostly male dominated and do not guarantee gender sensitive decisions on rescue and relief work. It is therefore important to work towards a gender sensitive relief registration and cash transfers that ensure and secure food sustenance together with other relief interventions. Recovery and relief should target among others, the elderly, people living with disabilities, children and female headed households and other vulnerable groups.
- **Gender Sensitive Disaster Recovery:** When it comes to recovery, it often evokes women's and girl's unequal access to opportunities, resources, due to cultural practices that disempower women and girls. Failure to acknowledge the fact that disaster leads to rapid social and economic changes in affected communities often leave women and girls in disadvantaged situations and inequality. Gender inequalities can lead to increased child marriages making them prone to increase domestic violence and gender based violence. All rescue and relief interventions should be led by the principles of "leave no one behind" and "build back better". This calls for participatory and inclusive recovery assessment. It is recommended that all vulnerable groups in the affected communities be taken into consideration in distribution of relief resources.
- **Promotion of Women's Leadership and Participation:** Advocacy efforts should aim at promoting women's leadership and increasing their participation in O&E as well as DRM decision-making at all levels. This involves creating opportunities for women to actively contribute their perspectives, insights, and expertise to inform policy development, planning, and implementation processes.
- **Promoting Inclusiveness in Gender and DRM Trainings:** It is recommended for all gender trainings targeting DRM structures to include topics on the intersectionality of gender, age, and disability and addressing challenges during O&E situations. Emphasis should be laid on recovery assessments for all categories of community members, especially women and people living with disabilities, as passive recipients of support and not active actors in the recovery and reconstruction process. It should be emphasized that disaster affected people have capacity for recovery, though limited, as such there is need for stakeholders to recognise the existing capacities in their design

and implementation of recovery activities. To achieve this, recovery assessments should be participatory, and rights based so that identified recovery needs and priorities reflect contextual gendered realities.

- **Mentorship Programs:** Senior officers should engage in mentorship programs to support and empower junior officers, particularly in areas related to gender and DRM. These initiatives facilitate knowledge transfer, skill development, and career advancement, strengthening institutional capacity in gender-inclusive DRM.
- **Capacity Building for MMDAs:** The National Disaster Management Organization (NADMO) and the Ministry of Gender, Children and Social Protection (MoGCSP) should lead comprehensive capacity-building initiatives on gender and DRM for all Metropolitan, Municipal, and District Assemblies (MMDAs). These efforts ensure that local authorities are equipped with the necessary tools and knowledge to integrate gender considerations into DRM planning and implementation at the grassroots level. There is a need to strengthen their capacity in DRM to ensure gender-equitable governance structures and systems that creates a conducive environment to encourage gender-responsive programming
- **O&E and DRM Financing:** Explore innovative ways of raising the needed seed capital and continuous funding for O &E and DRM financing. These include:
 1. Advocating for government to allocate a percentage of the annual budget towards DRM and gender mainstreaming activities at all levels among DRM actors and agencies
 2. Exploring the possibility of using a percentage of the NHIS tax to support DRM financing
 3. Working with other stakeholders including private sector organizations, development partners to discuss their support for the provision of seed capital to be used in financing DRM

A Gender Action Plan has been proposed in Annex 2 for Disaster Risk Management and O&E.

ANNEX - 1

Table 9: Entry Points, Barriers, Capacity Gaps and Recommendations for Mainstreaming Gender into DRM/O&E

Entry Points for Policy Articulation	Barriers	Capacity Gaps	Recommendations
Health (Outbreaks & Emergencies)			
Inculcating gender and DRM issues into the various health sector strategic plans.	No continuation of projects undertaken by previous administrations, which abruptly ends interventions and policies on health	Inadequate technical capacity to occupy decision-making positions at the national level.	The need for the establishment of a gender desk and a gender focal person at the occupational health unit of the GHS.
Gender-responsive disaster response initiatives.	No central database on health issues – health data distributed among various institutions, e.g. Ministry of Health, Ghana Health Service (GHS), Ghana Statistical Service.	Poor institutional coordination	It is critical to make sex-disaggregated data available to other stakeholders to help guide their programmes and activities.
Substantial representation of women in the Outbreaks and Emergencies management committees at the district and community levels.	Inadequate data on gender issues in O&E situations.	Inadequate technical capacity of personnel to mainstream gender into disaster situations.	There is the need to encourage the collection of sex-disaggregated data at all levels.
Awareness creation on gender and O&E management issues at the district and community levels	Limited capacity of health professionals to mainstream gender and O&E issues in their operations.	Inadequate collaboration among district health directorate, community health professionals and community leaders.	Capacity building is needed in gender inclusive O&E management across the various relevant district and local stakeholder groups.
Engagements with all stakeholder groups; district and community health professionals, chiefs, assembly members, faith-based organisations, CSOs, men and women groups to revise existing norms that affect the health of women	Domestic activities prevent women from having the time needed to attend community health gatherings. Cultural intimidation of women in the presence of their husbands.	Absence of a gender desk in the district health directorate to oversee gender and health-related emergencies.	Scheduling of community engagement programmes at a convenient time for all particularly women Women should be encouraged to voice their opinion on issues that affect them
Disaster Risk Management			
Scheduled policy reviews, Annual plans and strategies	Inadequate financial and technical resources.	Inadequate technical capacity of personnel to mainstream gender into DRM issues.	There should be adequate allocation of funds for gender-inclusive DRM in the annual budgets of both national and district level stakeholders. This should be accompanied with timely release of funds.
Press statements and opinion papers on emerging disaster risk situations and the need for gender mainstreaming.	Limited knowledge materials on gender-inclusive DRM.	Limited knowledge of the issues related to disasters, emergencies and gender.	There is the need to produce training manuals on gender mainstreaming in emergencies and to share them with stakeholders.
Meetings with Stakeholders of Disaster Risk Management.	Lack of sensitization and awareness creation.	Poor institutional coordination	Ensure management of sector institutions are sensitized on disaster risk and gender issues to get their buy-in.

Building the capacity of women.	Weak gender mainstreaming capacity (financial, technical, logistical).	MoGCSP is understaffed with inadequate technical capacity and a low level of influence.	Increase awareness creation on the impact of disasters and emergencies on women in the media.
Donor funding exists for gender issues, and this should be an entry point for getting national and district level institutions to get staff more involved in gender and DRM.	Donor funding is restrictive without catering to items that really affect communities.	Gender issues not clear to implementers.	Advocate for women's participation in DRM decision-making.
National Disaster Management Organization (NADMO), MoGCSP and Ghana Meteorological Agency should lead the conversation on gender-inclusive DRM policies	Loss of institutional memory when staff leave, e.g. NADMO where trained staff have left the organization.		There is the need for succession planning where senior officers mentor junior officers in their areas of expertise.
Engaging women at the local and district level and tapping into the knowledge base of their community and how best they can be involved in the development process.	Activities having only a few interventions or mention of women just to satisfy donor requirements, but gender mainstreaming weak in these activities.	Inadequate number of senior management level officers as gender focal persons.	Capacity-building is needed in gender and DRM for all MMDAs to be led by NADMO and MoGCSP
Sensitization of traditional leaders and opinion leaders to become ambassadors of change on gender issues, social change, affirmative action, and using male collaborators in bridging the gender gap.	Women's groups in many organizations and communities, but unable to implement gender actions after training sessions.	Weak capacity of existing gender groups in communities.	Develop structures for the implementation of gender activities.

DRAFT

ANNEX - 2

GENDER ACTION PLAN (GAP) FOR DISASTER RISK MANAGEMENT AND EPIDEMIC OUTBREAK

OBJECTIVES OF THE GENDER ACTION PLAN (GAP)

Objectives of the GAP are:

- To support DRM and OE actors in formulation and implementation of gender responsive policies and interventions that take into consideration the needs and priorities of women and other marginalized groups including people living with disabilities, the elderly and the children.
- To facilitate women’s leadership development and inclusion in decision making on DRM and OE concerns at all levels in Ghana
- To provide a common platform for coordination and cooperation among the different DRM actors in data collection, processing and knowledge management in DRM response
- To facilitate discussion on ways of financing DRM and OE concerns while integrating gender responsiveness as the key issue
- Increase public awareness in gender and DRM related issues

INSTITUTIONAL GENDER RESPONSIVENESS TO DISASTER RISK MANAGEMENT AND OUTBREAK & EPIDEMICS					
OBJECTIVES	PURPOSE	ACTIONS	INDICATORS/TARGETS	RESPONSIBILITY	TIMEFRAME (Years)
1. Mainstreaming Gender into DRM	To ensure that Gender sensitive policies and legal frameworks align with the constitution, national and international normative frameworks/instruments on Gender and DRM	Reviewing the National Disaster Risk Management Policy to ensure gender responsiveness	<ul style="list-style-type: none"> • Gender responsive DRM Legislation • Gender responsive DRM policies 	NADMO, MoGSCP and all relevant sector ministries in collaboration with other stakeholder institutions in the DRM space	Discussion on this should be carried out last quarter of this year. Activities to be carried over 2 years (Jan. 2025 – Dec. 2026)

		Review other existing policies on DRM and Outbreak of epidemic to ensure gender responsiveness	Gender responsive DRM policies developed by all stakeholders	ALL Sector Ministries and allied institutions who are DRM actors	Annually
	Support gender integration into strategies/annual plans of government and stakeholders	Facilitate the development of gender responsive strategies/annual work plans for government and stakeholders	Annual work plans and monitoring frameworks at all levels have gender indicators and results	All Sector Ministries and allied DRM Institutions	Annually
2. Establishment of Gender Desks and Focal Persons	To ensure all relevant institutions have technical staff with gender expertise to support their work and ensure gender integration and accountability in their work	Create Gender desks and recruit gender focal persons to ensure gender expertise is available in all institutions to provide technical support	Gender responsive DRM and OE programmes and activities developed and implemented	All Sector ministries and allied DRM institutions	Between June – December 2024
3. Capacity Building in Gender-Inclusive DRM:	Train staff on gender in DRM at all levels of each institution up to district and local levels.	In consultation with beneficiary institutions; <ul style="list-style-type: none"> • Develop training programmes • Facilitate Training 	<ul style="list-style-type: none"> • Number of programmes in Gender-Responsive DRM/O&E developed • Number of people trained in Gender-Responsive DRM & O&E 	NADMO, MoGSCP, Local Government (ensure district and local government participation)	Between June – December 2024

<p>Training in Gender Sensitive data collection and processing for use in planning by various institutions</p>	<ul style="list-style-type: none"> • Framework for gender disaggregated data collection established and managed by a central system that is fed by information from all stakeholder institutions • The available gender - disaggregated data is for informed decision-making and targeted interventions that address specific needs of all people in the affected communities. 	<p>NADMO in collaboration with other stakeholder institutions</p>	<p>Quarterly</p>
<p>Sensitization of Management</p>	<ul style="list-style-type: none"> • Sector Management trained for buy-in and compliance in gender responsive DRM in their institution 	<p>MoGSCP and NADMO</p>	<p>Quarterly</p>
<p>Development of Training Manuals:</p>	<ul style="list-style-type: none"> • Training manuals on Gender and DRM/O&E developed and used by various stakeholder institutions • Number of training programmes carried out annually for staff and leadership in various stakeholder institutions 	<p>Relevant stakeholder institutions with support from NADMO, MoGSCP and MOH</p>	<p>June 2024- March 2025 and reviewed Annually</p>

		Training in gender budgeting	Annual budgets have gender component for programmes	All Institutions	Training in 2024 for annual consideration in subsequent years
		Development and implementation of Mentorship programmes for new entrants into the DRM/O&E institutions to ensure professionalism and succession planning	Number of new professionals mentored annually	All Institutions	Quarterly
DEVELOP WOMEN'S LEADERSHIP AND ACTIVE INCLUSION IN DRM					
OBJECTIVES	PURPOSE	ACTIONS	INDICATORS/TARGETS	RESPONSIBILITY	TIMEFRAME
Community Engagement and Inclusive Participation	Ensure inclusive and gender responsive approach to community engagement	Create structures and policies that promote women's leadership development and engagement in decision making on DRM issues	Percentage of Women engaged in all aspects of DRM and OE at the community level up till national levels	All national stakeholder Institutions responsible for DRM	Annually
	Participation of women in programme design,	<ul style="list-style-type: none"> Building women's leadership so they can become 	<ul style="list-style-type: none"> Number of women in all committees and decision-making 	All national stakeholder Institutions	Annually

implementation and monitoring	empowered and change agents that contribute to a gender responsive DRM space	structures from national to community level <ul style="list-style-type: none"> • Women’s voices heard and taken into account in DRM at all levels • Number of capacity building programmes undertaken to promote women’s leadership and empowerment in DRM 	responsible for DRM	
<ul style="list-style-type: none"> • Identification of key gaps pertaining to survival during disasters such as flood (as deemed appropriate for their environment) and (context) these include basic first aid provision, swimming etc. • Training of men and women to enable them act during disaster and protect themselves and their families in their communities 	<p>Design appropriate Gender-sensitive survival skills required by individual communities</p>	<ul style="list-style-type: none"> • Training on survival skills for both men and women in communities • Inclusive community level engagement and training in survival in DRM 	<ul style="list-style-type: none"> • Ghana Red Cross, NADMO, MOH, Ghana Police Service and Community Health Nurses in respective communities. • *Explore possibility of collaborating with UNICEF, IOM and UNDP etc. 	<p>Annually</p>
DISASTER PREPAREDNESS AND MITIGATION				

OBJECTIVES	PURPOSE	ACTIONS	INDICATORS/TARGETS	RESPONSIBILITY	TIMEFRAME
Uniformity in Gender Integration into Disaster Risk Management Strengthened	Strengthening Institutional coordination and networking mechanisms on gender, DRM at all levels	<ul style="list-style-type: none"> Strengthen work in intergovernmental mechanisms for collaboration and partnership in gender and DRM at all levels 	National/Regional/District and local level coordination all strengthened and functional	NADMO in collaboration with all stakeholder institutions and committees at all level	June - December 2024
	<ul style="list-style-type: none"> Promote and support community level gender integration in DRM initiatives while facilitating collaboration from national to community levels Facilitate the implementation of existing relevant DRM frameworks and policies in a gender sensitive manner 	<ul style="list-style-type: none"> Mapping of stakeholder/actors involved in gender and DRM in each institution from national to local level. Compile and maintain a register of actors for collaboration and coordination to enhance proper synergy and avoid duplication of efforts 	Identified portfolio of all partners and potential partners for coordination and collaboration.		
DISASTER RESPONSE					
OBJECTIVES	PURPOSE	ACTIONS	INDICATORS/TARGETS	RESPONSIBILITY	TIMEFRAME
Putting in Place Gender Responsive Early Warning Systems	<ul style="list-style-type: none"> Improve the provision of real time information 	<ul style="list-style-type: none"> Strengthen coordination for the provision of 	Coordinated and inclusive information access to all	NADMO, Community Health Nurses,	June 2024 – June 2025

	<p>that reflect the diverse needs, information needs and communication preferences of men and women that ensures equal benefits from early warning systems</p> <ul style="list-style-type: none"> • Provide early warning information that reflect the women's and men's roles (as in information required and how it can be accessed) 	<p>real time gender responsive information on early warning response to all potential users of the system</p> <ul style="list-style-type: none"> • Develop disability friendly early warning systems for all vulnerable groups 		<p>District Assemblies, Chiefs and community leaders, CSOs, FBOs, VRA and Allied institutions</p>	
<p>Education and Awareness Creation and Information Management</p>	<ul style="list-style-type: none"> • Sensitization and awareness creation among traditional leaders, and other leaders at the community level, women, men and youth through regular community engagement 	<ul style="list-style-type: none"> • Target women, men and youth as agents of change • Target media houses and platforms as resource institutions to provide information on Gender and DRM • Address gender stereotyping and social norms that 	<ul style="list-style-type: none"> • Number of school programmes on gender and DRM implemented • Number of campaigns and awareness raising events targeting women, men, youth and persons living with disability organized. • Number of media engagement programmes/features on gender and DRM carried out 	<ul style="list-style-type: none"> • Media Houses and Platforms, Sector ministries including ministry of information, NADMO, Community Health Nurses, District Assemblies, Chiefs and 	<p>June 2024 – December 2025. Thereafter Annually</p>

		<p>promote unequal power relations</p> <ul style="list-style-type: none"> • Information sharing on best practices that promote gender equality and equal access • Conduct skills gap analysis and use the outcome to develop the needed skills training to address these needs in order to contribute to gender equitable resilience 	<ul style="list-style-type: none"> • Number of knowledge product developed and disseminated including those for online use on social media • Communication strategy available for use • Number/percentage of women and men with access to disaster relief assistance • Gender responsive economic relief measures identified and implemented • Number of women participating in response • Number of women and men, boys and girls trained in life skills and finance including first aid. 	<p>community leaders, CSOs, FBOs, VRA and Allied institutions</p> <ul style="list-style-type: none"> • *UN agencies and international Development organisations (UNICEF, Red Cross etc.) 	
<p>Establishment of Gender Responsive Shelters</p>	<ul style="list-style-type: none"> • Provision of shelters that uphold human rights and dignity for men, women, girls, boys and people living with disabilities 	<ul style="list-style-type: none"> • Make use of the Referral Pathways and Standard Operating Procedures for handling disaster risk related GBV 	<ul style="list-style-type: none"> • Decent shelter with basic living conditions • Disability friendly shelters • Establishment of functional relocation taskforce 	<p>DRM actors , Traditional rulers, CSOs, religious authorities, law enforcement agencies and</p>	<p>2025</p> <p>*Give opportunity to learn from disasters that have occurred to ensure better</p>

	<ul style="list-style-type: none"> Strengthening community and traditional conflict resolution systems to ensure early and rapid conflict resolution in shelters 	<ul style="list-style-type: none"> Coordinate, support and make functional the established legal and traditional response mechanisms on GBV and conflict resolution Raise awareness on GBV for men, women, boys and girls in the affected communities Raise awareness on child marriages and other areas that are identified as key in the community 	<ul style="list-style-type: none"> GBV and Counseling Services provided Knowledge of existing systems for redress, GBV and relief disseminated Number of sensitization sessions on GBV and early marriages carried out 	health professionals	adaptation efforts for future occurrences.
DISASTER RECOVERY					
Gender Sensitive Recovery Assessments	<ul style="list-style-type: none"> Inclusive stakeholder participation 	<ul style="list-style-type: none"> Include women in decisions and planning meetings on relief, recovery and rehabilitation Establish measures for economic recovery that leave no one behind 	<ul style="list-style-type: none"> Gender inclusive assessment report Number of women included in decision making on recovery 	NADMO in collaboration with other stakeholder institutions and international agencies	A year for assessment and review done annually.

		<ul style="list-style-type: none"> • “Build back better” approach 		
	<p>Equitable recovery assistance by Government and other stakeholders</p>	<ul style="list-style-type: none"> • Promote gender responsive early recovery, rehabilitation and reconstruction that takes into consideration: • Gender equitable inclusion in decision making, facilitation of access to finance for houses, agriculture, and other economic recovery programmes • Ensure equal access to recovery assistance for women and men • Allocation of resources to women’s organizations and other gender transformative institutions to address women’s specific needs 	<ul style="list-style-type: none"> • Number of women and men with access to recovery assistance 	<p>Government, Private sector, Financial institutions and International agencies (IOM, UNDP, World Bank)</p>
				<p>2025 *Give opportunity to learn from disasters that have occurred to enable better recovery efforts for future occurrences.</p>

DRM FINANCING

<p>Identify Areas for DRM Financing</p>	<p>Develop mechanisms for DRM financing</p>	<ul style="list-style-type: none"> • Explore existing taxes on health such as the NHIS tax and set aside a portion for DRM financing • Work with private sector, development partners for support in financing DRM 	<ul style="list-style-type: none"> • Structures for DRM financing established and operational 	<p>Government, Private sector, Financial institutions and International agencies (IOM, UNDP, World Bank)</p>	<p align="center">Annually</p>
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ANNEX – 3: QUESTIONNAIRE FOR STAKEHOLDER ENGAGEMENT

Stakeholder Engagement

**Gender Analysis on Health Emergencies and
Disaster Risk Management & Financing**

January 2024



INTRODUCTION

Dear Sir/Madam

The African Risk Capacity (ARC) is an initiative of the African Union's Heads of State and Government, created to help Member States improve their capacities to better plan, prepare, and respond to extreme weather events, natural disasters, and infectious disease outbreaks. The Republic of Ghana has been counted as an esteemed Member State of the ARC since its signature of the ARC Treaty on the margin of the 2016 AU Summit.

ARC, with the support of the Bill and Melinda Gates Foundation (BMGF), is implementing a project titled- "Gender Responsive Mechanisms for Epidemic Preparedness", which aims to support member countries of the Economic Community of West African States (ECOWAS) to provide rapid and appropriate gender-sensitive responses to disease outbreaks and epidemics in the region. Ghana has been identified as a priority country to benefit from the ARC – BMGF project, alongside Nigeria, Senegal, Côte d'Ivoire, Sierra Leone, and Guinea Bissau.

As part of the assignment to support the institution's work on gender, health emergencies, and Disaster Risk Management, a gender analysis is being conducted for which we are sharing a set of questions with your institution to enable us to better understand your work and also provide the appropriate support that ensures gender integration into your work.

This exercise will serve as an institutional review detailing how gender is integrated into policies, structure, and work. This exercise aims to solely conduct an internal assessment to determine the support needed for mainstreaming gender in the institution as it pertains to Public Health Emergencies and Disaster Risk Management.

Thank you.

INSTITUTIONAL ASSESSMENT

1. Organizational structure/organogram

- i. Do you have women at the highest level of your organization? Yes / No
- ii. What is the number of women compared to men at the senior level of your organization?

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- iii. How many women compared to men are involved in the highest decision-making level of your organization?

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- iv. Are there women involved in any decision-making in your organization? Yes / No

- v. Kindly state the levels and brief description of what these women do

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2. Knowledge of gender in Outbreak & Emergency and Disaster Risk Management

- i. Have you received any training on gender mainstreaming in OE and DRM? Yes / No
- ii. What was the duration of this training?
- iii. What were the main topics covered?

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- iv. Do you have training schedules in your organization that take care of mainstreaming gender in health, O&E, and DRM? Kindly state the types of training

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3. Institutional Policies /operations documents/Systems

- i. Is gender integration and considerations for OE and DRM taken into account in your company's policies/manual/operations documents etc.? Kindly share highlights of the areas that consider gender integration (Kindly share a soft/hard copy of your policies, operational manuals and other relevant documents to aid in analysis)

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- ii. How does your organization respond to OE and DRM? Kindly give a brief description of it.

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- iii. Does it take into consideration gender/vulnerable groups etc? Yes / No. How is this addressed?

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- iv. Do you have a monitoring and evaluation system in your company?

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iii. What were the existing structures put in place to ensure women and other vulnerable groups are taken into consideration when dealing with OE and DRM in your organisation

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iv. How were women represented? What leadership roles are they assigned and in which areas of EO and DRM kindly indicate them

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v. How were the interventions designed in terms of gender representation

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5. Documents needed from Institutions

- i. Organogram with institutions' operational manual
- ii. Institutional policies including gender-specific policies or interventions where applicable
- iii. Training manuals for field staff and other relevant guidelines
- iv. Institutional Gender policy/strategy/position paper etc
- v. Any other relevant documents the institutions deem useful to share

**Questions to the Ministries of Health, Women, Agriculture, SE
Environment, DG Civil Protection**

Gender Auditing: Organisation, Policies and Programmes:

- How is gender equality perceived in the organisation? Is there broad support or internal resistance to the concept?

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- Do staff feel that gender mainstreaming is a priority for them and management? Do they have the awareness and knowledge to make gender a priority?

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- Do staff feel they have an adequate understanding of how to address gender (in)equality in programmes/activities?

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- Do staff feel supported to design programmes that promote gender equality and/or, where appropriate, programmes aimed at women?

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- Does the organisational culture, policies, procedures and processes favour or hinder gender mainstreaming? Is there accountability within the organisation for gender mainstreaming?

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- Are the initiatives based on a gender analysis to ensure that any inequalities between men and women due to their different needs and gender roles have been identified and taken into account? Is training in gender analysis included in the initiatives to ensure that those responsible for implementation have the appropriate skills?

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- Are the policies, programmes, projects or services provided aimed at men and women on an equal footing and according to their gender needs or, where appropriate, at women or men, especially with a view to closing the gender gap?

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- Are the indicators and data collection disaggregated by sex? Do the projects or services provided include gender indicators in order to monitor them from a gender perspective?

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- Do the indicators address progress towards greater equality between men and women and a change in social and institutional norms?

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- Is there a specific budget for activities aimed at achieving gender equality?

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Focus Group Questions with Women, NGOs, Communities and Local Leaders Gender, Climate Change and Epidemics at A Micro Level

Indicative set of questions:

Risk perception, vulnerabilities, how are men and women affected differently?

- How do men and women perceive the risks to their livelihoods associated with climate change (slow-onset hazards and sudden-onset hazards), respectively outbreaks and epidemics?

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- How do epidemics affect men, women, girls and boys in your community? For example, the case of COVID-19, cholera. Children, the elderly and the sick at home - who looks after them? Economic consequences?

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- Are women and men affected in the same way by extreme weather events/disasters or are there differences, and what are they? (Physical strength, decision-making power over leaving the house, what to do with children and the elderly and in the absence of men?)

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- Who at the meeting can swim, climb trees or ride a bike?

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Gender and Disparities in Access to and Control of Assets

- What are the gender disparities in access to and control of assets? How does asset disparity affect the way men and women experience climate shocks or public health shocks and the resulting changes?

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- How and to what extent does wealth disparity determine how men and women respond to shocks/epidemics and climate change?

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Knowledge of climate Risks and Epidemics

- Do you know about the risks of climatic events, such as floods, droughts, strong winds, fires, earthquakes, etc.? Have you ever suffered from this type of event? Are natural disasters God's destiny?

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- In your opinion, who among men and women dies more during outbreaks of disease and natural disasters, and why?

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Preparedness, Capacity to Respond to Disaster Risks and Epidemics, Adaptation

- How do women and men in your community manage outbreaks of disease and disasters?

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- Preparing communities, hospitals and institutions for the risks of epidemics and climate change? Do you have an early warning system? Do you have contingency plans? Role of the fire brigade?

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- Who has social protection, health insurance?

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- Early warning, do you know what it means? warning of dangers..... to avoid loss of human life and property and animals etc., What are the available means of communication: TM, Radio, listen to the radio every day? What is the most reliable source for early warning? community radio, community leaders, imam, church etc., neighbours, friends, internet?

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- Which adaptation strategies and adaptation options are favoured by men and women respectively, and why? Mention some adaptation strategies.

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- Active participation in developing response capacities to strengthen the resilience of communities: Between women and men, who participates more (firefighters, life-saving operations, organisation of shelters)

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ANNEX – 3 QUESTIONS FOR FGDs

Focus Group Discussion Questions

Participant Introductions

Ask each participant to introduce herself using a name of a fruit or flower that she likes and to briefly tell the group something about themselves, such as a favorite activity. The Facilitator should start with his or her own introduction and favorite activity.

Community Activities Knowledge and Involvement in Outbreak, Emergencies (including DRM activities like consultations, risk profiling and assessment, relief, and recovery)

Section A: Gender Activity Profile

A1. In an Outbreak and Emergency situations such as Water Spillage ,Cholera and other disasters ,what are the major roles/activities that boys, girls, women, and men in your community play? When and where are these roles/activities carried out?

A2. Do you think these roles are shared equally?

A3. Do you think men and women have equal time to participate in community work including project activities such as DRM? Justify your answer?

A4. What opportunities and/or barriers are existent for equitable participation and distribution of roles in this community?

A5. What should be done to improve equity in both participation and distribution of these roles especially in community work?

Section B: Participation in Public and Household Decision-Making

B1. What are some of the most important decisions made by a) men and b) women in your household and Community (give rankings in order of priority) in outbreak and emergency situations.

B2. Who benefits from these decisions in B1 above? (Ask and indicate whether men or women on the responses given)

B3. What do you think influences the decision makers? e.g culture, ethnicity, financial strength B4. Do the decisions made meet your needs? a) as men, b) as women

B5. What should be done to ensure that the decisions made a) meet our needs and b) ensure gender equality?

Section C: The Social, Economic, Cultural, Political, Legal and Policy Barriers

C1. What is your understanding of gender equality?

C2. Would you elect a woman as your leader/representative (for your community, group, church, ...)? Give reasons

C3. What is your view on equal participation of women and men in leadership positions?

C4. Between men and women, who should make decisions in households/communities/relationships? Why?

C4. How does sociocultural norms and practices contribute to:

- *Creating opportunities for gender equality and women empowerment?*
- *Creating barriers for gender equality and women empowerment?*
- *Disaster preparedness, response, and recovery?*

C5. Are there any socioeconomic/cultural norms and practices that lead to gender-based violence incidences in this area?

C6. In your view, is Gender Based Violence contributing to the disempowerment of women and girls, and disaster risk management in general?

C7. In this community, what are the social beliefs and perceptions (religious and/or cultural) that condition women and men's expectations and aspirations? Does these affect women's and men's capacity to prepare, respond, and recover from disasters?

C8. How involved are women and men in disaster risk management structures in this community?

SECTION D: KNOWLEDGE OF DISASTER RISK MANAGEMENT

D1. Do you have health Outbreaks and Emergencies, climate change impacts, Disaster Risk Management, in your locality?

If there are, what are they?

D2. Are women and men affected the same way by disasters? Are there variations in how women and men respond and recover from disasters? Are these variations socially influenced?

D3. Do women and men have the same opportunity and access to information on disaster risk reduction, prevention, resilience, and adaptation in this community?

D4. If No (in D2), is this variation influenced by social cultural norms?

D5. Does men and women participate equally in disaster risk management processes, systems and structures in this community? Why?

D6. How can we improve the participation of women and men in disaster risk management in this community?

D7. How can we improve the participation of other socially excluded groups such as the disabled and the elderly in disaster risk management in this community?

Recommendations

In your opinion, which interventions for women and girls should be prioritized in cases of outbreaks, health emergencies, disaster risk management?

Closing and post FG activities

Any traditional approaches to addressing gender inclusivity and equality in your locality?

ANNEX – 4: STAKEHOLDER ENGAGEMENT ON GENDER RESPONSIVE MECHANISMS FOR DISASTER RISK MANAGEMENT AND EPIDEMIC PREPAREDNESS

STAKEHOLDER ENGAGEMENT ON GENDER RESPONSIVE MECHANISMS FOR DISASTER RISK MANAGEMENT AND EPIDEMIC PREPAREDNESS

1. National Disaster Management Organisation (NADMO)

Engagement Tool : In-person Meeting	Date : 11/01/2024
Attendance: Pamela Evelyn Oddeye (0242866166) Ruth Ackah (0244289781) Charlotte Norman (0209875188) Frank Aggrey (0533307833) Beatrice Tyson (0558716134) Gifty Baffour Awuah (0244583747)	Consultant: Dr. Eric Twum

2. Ministry of Gender, Children and Social Protection (MoGCSP)

Engagement Tool : In-person Meeting	Date : 11/01/2024
Attendance: Victoria Emefa Nyavor (0249342456) Vera Karikari Bediako (0244978527)	Consultant: Dr. Eric Twum

3. ABANTU

Engagement Tool : In-person Meeting	Date : 11/01/2024
Attendance: Papa Karikari (0570269750)	Consultant: Dr. Eric Twum

4. FRC

Engagement Tool : In-person Meeting	Date : 11/01/2024
Attendance: Patience Oppong (055421023)	Consultant: Dr. Eric Twum

5. National Development Planning Commission (NDPC)

Engagement Tool : In-person Meeting	Date : 11/01/2024
Attendance: Esther A. Agyapong (0206412400)	Consultant: Dr. Eric Twum

6. National Commission for Persons with Disability (NCPD)

Engagement Tool : In-person Meeting	Date : 11/01/2024
Attendance: Samuel Adams (0240655181)	Consultant: Dr. Eric Twum

Joshua Addy (0244748589) Patricia Badua Ntiamoah (0550357932)	
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7. Ghana Health Service (GHS)

Engagement Tool : In-person Meeting	Date : 11/01/2024
Attendance: Sharifa Mohammed (0265255988)	Consultant: Dr. Eric Twum

8. NAS

Engagement Tool : In-person Meeting	Date : 11/01/24
Attendance: Bright Afisi (0592325864)	Consultant: Dr. Eric Twum

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AFRICAN RISK CAPACITY (ARC) North Tongu Community Engagement

Date :2ND APRIL 2024

S/N	Name	Contact	Community
1	Ebenezer Hormeko	0557356214	KESAGAKOPE
2	Kwabla Hormeku	0547476387	KESAGAKOPE
3	Agatha Hormeku	0245403563	KESAGAKOPE
4	Mansah Hormeku	0534725426	KESAGAKOPE
5	Agbevoe Princess	0559554722	ALABONU
6	Sefornu Ruth	0541451557	ALABONU
7	Asimevu Kaiser	0541184746	ALABONU
8	Gabriel Akpalu	0243903644	TORGORME
9	Johnson Megebawotor	0242827817	TORGORME
10	Togbe Gidi IV	0243388715	TORGORME
11	Avi Jonathan	0243777129	TORGORME
12	Gidi Stephen Yao	0245365681	TORGORME

AFRICAN RISK CAPACITY (ARC) Tema West Community Engagement

Date :5th APRIL 2024

S/N	Name	Contact	Community
1	Emile Elikem Senyo	0244492111	KLAGON
2	Lawrence Kpeglo	0243884565	KLAGON
3	Jennifer N.M Martey	0244544734	KLAGON
4	Obed Nagai Tetteh	0243324963	KLAGON
5	Lily Ubor	0248108917	KLAGON
6	Mina Quansah	0265276300	KLAGON
7	Rev. Samuel Gakpetor	0244326040	KLAGON
8	Alberta O. Akonnor	0208814946	KLAGON
9	Jesse Missiwo	0262491026	KLAGON
10	Stanley Yao Sekley	0542441217	KLAGON
11	Salomey N.B Borketey	0544742596	KLAGON
12	Ubor Henry	0242169556	KLAGON
13	Nana Aba N. Aidoo	0241385214	KLAGON