Africa Centre for Energy Policy

Foreign, Commonwealth & Development Office

OXFAM

A Gender Sensitivity Assessment of the ABFA Spending in Ghana

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Benjamin Boakye
Kodzo Yaotse
Ali Eliasu
Maybel Acquaye
Theophilus Adoko
Jane Alenyorige Akanzum

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The Africa Centre for Energy Policy (ACEP) was established in 2010 to contribute to development of alternative and innovative policy interventions through high quality research, analysis and advocacy in the energy and extractives sector in Africa. The focus of the organisation is to create strong connection between research evidence and advocacy which was limited at the time to increase transparency and accountability around energy and extractive sector governance in the region.

After a decade of existence, the organisation has established itself as a thought leader in the sector. In the following years, ACEP hopes to consolidate the gains it has made in the resource sector by unpacking the connection between resource extraction and inclusive sustainable development.

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Abbreviations

Abbreviation	Meaning
ABFA	Annual Budget Funding Amount
ACEP	Africa Centre for Energy Policy
ANC	Antenatal Care
BECE	Basic Education Certificate Examination
CHPS	Community Health Planning and Services
FAO	Food and Agriculture Organization
FSHS	Free Senior High School
GAASG	Gender Analysis of Agricultural Sector in Ghana
GDP	Gross Domestic Product
GES	Ghana Education Service
GHC	Ghana Cedis
GIIF	Ghana Infrastructure Investment Fund
GMHS	Ghana Maternal Healthcare Survey
GPRS II	Growth and Poverty Reduction Strategy II
JHS	Junior High School
KG	Kindergarten
MDA's	Ministries Departments and Agencies
MoFA	Ministry of Food and Agriculture
MOGCSP	Ministry of Gender Children and Social Protection
NDP	National Development Plan
NHIS	National Health Insurance Scheme
PIAC	Public Interest and Accountability Committee

Abbreviation	Meaning
PRMA	Petroleum Revenue Management Act
SHS	Senior High School
SME	Small and Medium Enterprise
STEM	Science Technology, Engineering and Math
STMA	Secondi-Takoradi Metropolitan Assembly
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
USD	United State Dollar
WASH	Water Sanitation and Hygiene

Executive Summary

Gender equality is integral to every country's economic development and achievement of the Sustainable Development Goals (SDGs). Equitable access to education, healthcare, and agriculture drives inclusive growth, innovation, and reduced inequalities. Despite successive governments' policy interventions, gender inequality remains deeply entrenched across multiple sectors in Ghana, creating significant barriers for women's access to vital social services, including health, education, and agricultural support. For instance, only 12% of females engaged in agriculture have access to new technologies as opposed to 33% of males, according to the 2014 Gender Analysis of Agricultural Sector in Ghana (GAASG). The narrative is similar in the health sector, where among women who do not access skilled maternal health, about 42% cite financial barriers. The challenges persist in the education sector too, where, due to a lack of WASH facilities, girls lose an additional 30 to 50 days of schooling days. The consequences of these inequalities are dire. For instance, in the agriculture sector, women continue to engage in those value chains that are characterized by lower financial returns, such as subsistence food crop production and small-scale agro-processing, whilst their male counterparts engage in the more financially rewarding sub-sectors of the production value chains such as cash crop production. Also, 14% of all deaths among women are maternity-care related, and girls are 20% less likely to attain a high school education than boys.

Targeted investment in women's human capital has proven effective at providing women equal access to food, healthcare, and education. Over the past decade, the agriculture, health and education sectors of Ghana have received significant prioritization in petroleum revenue investments through the Annual Budget Funding Amount (ABFA). This study, therefore, sought to assess the gendered dimension of ABFA expenditure in the agriculture, health, and education sectors vis-à-vis the peculiar needs of women as reported by the literature and focus group discussions with beneficiaries of ABFA-funded school infrastructure, CHPS compounds, warehouse and irrigation dam projects in selected communities.

The study revealed a general lack of consultation of women beneficiaries and gender mainstreaming in the delivery and reporting of ABFA-funded capital projects. In the agriculture sector for instance, the majority of ABFA projects realised between 2015 and 2021 benefitted male-dominated sub-sectors such as fish production and irrigated and mechanised farming with little gender mainstreaming, which risks further exacerbating the gender gap within the agriculture sector. Meanwhile, the women-dominated agro-processing sub-sector did not receive any ABFA funding within the period under review. Furthermore, there is minimal involvement of women and gender mainstreaming in implementing ABFA projects. Consequently, women respondents decried being sidelined in the usage of some projects because they did not meet their peculiar needs, whilst others even alleged that they were negatively affected by the projects as their farmlands

were encroached upon without compensation.

Findings in the health sector reveal that, while a significant amount of ABFA health sector allocations went into pro-poor interventions such as Community Health Planning and Services (CHPS) compounds, some of these CHPS compounds are not accredited by the National Health Insurance Scheme (NHIS), thus posing access barriers, especially to women beneficiaries. The study further reveals a huge allocation to office complex infrastructure at the expense of direct maternity care infrastructure (about 39% and less than 0.2% of ABFA health sector funds, respectively). Also, the results indicate a relative underfunding of healthcare from the ABFA, which shortchanges national healthcare budget allocations for the provision of essential maternal and emergency healthcare infrastructure.

On the other hand, ABFA expenditure in the education sector, through the Free Senior High School (FSHS) policy – which received more than 87% of ABFA education allocations between 2017 and 2021 – has contributed to bridging the gender disparity in high school education. However, the sustainability of these gains are under threat considering the huge dependence of the policy on the ABFA and its countereffect on infrastructure delivery at the basic level.

Accordingly, the following recommendations are made by the study:

1. The Ministry of Finance and implementing Ministries Departments and Agencies (MDAs) should mainstream gender in the budgeting, development and implementation, of ABFA-funded projects to ensure that the projects meet women's disproportionate needs.
2. The PIAC monitoring reports should, as much as possible, assess and report on the gender sensitivity of ABFA-funded agriculture, health, education, and other capital projects.
3. The Ministry of Finance should work with the Ministry of Food and Agriculture to prioritise the agro-processing value chain in the disbursement of ABFA funds in the agriculture sector.
4. The government should conduct a thorough value-for-money assessment on ABFA-funded irrigation projects.
5. The Ministry of Finance should work with the Ministry of Health to ensure that ABFA-funded CHPS compounds are NHIS-accredited.
6. Government should prioritize pro-poor expenditure of ABFA in the health sector, in line with the PRMA, to address essential emergency and maternity healthcare needs.
7. The Ministry of Finance should collaborate with the Ministry of Education to ensure ABFA-funded schools come with Water, Sanitation and Hygiene (WASH) facilities.
8. The government should explore alternative funding streams for the FSHS policy to sustain the gender parity gains in SHS without starving investment in basic school infrastructure.

1.0 Introduction

The importance of gender equality for sustainable development outcomes cannot be overemphasised. In fact, research shows a positive correlation between gender equality and sustainable development outcomes for countries[1]. This notwithstanding, there are still significant gender inequalities across multiple sectors in Ghana. For example, 76.7 percent of the Ghanaian active female population is engaged in employment considered vulnerable or unpaid, compared to 58.4 percent of men[2]. Also, the Ministry of Gender, Children, and Social Protection reports that the average hourly earnings of women in Ghana is 43 percent less in comparison to the earnings of men[3].

A cross-sector analysis of gender inequality in Ghana reveals that the inequality is particularly pervasive across critical sectors of agriculture, health, and education. In the agriculture sector, these inequalities manifest in the barriers to accessing capital and agricultural support services, markets, storage, and processing facilities. Similarly, the local land tenure system also discriminates against women in enhancing their agricultural output. In the education sector, gender-blind educational policies, facilities, poverty, and early marriages pose significant barriers to girls' education. Moreover, inequalities in the health sector manifests in challenges relating to accessing sexual and reproductive healthcare, partly due to financial dependence; poor quality of healthcare service delivery; and access to primary healthcare.

Over the years, governments have made policy interventions to reduce the inequalities women face in these critical sectors. For example, the Ministry of Food and Agriculture (MoFA) in 2015 introduced the Gender and Agricultural Development Strategy II to guide the MoFA, its agencies, and the private sector to be more gender-responsive in their programming and interventions[4]. As early as 2009, Ghana's Growth and Poverty Reduction Strategy (GPRS II) recognised that bridging the gender equity gap in access to quality health services was a sine qua non to accelerating general access to healthcare[5]. Further, the Ghana Education Service (GES)'s National Vision for Girls Education promotes the vision of ensuring that: *"All Ghana's girl-children—and their brothers—are healthy, attend safe, welcoming schools, are well-taught by qualified teachers who understand their needs, achieve according to their potential, graduate and become productive and contributing members of our nurturing society."*

These strategies, policies and action plans underscore successive governments' acknowledgement of the need for government or public expenditure in these sectors to

[1] Welham, B., Barnes-Robinson, K., Mansour-Ille, D., & Okhandiar, R. (2018): Gender-responsive public expenditure management.
[2] World Bank. (2019). Ghana Gender Data Portal. Retrieved from: https://genderdata.worldbank.org/countries/ghana/
[3] MOGCP (2015). National Gender Policy. Available at: https://www.mogcsp.gov.gh/mdocs-posts/national-gender-policy/
[4] MoFA (2015). Gender and Agricultural Development Strategy II (GADS II)
[5] Ministry of Health. (2016). Health Sector Gender Policy. Available at: https://www.moh.gov.gh/wp-content/uploads/2016/02/Health-Sector-Gender-Policy.pdf

bridge the gender gaps and not exacerbate the existing inequalities. It is even more important that additional funding for these sectors would achieve the same results of resolving gender inequalities.

Since 2011, these sectors have received additional funding from petroleum revenues through the Annual Budget Funding Amount (ABFA) to augment traditional government financing for public investments. Between 2011 and 2021, the agriculture, health and education sectors received $206.12 million, $28.66 million, and $475.8 million respectively from the ABFA for investment. These receipts constitute 7.11 percent, 0.99 percent, and 16.41 percent of the $ 2.9 Million total ABFA allocations respectively over the period. Some of the investments undertaken over the period include the construction of irrigation dams, warehouses and ancillary facilities, and agric support services in the agriculture sector. Others include education and health infrastructures across the country.

From the foregoing, this report evaluates the gender sensitivity of these public investments across the agriculture, health and education sectors with a particular focus on ABFA funded projects. The assessment provides evidence to inform and advocate for gender-responsive public investments in Ghana.

1.1 Objectives of the Gender Sensitivity Assessment

The broader objective of this report is to assess the gender sensitivity of ABFA expenditure in the agriculture, health and education sectors to the disproportionate needs of women and to identify opportunities for policy interventions toward ensuring gender-responsive budgeting and public investment of ABFA.

The specific objectives of the study are as follows:

1. To assess the specific needs and challenges of women in the agriculture, education and health sectors in Ghana.
2. To analyse the trend of ABFA allocation in the various sub-sectors within the agriculture, education and health sectors.
3. To assess whether the trend of ABFA expenditure meets the specific needs of women in the agriculture, education and health sectors.
4. To make recommendations for gender-responsive ABFA budgeting and public investments based on the findings of this study.

2.0 Methodology

The report reviews the needs of and challenges faced by women in the agriculture, education and health sectors in Ghana from existing published literature. The Annual Petroleum Reports published by the Ministry of Finance and the reports of the Public Interest and Accountability Committee (PIAC) provided data on ABFA funded projects from which a sample was drawn. The project team visited the sampled projects to verify their existence and interact with beneficiaries and oversight institutions through interviews and focus group discussions across the three sectors. For the agriculture sector, an irrigation dam, a warehouse and ancillary facilities were sampled for this study. Similarly, two completed classroom blocks and two CHPS Compounds were sampled for the education and health sectors respectively.

3.0 A Review of the Key Challenges of Women in Agriculture, Health and Education

This section reviews the key challenges and the manifestations of gender inequalities in the agriculture, health, and education sectors. The review provides an understanding of the challenges and helps to contextualize the findings from the sampled projects on the gender sensitivity of ABFA expenditure in particular and public investments in general.

3.1 Key Challenges of Women in Ghana's Agriculture Sector

In the agriculture sector, women make up the majority (52 percent) of the entire agricultural labour force and about 70 per cent of the labour force for crop farming, which contributed 16.77 percent to GDP in 2021. Despite these significant contributions, women still face significant inequalities in access to credit and agriculture support services, market, storage, and processing facilities. The local land tenure system has also not favoured women in enhancing their agricultural output. The key challenges women face in the agriculture sector is discussed below:

a) Access to Capital, Technology and Agriculture Support Services

A key challenge to women's agricultural output and incomes borders on their limited ability to access and independently manage credit and agricultural support services. There is a wide gender disparity in access to credit and financial services for farm expansion, subsidised fertilizers, seeds, and farm equipment to improve yields[6,7]. While successive governments have provided subsidised fertilizers, seeds and extension services for farmers, access to these has been challenging, especially for women and rural farmers. Again, due to their generally low incomes, women in most cases are unable to provide the necessary securities/collaterals to secure credit facilities. This makes women-owned businesses risky and unattractive to institutional lenders who may prefer to finance cash crops and large-scale farming, coincidentally dominated by men.

[6]FAO (2018): National gender profile of agriculture and rural livelihoods. Ghana -Country Gender Assessment Series. Available at https://www.fao.org/3/i8639en/i8639en.pdf

[7]ACEP (2020). Promoting Gender Budgeting The Case of Mineral Royalty Utilization in Ghana. Available at https://storage.googleapis.com/stateless-acep-africa/2020/11/Promoting-Gender-Budgeting-The-Case-Of-Mineral-Royalty-Utilization-In-Ghana.pdf

Furthermore, there is a considerable gender gap regarding access to new technologies. Several reasons account for this situation, one of which is the financial or credit difficulty women face in accessing these usually expensive technologies [8]. Even in cases where these technologies are affordable or available through community schemes, men receive priority access over women. This often results in late planting and harvesting by women with its attendant effects of poor crop yields and post-harvest losses. Additionally, technical, and physical constraints on the use of some of these agricultural technologies such as weighty sprayers for fertilisers and pesticides or heavy tractors limit access for women. Unfortunately, this is amplified by the unequal access to education and knowledge on the availability and use of these technologies as they are often attended by men [5]. Consequently, women have less knowledge on which technologies are available and how to use them most productively. It is thus evident that women's agricultural technology needs could be met with credit to acquire the technology, equal access to community technology schemes and education on the use of these technologies.

b) Access to Land

The majority of lands in Ghana are under customary tenure, wherein kinship and lineage are the critical determinants of land access. In this tenure system, the land is under the ultimate control of either the family head or the traditional head of the lineage, who have traditionally been men. Women are often prevented from holding land by customary law. As a result, access to land for most women is usually only possible through their husbands or male relatives [9]. This is also reflected in the fact that various studies found the share of women landowners to be significantly lower than that of men. For instance, only 20 percent of landowners in Ghana are women. These female landowners together own 24 percent of the total value of owned lands [10]. The nature of land ownership implies that women are particularly challenged in accessing agricultural land for farming. Beyond the patriarchal land tenure system, the fact that women have limited credit to acquire land even where there are no legal and customary barriers contributes to the inaccessibility of land by women.

Furthermore, men are 8 times more likely to own lands of medium to large sizes (5 acres or more) than women [5]. As a result, women benefit comparatively less from mid to large-scale farming policies. The gender gap in land ownership could be closed by reforming land ownership to allow females to have access to and own land independently. Women should also be granted more access to credit facilities to acquire land.

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8 USAID. (2020). Ghana Gender Analysis Report. Retrieved from: https://banyanglobal.com/wp-content/uploads/2020/05/USAID-Ghana-Gender-Analysis-Report.pdf

9 Yokying, Phanwin and Isabel Lambrecht (2020). "Landownership and the Gender Gap in Agriculture: Insights from Northern Ghana", Land Use Policies (99), pp. 1-13.

10 Doss, Cheryl, Chiara Kovarik, Amber Peterman, Agnes Quisumbing and Mara van den Bold (2015). "Gender inequalities in ownership and control of land in Africa: myth and reality", *Agricultural Economics* (46), pp. 403-434.

c) Access to Market, Storage, and Processing Facilities

Beyond farming, gender inequality is pervasive across the entire agriculture value chain. The market and small-scale agro-processing sectors of the value chain are generally dominated by women, while the production sectors, such as ploughing and harvesting, are dominated by men. For example, a Gender Analysis of the Agricultural Sector in 2014 by the MoFA found that 95% of the women in the agricultural sector surveyed were also into low-income agro-processing[3]. Food processing and marketing are done mainly by women ,[3] who have limited access to market, storage, and processing facilities[8]. Women are, therefore, disproportionately affected by post-harvest losses. This gendered division of labour can be observed across all the sub-sectors – the fisheries, livestock, or forestry subsector– women are generally prevalent in processing and marketing activities. For instance, in the fisheries and aquaculture sectors, the fishing itself is almost exclusively undertaken by men, with women primarily active in processing and selling the caught fish[3]. Consequently, knowledge and technology transfers in the market, storage, and processing of the value chain hold great potential to improve women's output[3].

Furthermore, the gendered division of labour extend beyond the agricultural activities along the value chain to include the type of crop being farmed. For example, women cultivate food crops such as rice, cassava, soybean, and vegetables, while men are more often engaged with cash crops such as cocoa. This trend is corroborated by a 2019 study that estimated that women were responsible for around 70% of food crops in Ghana[11]. As a result, women benefit comparatively less than men when policy interventions target cash crops.

The foregoing discussion of the key challenges faced by women in the agriculture sector suggests that not all interventions across the agriculture value chain and subsectors have the same impact on women and men due to the gender inequalities that exist. Hence, it is important to examine the gender sensitivity in the design and implementation of government policy and interventions in the sector to bridge the inequality gap.

3.2 Challenges of Women in Ghana's Health Sector

The healthcare needs and disease epidemiology of men and women are different, and this influences the barriers each gender faces in access to healthcare in the country. While progress has been made in promoting gender equality in access to healthcare in Ghana, there are still significant challenges that need to be addressed. These challenges border mainly on access to primary health care, quality of service delivery and care, and access to sexual and reproductive health care. The key challenges faced by women in accessing health care are discussed below:

[11] UNDP. (2019). Ghana Gender Analysis. Retrieved from https://climatepromise.undp.org/sites/default/files/research_report_document/undp-ndcsp-ghana-gender-analysis-final2.pdf

a) Access to Primary Health Care

Empirical evidence reveals that health care utilization in Ghana is higher among women than men. This evidence is largely true for women in the reproductive age group with access to orthodox healthcare facilities which are mostly urban based. Thus, rural-urban disparities in health infrastructure significantly affect access to primary health care for most women as well as difficulties and cost involved in navigating rural geographies to access care. The introduction of the CHPS initiative was to bridge the geographical disparities in health facilities and access to primary healthcare. However, this initiative is constrained by limited government funding and the spatial distribution of Ghana's rural areas.

Additionally, there is a strong link between household wealth and access to healthcare, with poorer women being less likely to access healthcare services than wealthier women. Financial barriers, such as facility user fees and the cost of medications, are widely recognized as key factors that prevent people in low- and middle-income countries from accessing healthcare. Although the Ghana National Health Insurance Scheme, including the maternal exemption policy, has been reported to have increased women's access to healthcare, poor women may still face obstacles in paying insurance premiums and renewals, as well as covering transportation costs and expenses related to healthcare services that are not covered by these policies aimed at helping the poor.

b) Quality of Service Delivery and Care

The issue of quality healthcare has been a significant concern within the health sector over the years. Recent studies have revealed that healthcare providers often lack gender sensitivity, display authoritative, insensitive, and discourteous behaviour towards patients. Unfortunately, anecdotal evidence suggests that patients are treated with more respect when they are male rather than female. The poor conditions of service have led to negative staff attitudes among some service providers, which has been found to hurt the quality-of-care delivery.

Additionally, clients' lack of awareness of the challenges that healthcare providers face may contribute to negative and uncompromising attitudes toward health staff. Moreover, the current service delivery infrastructure in many public health facilities does not allow for adequate client privacy, which affects all patients, especially women. Additionally, preventive, and promotive health education materials are often gender-insensitive and often reinforce gender stereotypes, thus further disadvantaging already marginalized clients, most of whom are women and non-literate.

c) Access to Sexual and Reproductive Health

Gender inequalities in access to sexual and reproductive health care in Ghana are pervasive and can have serious consequences for women's health and well-being. One of the ways these inequalities manifest is in the limited access to family planning services due to cultural and religious beliefs, lack of information, and stigma. This limits their ability to

make informed decisions about their reproductive health and can lead to unintended pregnancies and unsafe abortions. Similarly, maternal mortality continues to be a significant health issue for women, particularly in women in rural areas and those with low incomes due to the rural-urban disparities in health infrastructure and access to health care mentioned above. Moreover, because abortion is illegal in Ghana except in cases of rape, incest, fetal anomaly, or to save the woman's life, many women still seek unsafe abortions due to limited access to safe and legal services.

These above challenges contribute to gender inequalities in health outcomes in Ghana, with women experiencing poorer health outcomes than men. Addressing these issues requires a multi-faceted approach that includes improving access to healthcare services, promoting education and health literacy, and addressing cultural and social norms that perpetuate gender inequality in healthcare delivery.

3.3 Challenges of Women in Ghana's Education Sector

Investing in education is proven to have a positive impact on various aspects of a country's development, including health, gender equality, and economic growth. Although Ghana has made progress in improving access to education, there are still significant disparities in educational achievement between boys and girls. These disparities are more pronounced in rural areas, particularly in the northern regions of the country. Despite the fact that boys and girls face similar barriers to education, girls are often more affected due to traditional gender roles that prioritize boys' education over that of girls. The key challenges that perpetuate gender inequalities in accessing education in Ghana include non-inclusive education infrastructure, early marriage, pregnancy, sexual harassment and gender-based violence.

a) Non-Inclusive Education Infrastructure

Most infrastructure within public school spaces is not inclusive enough for girls who are menstruating or for girls with disabilities or other special needs. Girls in Ghana are reported to lose an additional 30 to 50 school days per year during their menstrual period, partly due to inadequate and often non-existent Water, Sanitation and Hygiene (WASH) facilities[10]. So while progress has been made in promoting parity in enrolment, the sector now struggles with retention and quality outcomes especially for young girls.

b) Early Marriage and Pregnancy

Incidences of early marriage and teenage pregnancies constitute significant barriers to girls' education[13]. A 2017 World Bank report indicates that 30 percent of school drop-out among girls results from teenage pregnancy. Nationally, about 21 percent of girls in Ghana

[12] The Borgen Project. (2017). Sanitation Leads to Improved Education for Girls. Retrieved from: https://borgenproject.org/sanitation-leads-to-education-for-girls-in-ghana/
[13] Camfed. (2022). Barriers to Education. Retrieved from: https://camfed.org/what-we-do/where-we-operate/ghana/

are married before the age of 18. The Fig. is more alarming in the Northern regions, where about 40 percent of girls marry before their 18th birthday. Poverty is a strong driver of early marriages in Ghana. For instance, girls from the poorest 20 percent of households are 10 times more likely to marry before the age 18 than girls from the richest 20 percent of households[14].

c) Sexual Harassment and Gender Based Violence

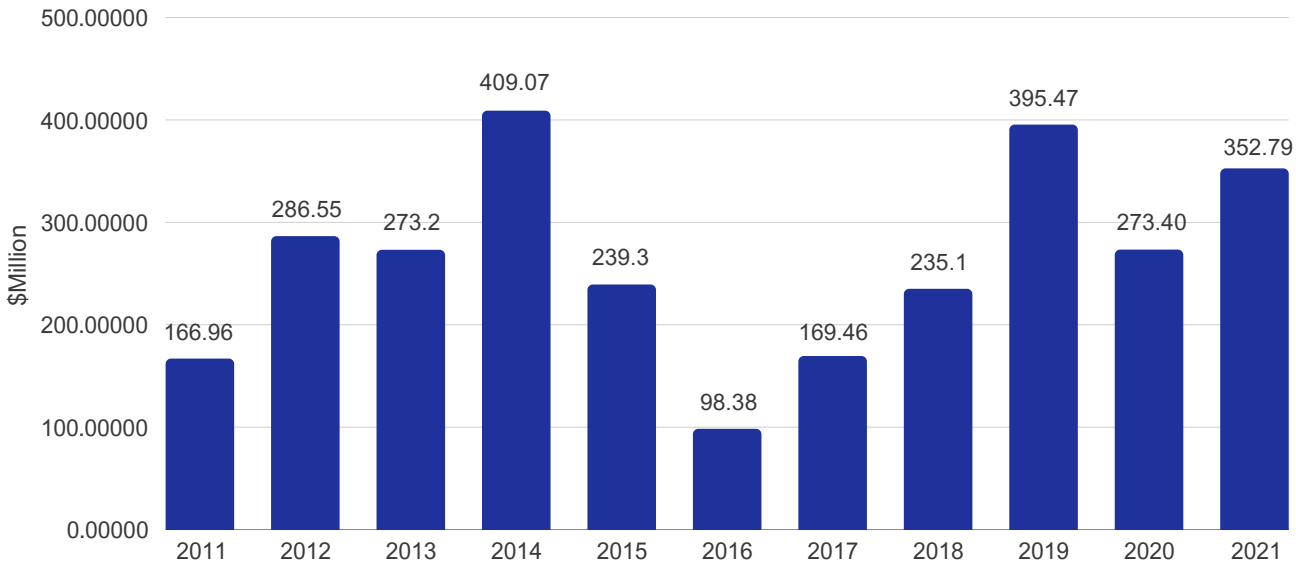
Sexual harassment and gender-based violence are significant issues in Ghana's education sector and run right from the primary to the tertiary level. A precipitating factor is the power dynamics between the teachers and students. Teachers and other authorities in schools hold significant power over their students, which creates opportunities for abuse and exploitation. This is even made worse by the fact that many teachers and school administrators may not be aware of the importance of preventing sexual harassment and gender-based violence, or they may not have received adequate training on how to identify and respond to such issues. Unfortunately, sexual harassment and gender-based violence are often underreported due to the stigma and shame associated with these issues, fear of retaliation or a lack of trust in the reporting process due to the inadequate enforcement of the mitigating policies which lead to a lack of accountability for perpetrators.

[14]MoGCSP. (na). Fact Sheet on Child Marriage in Ghana. Accra: Republic of Ghana. Retrieved from: https://www.unicef.org/ghana/media/1671/file/Fact%20Sheet%20-%20Child%20Marriage.pdf

4.0 The Annual Budget Funding Amount (ABFA)

The ABFA is the share of oil revenue designated for budget support as provided for in the Petroleum Revenue Management Act (PRMA), 2011 (Act 815) as amended. Between 2011 and 2021, the ABFA has cumulatively received about $2.9 billion from petroleum revenue disbursements for public investment. This amount represents about 40 percent of total petroleum revenue disbursements.

Figure 1: ABFA Receipts 2011-2021



Source: World Resources Institute

The PRMA provides that the ABFA be expended in accordance with a national long-term development plan. However, in the absence of such a plan, Section 21 of the Act provides 12 priority areas (Box 1) from which four must be chosen every three years for ABFA expenditure. The selection is required to be guided by the medium-term development strategy. Furthermore, Section 8(4) (a) of the PRMA dictates that at least 70% of petroleum receipts should be used for Public Investment Expenditure and not more than 30% for recurrent expenditure[10]. In 2015, the PRMA was amended to among others allow the Ghana Infrastructure Investment Fund (GIIF) and Public Interest and Accountability Committee (PIAC) to receive funding for its work from the ABFA. PIAC is a citizen oversight body created by the PRMA to monitor the compliance of petroleum

revenue management with the PRMA and provide a platform for citizens to interact with the petroleum revenue management process.

Box 1: List of ABFA Priority Areas

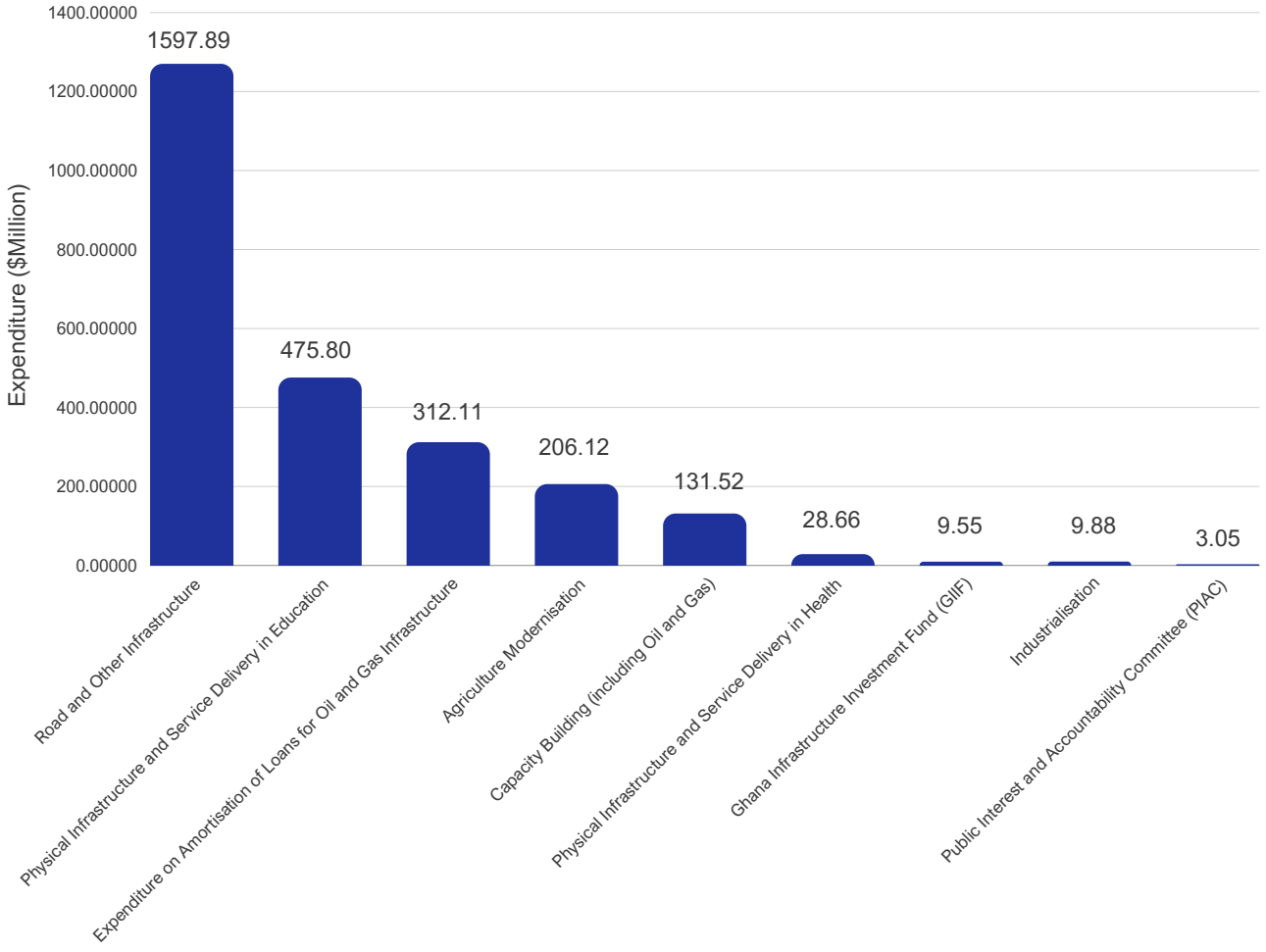
ABFA Priority Areas

1. Agriculture and industry
2. Physical infrastructure and service delivery in education, science, and technology
3. Portable water delivery and sanitation
4. Infrastructure development in telecommunication, road, rail, and port
5. Physical Infrastructure and service delivery in Health
6. Housing delivery
7. Environmental protection, sustainable utilisation, and the protection of natural resources
8. Rural development
9. Developing alternative energy sources
10. The strengthening of institutions of government concerned with governance and the maintenance of law and order
11. Public safety and security
12. Provision of social welfare and the protection of the physically handicapped and disadvantaged citizens

Trend Analysis of ABFA Allocation to the Priority Areas

Between 2011 and 2021, about eight spending areas have been prioritised for allocations and disbursements of petroleum revenues from the ABFA. These include the agriculture sector; physical infrastructure and service delivery in education; physical infrastructure and service delivery in health; road, rail and other critical infrastructure development; capacity building (including oil and gas); expenditure on amortisation of loans for oil and gas infrastructure; industrialisation; Ghana Infrastructure Investment Fund (GIIF); and PIAC (whose budget started being funded from ABFA allocations in 2016)[4]. The total allocations to these priority areas between 2011 and 2021 are shown in Fig. 2. The majority of ABFA receipts – close to $1.6 billion, representing over 57% of the ABFA funds within the period – were allocated to Roads and other Infrastructure. Physical Infrastructure and Service Delivery in Education and Expenditure for Amortisation of Loans for Oil and Gas Infrastructure received the second and third highest proportions of the ABFA disbursements within the period under review, thus, about 17% and 11% respectively. Agriculture Modernisation received about 7.4% of the ABFA allocations while Physical Infrastructure and Service Delivery in Health received only about 1% of the ABFA disbursements. PIAC received the least proportion of ABFA allocations within the period, ie. about 0.1%.

Figure 2: Distribution of ABFA Allocations between 2011 and 2021 (Million USD)



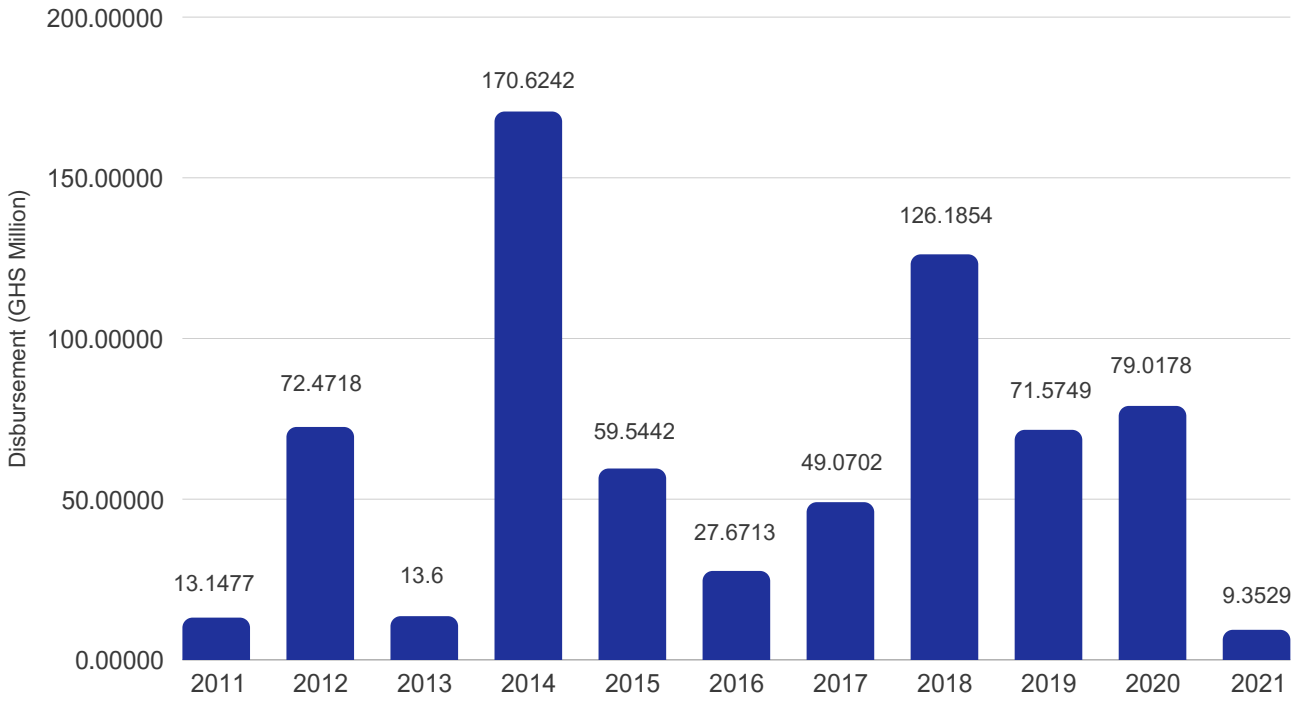
Source: PIAC, 2022

4.1 ABFA Allocation and Disbursements to the Agriculture Sector

Between 2011 and 2021, the agriculture sector received about $206.12 million from ABFA disbursements. Fig. 3 depicts the ABFA disbursements in agriculture between 2011 and 2021 as a share of the total annual ABFA disbursements. Fig. 3 shows that, 2014 recorded the highest ABFA receipt of GHS 170.62 Million within the reviewed period, partly due to increased overall ABFA receipt as a result of a surge in global oil prices in the first quarter of 2014. Following a decline in Brent crude prices between 2014 and 2016[15], ABFA disbursements to agriculture declined to about GHS 49 Million in 2017, before rising to near-2014 levels of GHS 126.18 Million in 2018. The lowest ABFA allocation to agriculture mechanization between 2011 and 2021 was GHS 9.35 Million in 2021, likely due to plunged oil prices due to Covid-induced decreased oil demands in 2021.

[15]PBL. (2015, May). The 2014 plunge in import petroleum prices: What happened? Retrieved from: https://www.bls.gov/opub/btn/volume-4/pdf/the-2014-plunge-in-import-petroleum-prices-what-happened.pdf

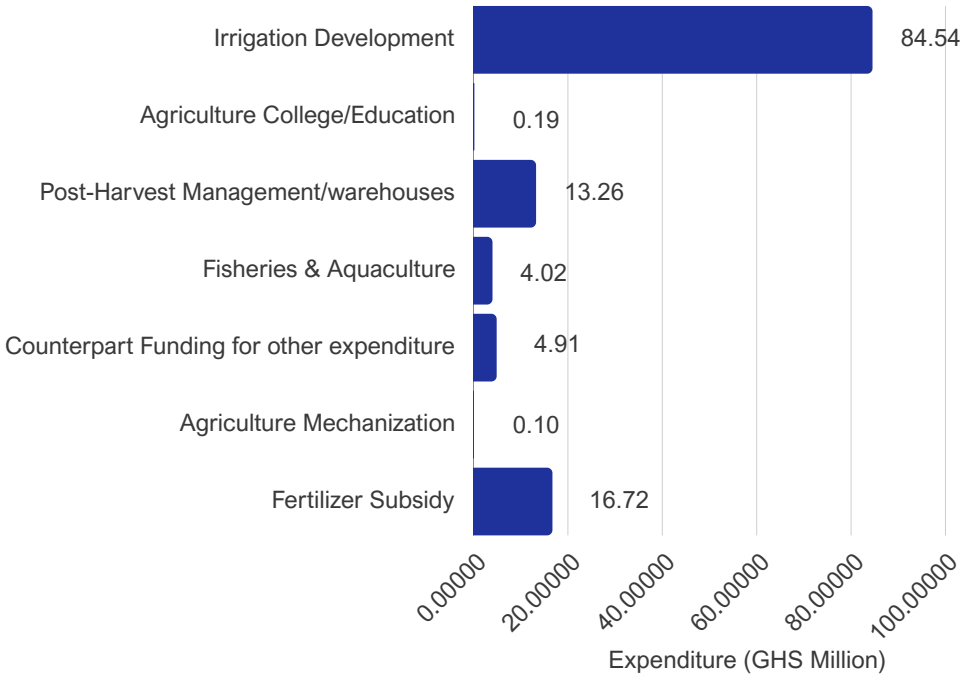
Figure 3: Share of Agriculture of Annual ABFA Disbursements



Source: PIAC, Annual Petroleum Reports 2011-2021

Between 2015 and 2021 (the period within which the annual petroleum reports listed the particulars of ABFA funded projects) ABFA disbursements in the agriculture sector have funded a number of completed and commissioned agriculture projects and initiatives ranging from fertilizer subsidy, irrigation development, agriculture college/education, fisheries and aquaculture, agriculture mechanization, post-harvest management/losses, counterpart funding for other expenditure. Within the period under review, no projects were recorded under agro-processing, livestock and veterinary services, and youth in agriculture. Fig. 4 shows that expenditure on irrigation development accounts for GHS84.54 million (more than 68 percent) of the total ABFA agriculture expenditure within the period. The remaining amount was shared among fertilizer subsidy (13.51 percent), post-harvest management/warehouses (10.72 percent), fisheries and aquaculture (3.25 percent), agriculture mechanization (0.08 percent), and counterpart funding for other expenditures (3.97 percent).

Figure 4: Distribution of Expenditure by ABFA Agriculture Projects Realized Between 2015 and 2021



68%

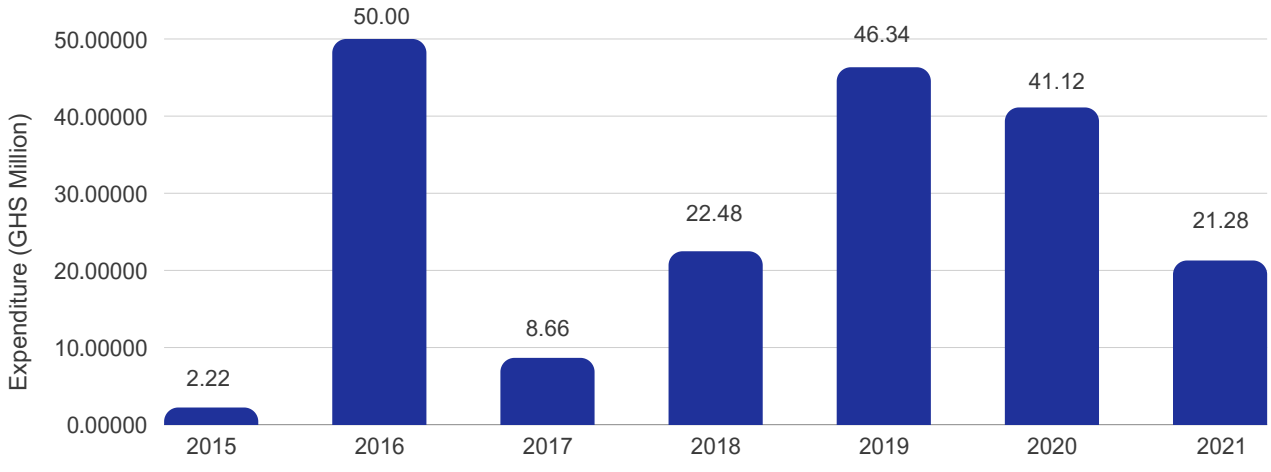
of ABFA allocations to the Agriculture Sector went into Irrigation development.

Source: PIAC, Annual Petroleum Reports

4.2 ABFA Allocation and Disbursements to the Health Sector

The health sector was given priority for ABFA funding from 2015 to 2021. Within this period, the sector received about GHS 192 million. This represents about 2.2% of total ABFA disbursements. Fig. 5 shows the annual receipt of ABFA for physical infrastructure and service delivery in health. In 2015, GHS2.22 million was allocated for the provision of health services; this increased to GHS50 million in 2016, dropped to GHS8.66 million in 2017, and continued to fluctuate from 2018 through to 2021. The ABFA disbursement of GHS50 million in 2016 was the largest amount disbursed in the health sector since 2015.

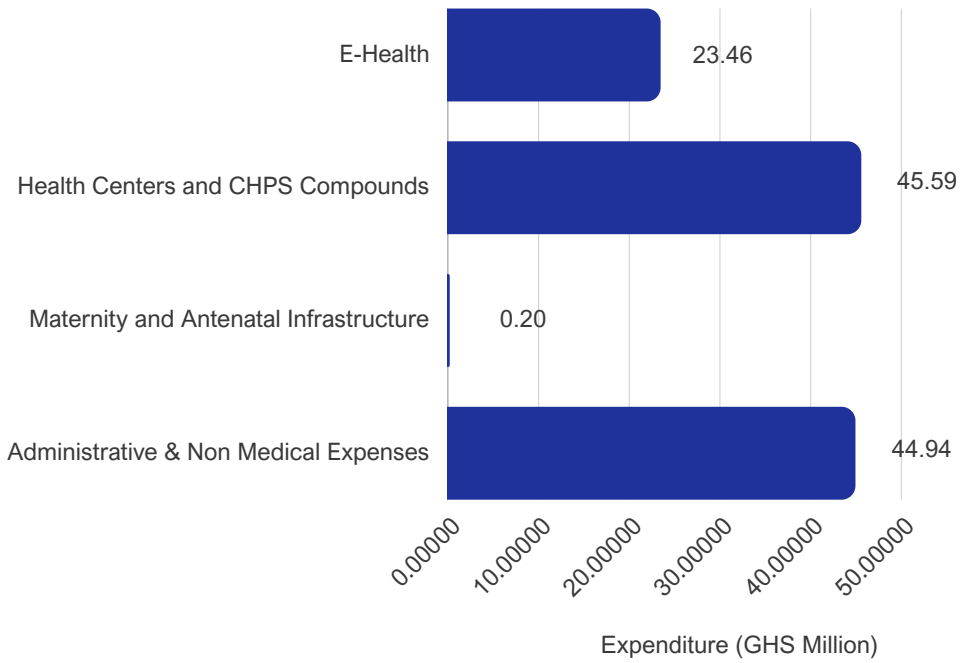
Figure 5: ABFA Disbursed Amounts (GHS) to Physical Infrastructure and Service Delivery in Health.



Source: PIAC Annual Reports

Fig.6 illustrates the distribution of ABFA expenditure in the health sector between 2015 and 2021 is illustrated. Within the period under review, GHS45.59 million (representing about 40 percent) of the total ABFA to the health sector went into direct health centre projects, mainly consisting of CHPS compounds and renovation works on existing health centres. About GHS44.94 million (almost 39.4 percent) of the funds went into administrative and other non-medical expenses such as the construction of hostel blocks at nursing training colleges, construction of office complexes for the Ministry of Health and other regulatory bodies and the construction of housing units. E-health-related projects also accounted for GHS23.46 million (nearly 20.5 percent) of the ABFA to the health sector while only about GHS 205 thousand (less than 0.2 percent of the allocations) went into direct maternity and ante-natal infrastructure.

Figure 6: Distribution of ABFA Health Sector Allocations Between 2015 and 2021



39%

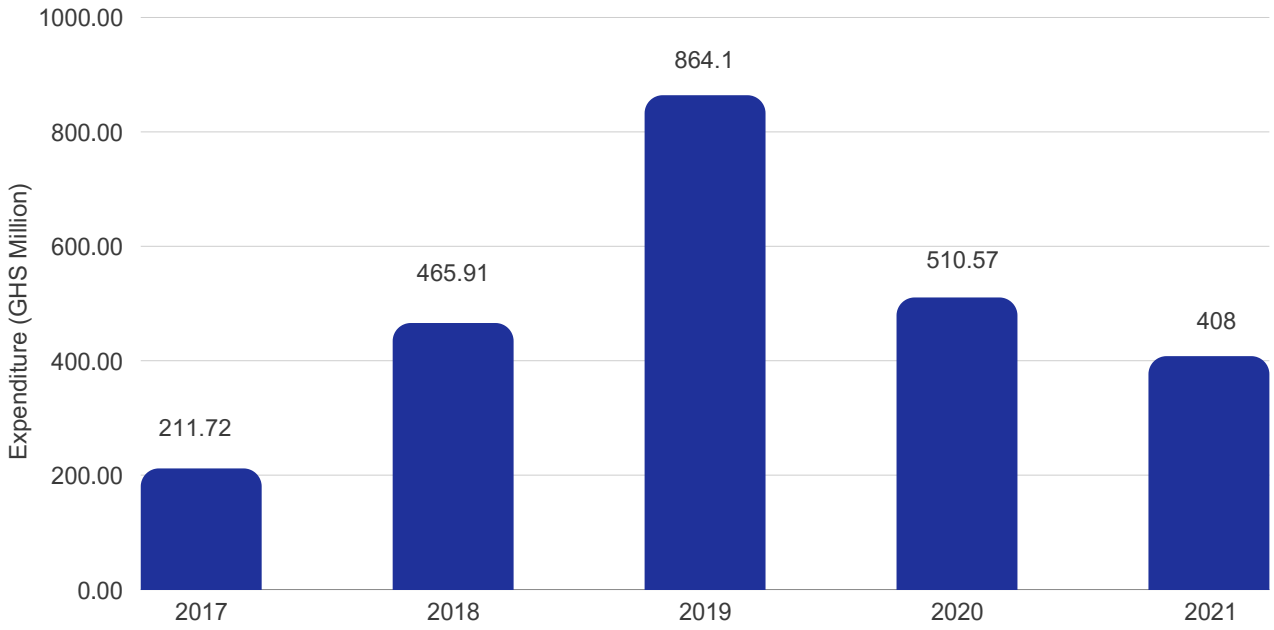
of ABFA allocations to healthcare went into administrative and other non-medical expenses

Source: Annual Petroleum Reports

4.3 ABFA Allocation and Disbursements to the Education Sector

The education sector was consistently prioritised for ABFA expenditure between 2015 and 2021. Within this period, the sector has received $ 475.8 Million for physical infrastructure and service delivery in education. This represents about 17 percent of the total ABFA disbursements and makes the education sector the second-highest recipient of ABFA allocations and disbursements after Roads, Rail and other Critical Infrastructure, despite the relatively short period within which it has been prioritized. Fig. 7 illustrates the annual allocations of ABFA to the education sector between 2017 and 2021.

Figure 7: Share of Education in Annual ABFA Disbursements

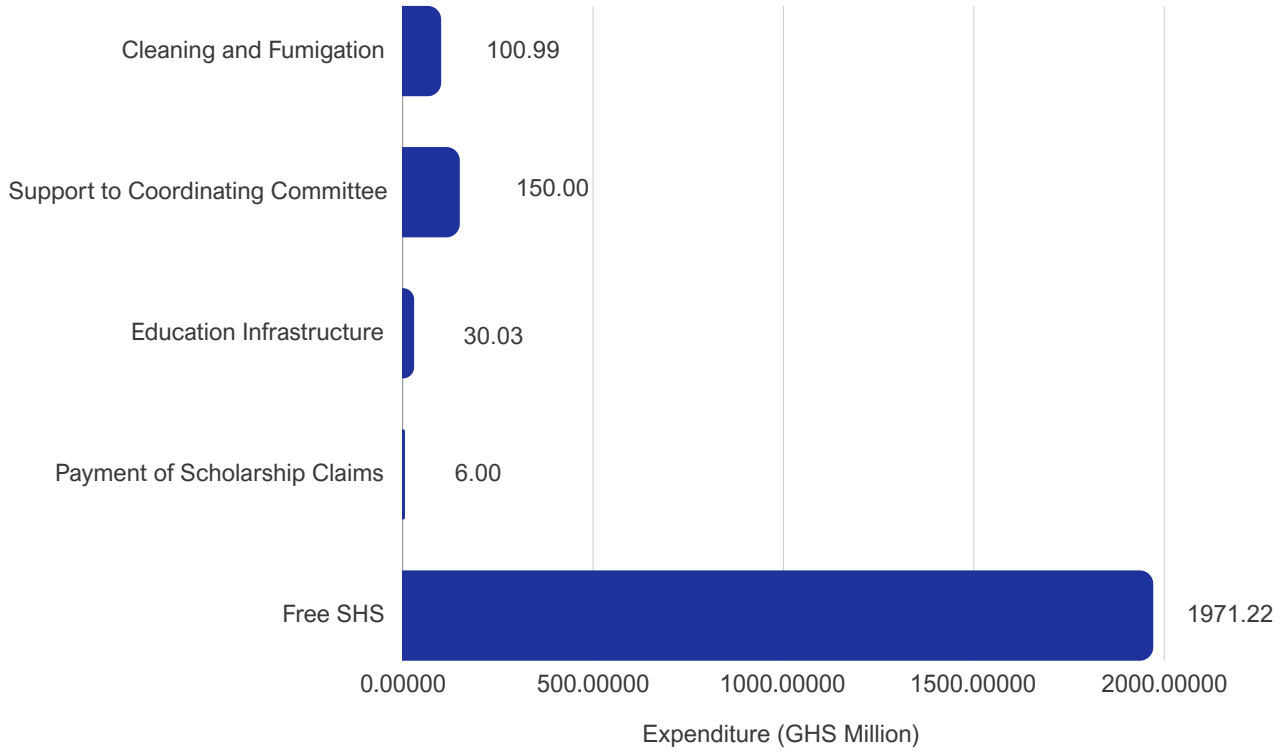


Source: PIAC Annual Reports (2017-2021)

For the period under review, the utilization of ABFA disbursements to education has funded the Free SHS programme, Education Infrastructure, Scholarships, and COVID Relief Support. The Free SHS programme received about GHS 1.97 billion, representing 87.29 percent of the ABFA funding available to the sector within the period. The Free SHS Program is the current government's flagship education policy launched in 2017 to increase accessibility to secondary level education by making Senior High Schools free for every student who attains the pass mark and gains admission to a secondary institution. Essentially, the policy seeks to bridge the cost barrier to education, thereby increasing enrolment and completion of secondary education in the country. ABFA disbursements to the Free SHS policy have been used to support the payment of school fees for students enrolled in government 2nd cycle institutions.

The second largest ABFA expenditure in education is COVID Relief Support. Following the COVID 19 pandemic in 2020, about GHS250.99 million representing 11.11 percent of ABFA disbursements to education was spent on COVID relief expenses as shown in Fig.8. Specifically, these disbursements supported the coordination of the nationwide re-opening of educational institutions and the cleaning and fumigation of educational facilities. Educational infrastructure and Scholarships have received the least ABFA disbursements to education, i.e., GHS 30.03 Million (1.19 percent) and GHS 6 Million (0.32 percent) of the disbursements, respectively.

Figure 8: Distribution of ABFA Allocations to Education from 2017 to 2021



Source: Ministry of Finance Annual Petroleum Reports

87% of the ABFA funding allocation to the Education Sector between 2017 and 2021 went to free SHS.

5.0 Gender Sensitivity of ABFA-funded Projects

This chapter assesses the gender sensitivity of interventions in the various agriculture, health and education sub-sectors. This assessment suggests three types of gender responsiveness or sensitivity to ABFA investments, namely Gender Positive, Gender Negative and Gender Neutral projects. These categories of gender sensitivity are explained in the subsequent paragraph.

a) Gender Positive

An investment or intervention is classified as gender-positive if it is focused on a sub-sector that women dominate. This implies that investments are expected to address the peculiar needs of women, and women are, to a large extent, the beneficiaries. For instance, since the agro-processing sub-sector is women-dominated, an investment in agro-processing, all things being equal, would be a gender-positive investment because it would meet the needs of women. Similarly, maternal and ante-natal infrastructure mainly benefit women and is, thus, considered gender positive.

b) Gender Negative

Similarly, an investment or intervention is potentially gender-negative if it is targeted at a sub-sector that, given the current situation, is rather male-dominated. For example, agricultural mechanisation is usually associated with large-scale farming, which, as established in the literature is male dominated partly because women do not have access to land for large-scale, mechanised farming. Therefore, a business-as-usual approach to expenditure on agriculture mechanisation without deliberately including women could exacerbate existing gender inequalities. In the same vain, a gender-blind approach to E-health implementation risks sidelining women who face peculiar barriers in accessing and utilizing IT tools partly due to the literacy gap between men and women beneficiaries.

c) Gender Neutral

Gender neutrality pertains to those sub-sectors where no conclusive judgment was possible, or the research did not suggest any gender sensitivity. For instance, investing in and encouraging youth uptake of agriculture without deliberately excluding female youth does not deepen gender disparities. Also, cleaning and fumigation of school environments do not present significant gender dimensions. Therefore, projects within these sub-sectors would be gender-neutral.

5.1 Gender-Sensitivity of ABFA-Funded Agriculture Projects

Table 1. illustrates the categorisations of agriculture sub-sectors that received ABFA funding based on the gender sensitivity definitions given in the previous chapter.

Table 1: Gender Sensitivity of Agriculture Sub-sectors in ABFA Expenditure

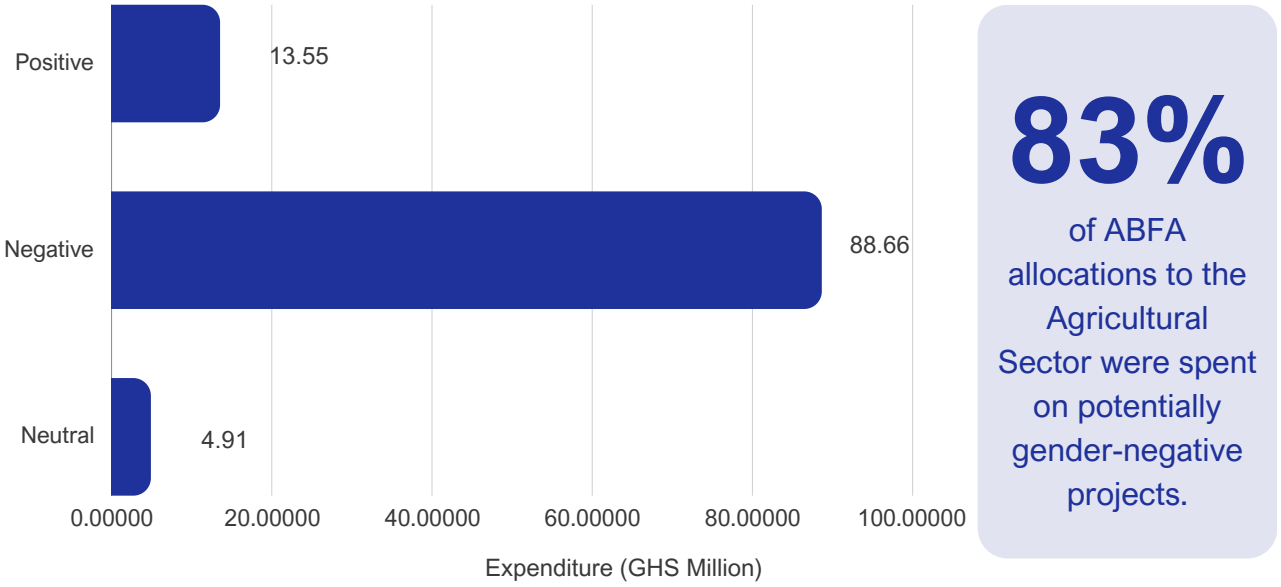
Agriculture sub-sector	Discussion/Assumption	Gender-Sensitivity
Fertilizer Subsidy	• ABFA expenditure shows that fertiliser is a capital-intensive agriculture input. • Women engage in small-scale farming with low yields and lack the capital needed to access fertiliser. • Therefore, fertiliser subsidies would ordinarily increase women's access to fertiliser inputs.	Positive
Agriculture Mechanization	• In Ghana, agriculture mechanization mainly involves the use of tractors, and usually deployed in land preparation and is associated with large-scale farming which is male-dominated[5]. • This is further exacerbated by the fact that women currently are not into large-scale, mechanized farming. • Therefore, increased spending/expenditure on agriculture mechanization without deliberate inclusion of women could exacerbate existing gender inequalities	Negative
Post-harvest management	• Women dominate the aggregation value chain of the agriculture sector. • This makes warehouses particularly important for women in agriculture. • Therefore, increased investment in post-harvest management is empowering to women in agriculture.	Positive

Agriculture sub-sector	Discussion/Assumption	Gender-Sensitivity
Irrigation Development	• Currently, women have restricted access to irrigated land[5], partly because they do not have as much control over lands as compared to men in order to undertake mechanized farming requiring irrigation. • Irrigation development is usually associated with large-scale farming which is male dominated. • Therefore, increased spending on irrigation development without gender mainstreaming as observed in the case studies could exacerbate existing gender inequalities.	Negative
Agro-processing	• The agro-processing sub-sector is women-dominated. • This, therefore, makes the sector positively correlated to the needs of women in agriculture.	Positive
Counterpart funding	• Counterpart funding are usually in the form of investments and complementary funding to support other projects and not gender sensitive.	Neutral
Fisheries and Aquaculture	• Literature suggests that fishing is predominantly undertaken by men, with women mainly engaged in the food processing value chain. • This makes increased investment in fisheries production gender negative.	Negative
Agriculture college/education	• Increased investment in agriculture-related higher education with gender inclusiveness has the potential to bridge the knowledge gap between men and women. • This makes agriculture education gender positive.	Positive

It is important to highlight that the evaluations in Table 1. are based on the respective current participation of men and women in the agriculture value chain and the prevailing gender gaps thereof. It is important to highlight that the sub-sectors attributed gender negative (Table 1), are not necessarily disempowering to women. However, there is an inherent risk of excluding women in these sub-sectors if interventions therein are done in a business-as-usual approach. For instance, by addressing women's needs and making the sub-sectors within which they are currently excluded more accessible, women's livelihoods in agriculture could be improved.

Fig. 9. illustrates the distribution of ABFA agriculture funds based on the gender sensitivity of the projects and initiatives they have been invested in. Fig. 9 shows that the majority of ABFA funds (almost 83%) were expended on gender-negative projects. These projects as earlier demonstrated include agriculture mechanization, irrigation development, and fisheries and aquaculture. Due to the reasons outlined in Table 1, a gender-blind approach to program implementation in these areas risk exacerbating gender gaps in the agriculture sector. Just about 12.56% of the ABFA disbursements to agriculture were spent on projects categorized as gender positive. These projects include Fertilizer Subsidies, Post-harvest Management, and Agro-processing.The remainder of the funds (4.44%) were expended on projects that did not demonstrate any gender dimensions.

Fig. 9. Expenditure on ABFA-Funded Agriculture Projects Based on Gender Sensitivity



Source: Author's Construct Based on Data from Ministry of Finance Annual Petroleum Reports

The manifestation of the risks inherent in this pattern of expenditure would depend largely on how intentional gender is mainstreamed in implementing these projects. For instance, while the spending on post-harvest management has the potential to empower the large proportion of women within the small-scale farming, and grain aggregation value chain,

the case studies reveal that broader consultation and need assessments are crucial towards ensuring that they yield the expected outcome for and engender equality among men and women beneficiaries. On the other hand, the predominant focus of ABFA expenditure on the irrigation development sub-sector –about 68% of the total disbursements of ABFA projects within the period under study – has the potential to deepen gender inequalities within the agriculture sector further if not implemented with a deliberate gender mainstreaming. This is because irrigation projects often disproportionately benefit predominantly male, large-scale farmers, landowners, and farmers with the financial muscle to acquire irrigation accessories. Also, the complete neglect of the agro-processing sub-sector within the period under review is a missed opportunity to economically empower the vast majority of women that work in the agro-processing value chain. Meanwhile, investing in agro processing has the potential to mitigate post-harvest losses since processed foods are much less perishable.

5.1.1 Case Studies: ABFA-Funded Agriculture Projects

Case Study 5.1.1a: Irrigation Dam Project at Namoligu

Irrigation Dam Project at Namoligu

a. Demography

A rural community with a population of approximately 1000, of which about 400, 350 and 250 are children, females, and males, respectively. Agriculture is the main economic activity of the indigenes of Namoligu. The staple crops grown in the community include millet, beans, sorghum, soybeans, rice, groundnut, okra, pepper, and other vegetables. Farmers also rear animals such as cattle and goats.

b. Needs Assessment

Women, men, and youth farmer groups maintained that the community was in critical need of a water source for irrigation to grow vegetables such as tomatoes. As a result of this lack of water and unpredictable rainfall patterns, farmer groups reported low yields. Therefore, better access to irrigation systems like dam construction fits well within the community's needs.

c. Benefits of the Project

The dam had been in use for around three years (at the time of preparing this case), not only by the host community but also by other communities in the area. The dam is used mainly as a water source for animals and farming. Before its construction, the cattle had to travel long distances to find water, which meant that more of them would get lost or be stolen, and the community often faced water shortages. Furthermore, according to the inhabitants of Namoligu, the new water body also serves as an avenue for fishing, which generates an additional income and food supply.

d. Project Consultation Process

Engagements with the community revealed that the community was engaged to some extent during the dam's construction. The men, for instance, participated in the digging of the dam. This notwithstanding, residents expressed concerns about not being consulted at the project's inception stage. One male resident bemoaned: “They did not inform us too. We were there when we saw that cars were coming and when we asked, they said they were coming to dig a dam for us.” The respondents indicated that the chiefs were mostly the ones consulted for the project. The women

Case Study 5.1.1a: Irrigation Dam Project at Namoligu

also asserted that they had never heard about the dam's construction until it started. As a result, some women alleged that their farmlands were affected in the dam construction.

e. Challenges

While the irrigation dam delivered some benefits for the community, as illustrated above, a few challenges have been reported. The challenge bordered mainly around technical functionality as the dam is not large nor deep enough to collect enough water to last through the dry season - the purpose for which it was constructed. In addition, the boundaries of the dam were poorly constructed, and this results in overflows during the raining seasons, destroying the vegetable farms in the immediate vicinity of the dam. Hence, some of the residents are calling for a retrofit.

What is especially noteworthy regarding the gender sensitivity of the project is the fact that in Ghana, women are usually less involved in cattle farming, which is the primary use of the dam. This also applies to the community of Namoligu, where the women seldom own animals. Therefore, it appears that not enough gender mainstreaming was done in the implementation of the irrigation project.

Case Study 5.1.1b: Warehouse Project at Pusu Namongu

Warehouse and Ancillary Facilities at Pusu Namongo

a. Demography

Estimates based on interviews with traditional authorities in the community indicate that Pusu Namongo has a little over 2000 inhabitants, with the number of women being around 800, men 400 and youth about 900. Farming is the dominant economic activity in the community. The most common crops grown include maize, rice, and millet (cereals); bean, soya bean, and groundnut (legumes); and tomatoes, onions, and garden eggs (vegetables). The community also engaged in groundnut and shea nut farming.

b. Needs Assessment

Post-harvest loss is a crucial challenge to achieving food and nutrition security in the Upper East region where Pusu Namongo is located. It was, therefore, not surprising to learn that the community had problems with post-harvest losses from fire to their barns and thatch rooftop storage, rodents, and mould infestations from storing grains in damp rooms. Hence, as part of the government interventions to promote food security, the warehouse project was a justified investment.

Even though women were primarily involved in the storage and selling of farm produce and thus making the warehouse development was gender sensitive, the needs more explicitly expressed by the women groups included fertilizers, tractors, and funds to support their farming activities. The women groups who engaged in shea fruit aggregation and processing also expressed a need for protective clothing against poisonous animals such as snakes.

c. Benefits of the Project

Before the project, both men and women farmers either kept their produce in barns or used dry grass to cover them for safety. As a result, foodstuff was prone to destruction by rodents, fire, rainfall, and sometimes theft. Therefore, the construction of the warehouse promised to avert these challenges, improve the livelihoods of beneficiary farmers, and boost local food security.

d. Consultation Process

Engagements with the community revealed that the consultation process could have been much

broader and inclusive. The women reported that the prioritization of the warehouse as a critical need of the community and the request for same was made by opinion leaders (men) without seeking inputs from the women. The women were only informed about the decision taken by their husbands at home. However, the entire community was informed through a community-wide announcement before construction took off. Despite that, residents were unaware of the source of funding for the project.

e. Challenges

While the warehouse project has been completed and commissioned, it was yet to be used at the time this case was prepared – almost 18 months after commissioning. This situation is on account of a number of factors a) low crop yield meant there was no surplus to be stored. The community has experienced shortage of rainfall over the last two seasons, and this coupled with high prices of fertilizer meant crop yield was badly affected. This raises some concerns as to whether a warehouse was indeed the priority need of the community. b) security concerns over the siting of the warehouse. The project is sited at the outskirts of the town and even though fenced, the air conditioners to some of the ancillary facilities had been stolen. This has put some fear in the community on the safety of their produce. The facility is yet to have permanent security and currently relies on community volunteers. c) the siting of the warehouse creates a transportation problem for the community. Due to the location of the warehouse, farmers in the community, especially women expressed the need for transportation of their produce to the warehouse, which is located very far away from their farmlands.

The case studies demonstrate that, while both projects may have addressed significant challenges of water shortages and post-harvest losses faced by the respective communities, the specific needs of women were not deliberately assessed and sufficiently incorporated in the implementation of the projects. As a result, women beneficiaries in both projects were, in one way or another, structurally secluded.

The two case studies thus reveal that irrespective of whether an agricultural sub-sector is male or female-dominated, broader consultations and community engagement are essential to ensuring that a project is responsive to the disproportionate needs of women. A case in point is the warehouse project, which tackles an issue that at least prima facie is more relevant to women than men (since women are more predominately engaged in the agro-processing and post-harvest activities as indicated in the literature) but failed to engender the intended benefits for women beneficiaries in Pusu Namango as the women did not have enough produce to store. On the other hand, even though irrigation is directly linked to male-dominated activities such as cattle rearing and medium to large-scale farming, some women also benefited from the project. These findings highlight the importance of involving female stakeholders during the entire project. For example, in both cases, the consultation process before construction was conducted without directly involving the women group, even though they constitute a good proportion of the inhabitants of the project communities. This has led to some adverse outcomes specifically impacting the female farmers, like a portion of their lands being destroyed without prior notice or compensation in constructing the dam. Further, an active engagement of the women in the warehouse project could have also prevented the access difficulties bemoaned by them in the interviews.

Therefore, for ABFA spending to be gender-responsive, it is not enough to merely examine the general gender gaps in society. Although such considerations should play an important role in allocating the funds to certain priority areas and kinds of projects, for an ABFA disbursement to have a real positive impact on gender equality, the women in the affected community should as well be involved in the decision-making and construction process of the funded projects.

5.2 Gender Sensitivity of ABFA-funded Health Projects

Table 2. illustrates the gender-sensitivity categorisations of areas within the Physical Infrastructure and Service Delivery in Health priority area based on the gender sensitivity definitions earlier outlined.

Table 2: Gender Sensitivity of ABFA Healthcare Expenditure

Health sub-sector	Discussion/Assumption	Gender-Sensitivity
Administrative and Non-Medical Expenses	• One of the major challenges faced by women in accessing healthcare is the inadequacy of basic emergency obstetric and gynaecological healthcare services and facilities such as maternity wards. • Therefore, increased spending on administrative and non-medical expenses as observed in the study could exacerbate existing inadequacies in more essential health services and facilities.	Negative
E-Health Projects	• Women in low-income countries have less access to digital devices, internet connectivity, and digital literacy rates than men[16]. • Content available on e-health platforms may not be presented in local languages or may require a certain level of literacy, excluding women who are not fluent in the dominant languages or lack sufficient literacy skills. • This particularly hinders women's ability to navigate and utilize e-health platforms effectively. • Thus, a gender-blind approach to E-health implementation projects was gender negative.	Negative

[16]MfWA. (2022, March 08). Let's #BreakTheBiases in internet connectivity, digital literacy, and online safety. Retrieved from: https://www.mfwa.org/lets-breakthebiases-in-internet-connectivity-digital-literacy-and-online-safety/

Health sub-sector	Discussion/Assumption	Gender-Sensitivity
Maternity and Antenatal Infrastructure	• Women are the primary beneficiaries of maternity and antenatal infrastructure. • Research indicates that a good majority (96%) of pregnant women in Ghana receive ANC from a trained provider, such as a doctor, nurse/midwife, or an auxiliary midwife.[17] • Therefore, an investment in maternity and antenatal infrastructure is indispensable to achieving the Sustainable Development Goals (SDGs) agenda.[18]	Positive
Health Centers and CHPS Compounds	• Rural-Urban disparities in health infrastructure significantly affects access to primary healthcare for most women. • Healthcare utilization in Ghana is higher among women than men.[19] • The introduction of the CHPS initiative is to bridge the geographical disparities in health facilities and access to primary healthcare.	Positive

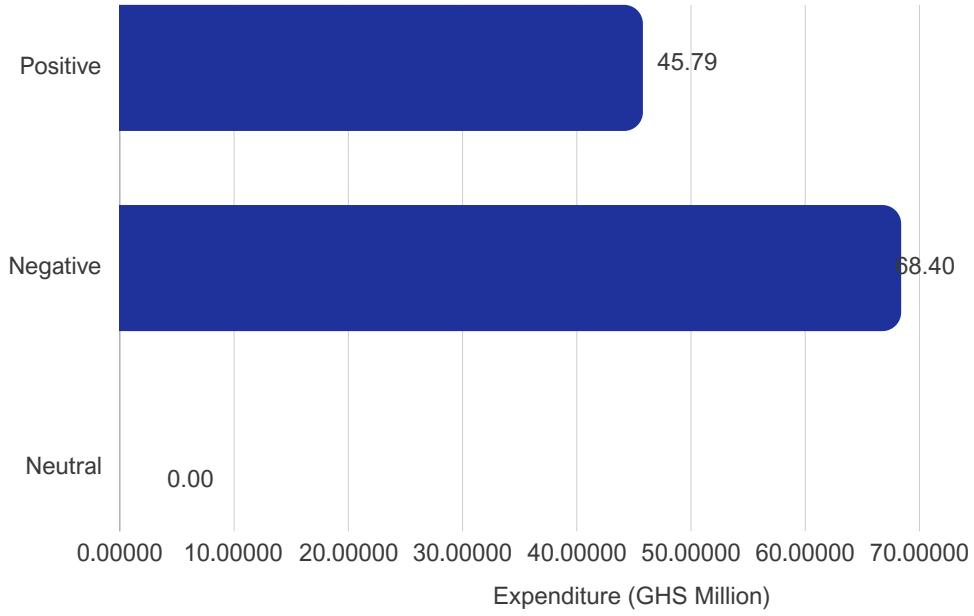
[17]Haruna et al (2019) Improving Access and Utilization of Maternal Healthcare Services through Focused Antenatal Care in Rural Ghana: A Qualitative Study

[18]National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Global Health; Committee on Global Health and the Future of the United States. Global Health and the Future Role of the United States. Washington (DC): National Academies Press (US); 2017 May 15. 5, Investing in Women's and Children's Health. Available from: https://www.ncbi.nlm.nih.gov/books/NBK458467/

[19]Seidu, AA., Darteh, E.K.M., Agbaglo, E. et al. Barriers to accessing healthcare among women in Ghana: a multilevel modelling. BMC Public Health 20, 1916 (2020). https://doi.org/10.1186/s12889-020-10017-8

Fig. 10. illustrates the distribution of ABFA health sector funds based on the gender sensitivity of the projects and initiatives they have been invested in. Fig. 10 shows that only about 40% of ABFA disbursements in the health sector were expended on projects considered gender positive such as direct Maternity and Antenatal infrastructure, CHPS compounds, health equipment or building or renovation of health centres. The majority (about 60%) of the ABFA disbursements to the Physical Infrastructure and Service Delivery in Health priority area were spent on projects categorized as gender negative. These projects include administrative and non-medical expenses.

Figure 10. Expenditure on ABFA-Funded Healthcare Projects Based on Gender Sensitivity



60%

of ABFA allocations to the Healthcare Sector were spent on potentially gender-negative projects.

Source: Author's Construct Based on Data from Ministry of Finance Annual Petroleum Reports

Fig. 10 reveals a significant pro-poor expenditure of ABFA healthcare allocations targeting projects such as the construction of CHPS compounds and the renovation of health centres mostly in resource-marginalised communities. The overarching aim of ABFA is to fund pro-poor projects and more disbursement towards CHPS projects will play a pivotal role in realizing this aim since these facilities are equitably and geographically distributed throughout the country. However, the assessment illustrated in Fig. 6 reveals that less than 1% (0.2%) of ABFA allocations to the health sector between 2015 and 2021 went into the construction of maternity and anti-natal infrastructure. One of the major challenges faced by women in accessing healthcare is the inadequacy of basic emergency obstetric and gynaecological healthcare services and facilities such as maternity wards. In fact, the 2017 GMHS indicates that maternal deaths account for 14% of all deaths among women[21]. Meanwhile, about 29% of the ABFA health sector allocations within the period went into administrative and non-medical expenses. In 2015, for instance, the utilization of ABFA allocations to the health sector saw "the construction and

[21] Ghana Health Service. (2017). Maternal Health Survey. Retrieved from: https://dhsprogram.com/pubs/pdf/SR251/SR251.pdf

completion of an office complex for the Regulatory Bodies at Ridge," which took 58.44% of the total ABFA amount for that year. This means that more than half of the total amount allocated to the physical and infrastructure service delivery in health in 2015 went into administrative expenses that could have been used to improve maternal care services. It is noteworthy that some of the CHPS compounds do not have these basic medical equipment and personnel. For instance, beneficiaries of ABFA-funded health facilities in Amaakyekrom and Akaaso bemoaned the inadequate medical equipment and health personnel for the ABFA-funded CHPS compound projects. One of the respondents explained;

"The Amaakyekrom CHPS compound lacks the basic equipment and staff to provide standard anti-natal and post-natal services. So pregnant women still have to travel two towns away from their community to Kwameasua for prenatal and postnatal care. As a result, pregnant women and their unborn children are more vulnerable to health risks. This is exacerbated by the fact that pregnant women in Kwameasua must sometimes walk or ride a motorcycle to access prenatal care. Residents who do not own a motorcycle and are unable to walk two miles must walk to the next town to obtain a car to kwameasua."

In light of this, the huge allocations to non-direct healthcare-related projects such as the rehabilitation of the Ministry of Health headquarters consume significant amounts of ABFA healthcare allocations that could otherwise be used to address these critical needs.

5.2.1 Case Studies: ABFA-Funded Health Projects

Case Study 5.2.1: CHPS Compounds in the Amaakyekrom and Akaaso communities

CHPS Compounds in the Amaakyekrom and Akaaso communities

a. Demography

Amakyekrom is located in the Brong-Ahafo Region and close to the towns of Kwameasua and Ntronan. Akaaso on the other hand is located close to Bibiani, in the Bibiani-Anhwiaso-Bekwai Municipal districts of the Western North Region of Ghana. The majority of people in both communities are employed in the agricultural sector with cocoa as the predominant crop. Other crops cultivated include rice, plantain, okra, and other vegetables.

b. Needs Assessment

Before the CHPS compounds were constructed, neither community had direct access to healthcare. In Akaaso for instance, residents had to travel to neighbouring Chirano for basic healthcare. The situation was no different in Amakyekrom. There was no health facility present in the village, hence, even for small health issues, they had to travel to one of the surrounding areas like Ntronan, Trana, Biaso, or Kwameasugya which have a CHPS compound or for more complicated treatments to Kwameasua, where a better equipped clinic is situated. One resident of Amakyekrom remarked: *"Our major need is the health of our children. Mostly when our children are sick, we have to go to the town just before. So, the commissioning of the health facility brought us joy."*

c. Benefits of the Project

The project has brought primary healthcare closer to the residents of the two communities. According to residents, at least seven other communities benefit from the Amakyekrom CHPS compound alone, namely, Koosentikrom, Mangoase, Kwasianeadwene, Kwawrekrom, Kudjoakura, Asompanyinkrom, Kwamensia. The Chiefs and elders from Akaaso also report the possibility of patronage from neighbouring communities.

d. Project Consultation Process

In Amakyekrom, an open community meeting was convened to brief the community about the intentions to construct the facility. The local authorities were further engaged to seek access to the land to begin construction. Residents in Amakyekrom report that: *"[during the consultation] He (Hon. Agyemang-Manu, MP) mentioned they want to build a CHPS compound for us, but they would need the village head to provide a land on which the health facility would be built."*

The consultation process in Akaaso was characterized by engagements with the traditional council – who offered a temporary structure to be used as a CHPS compound – the Akaaso Municipal Assembly for the provision of land and to support the monitoring of the construction process. In Akaaso, the project contractor also engaged and introduced himself to the community before the commencement of the project.

e. Challenges

Despite bridging the gaps to access to primary healthcare for the residents of Amakyekrom and Akaaso communities, some challenges place significant barriers especially for women beneficiaries. According to the residents, the Amakyekrom CHPS compound lacks basic equipment and staff to provide standard ante-natal and post-natal services. For instance, there is no midwife at the compound. Pregnant women still have to travel two towns away from their community to Kwameasua, often on foot or motorbikes, for ante-natal and post-natal care.

Residents in Akaaso raised concerns about the cost of healthcare services at the CHPS compound

because it is not accredited by the National Health Insurance Scheme (NHIS). This discourages some beneficiaries from patronising the facility. Women also bemoaned the absence of a Child Welfare Clinic (CWC) or unit and other health equipment to make the provision of health services convenient for both patients and health professionals. A health professional elaborated on this: *"we don't have trolleys, drip stands, and fetoscopes. The fetoscope we use here is for me personally. The chairs here are also not enough."*

The case studies reveal that even though there appears to be more comprehensive consultation of opinion leaders prior to the construction of the CHPS compounds, there was no consultation of women groups. This is especially crucial considering Ghana's cultural setting, where majority of opinion leaders are males. The case studies further indicate that some of these CHPS compounds are not accredited by the National Health Insurance Scheme (NHIS). Plenteous research finds that women with access to health insurance (and NHIS-accredited facilities), face fewer barriers to accessing healthcare [18] [19] [20] [21]. The 2017 Ghana Maternal Healthcare Survey (GMHS) reports that among women who did not receive skilled maternal healthcare, 42% cited financial constraints as the barrier[21]. Given that women in Ghana are generally less well-off than men2, ABFA-funded CHPS compounds that are not NHIS-accredited pose a peculiar barrier to women's access to healthcare due to the existing gender imbalances in wealth distribution. The critical challenges bemoaned by women beneficiaries in terms of lack of essential anti and post-natal medical equipment and supplies and the non-NHIS accreditation status of the CHPS compound could have been catered for if female beneficiaries were consulted at the needs assessment stages.

5.3 Gender Sensitivity of ABFA-Funded Education Projects

Table 3. illustrates the gender-sensitivity categorisations of areas within the Physical Infrastructure and Service Delivery in Education priority area based on the gender sensitivity definitions established early on in this chapter.

Table 3. Gender Sensitivity of ABFA Education Expenditure

Education sub-sector	Discussion/Assumption	Gender-Sensitivity
Education Infrastructure	• There is strong evidence to show that high-quality infrastructure facilitates better instruction, improves student outcomes, and reduces dropout rates, among other benefits.[23] • This makes an increase in investments in standard education infrastructure gender positive.	Positive
High School Scholarship (FSHS)	• Prior to the implementation of the free SHS programme in 2017, a higher percentage of the students who partook of the B.E.C.E and were eligible to enter the senior high schools could not attend due to financial constraints.[24] • Free Senior High School education has significantly reduced the financial burden for high school education and the gender disparity in senior high schools. • This indicates a positive correlation of the expenditure area to the needs of women in education.	Positive
Support to Coordinating Committee	• Coordinating nationwide re-opening of educational institutions after the COVID 19 pandemic involved careful planning and collaboration between various stakeholders, including government authorities, educational institutions, teachers, parents, and health officials.	Neutral

23 World Bank Blogs. (2017, October 03). Why education infrastructure matters for learning. Retrieved from: https://blogs.worldbank.org/education/why-education-infrastructure-matters-learning

24 Kwegyiriba, Adwoa & Mensah, Ronald. (2022). Free Senior High School Policy: Education Access Equity in Ghana and its Implications.

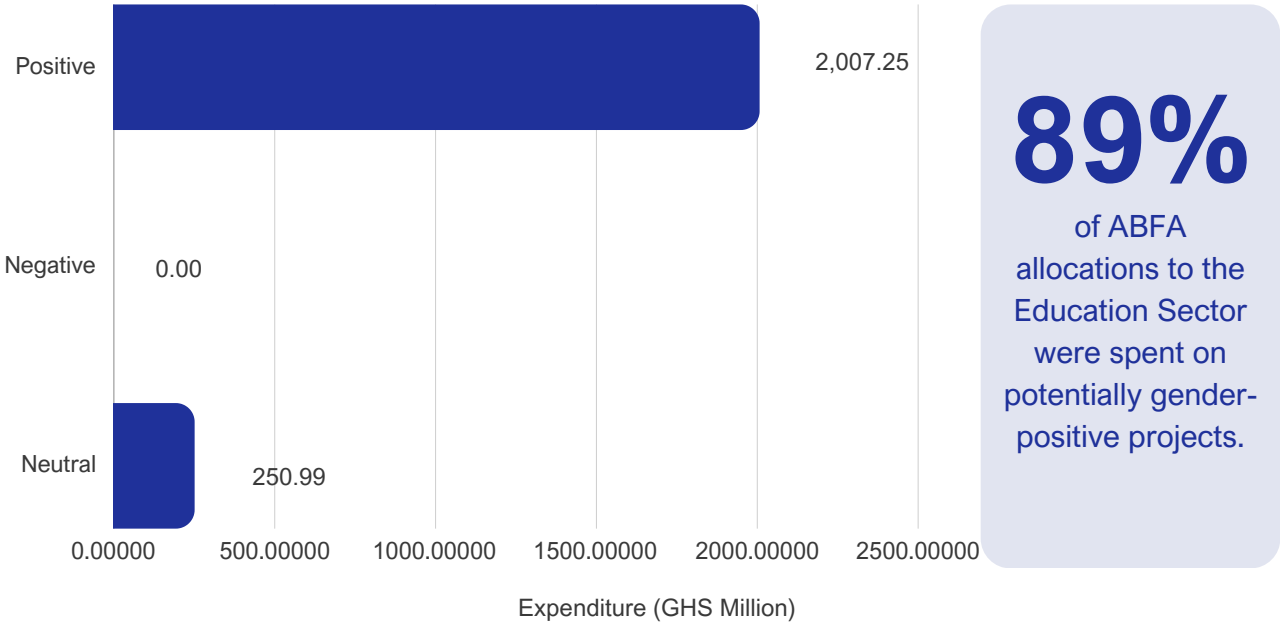
Table 3. Gender Sensitivity of ABFA Education Expenditure

Education sub-sector	Discussion/Assumption	Gender-Sensitivity
	• Literature does not suggest any gender sensitivity on spending on support to coordinating committee, hence spending in this sub-sector is gender neutral.	
Payment for Scholarship Claims	• The high cost of tertiary education can serve as a significant road-block for both men and women to access tertiary education. • Due to culturally entrenched norms and misconceptions, parents tend to prioritise male education over females[25], especially when they have to choose between the two due to cost constraints. • Tertiary scholarship allocations would bridge this gap and increase access to tertiary education for both girls and boys.	Positive
Cleaning and Fumigation	• School cleaning and fumigation protocols implemented after COVID-19 prioritized the safety and health of all individuals, regardless of their gender. • Therefore, an increased spending on cleaning and fumigation will be considered gender neutral.	Neutral

25Afribary. (Na). Male Prioritization Over Girls' Education in the Gomoa East District of Ghana. Accessed on May 16 2023, at: https://afribary.com/works/male-prioritization-over-girls-education-in-the-gomoa-east-district-of-ghana

Fig. 11. illustrates the gender sensitivity of the distribution of ABFA funds to the Physical Infrastructure and Service Delivery in Education sector based on the gender sensitivity of the projects and initiatives they have been invested in. Fig. 11 shows that the majority of ABFA disbursements in the education sector (about 89%) were expended on projects considered gender positive such as high school scholarships through the FSHS policy, education infrastructure (mainly for senior high schools), and payments for tertiary education scholarship claims. The remaining 11% were spent on projects categorized as gender-neutral, mainly supporting the coordination committee for the reopening of schools following the Covid-19 pandemic, as well as cleaning and fumigation of schools. No education expenditure sub-category was considered gender negative.

Figure 11. Expenditure on ABFA-Funded Education Projects Based on Gender Sensitivity



Source: Author's Construct Based on Data from Ministry of Finance Annual Petroleum Reports

ABFA investments in the education sector, through government's flagship Free Senior High School (FSHS) – which accounts for over 87% of ABFA allocations to the education sector – removes a significant access barrier to girls education. In fact, the gender parity index at the Senior High School level has reportedly improved as a direct result of the FSHS policy[26]. However, the gain made in this regard is hardly sustainable, considering that it is characterised by an accompanying decline in funding for school infrastructure, which has received only 1.19% of ABFA allocations to the education sector within the period under review as illustrated on Fig. 8.

[26] Graphic Online. (2022, July 07). Ghana on verge of attaining gender parity at SHS level. Accra. Retrieved from: https://www.graphic.com.gh/news/general-news/ghana-on-verge-of-attaining-gender-parity-at-shs-level.html

5.3.1 Case Studies: ABFA-Funded Six-Unit Classroom Block and Kindergarten in Berekum and Ahenkofikrom Respectively

Case Study: ABFA-Funded Six-Unit Classroom Block and a Three-Unit Kindergarten in Berekum and Ahenkofikrom

a. Demography

Berekum is the capital town of the Berekum municipality in the Bono Region of Ghana. The population of Berekum is more than 147,000 with a female population of nearly 54 percent. The community is largely urban and agrarian. The main crops cultivated in the community include cassava, cereals, and vegetables. Ahenkofikrom on the other hand is a community in the Sekondi-Takoradi Metropolitan Assembly (STMA) of the Western Region of Ghana. Farming and fishing are the predominant economic activities in the community.

b. Needs Assessment

Before the intervention, the pupils using the three-unit kindergarten block in Ahenkofikrom were hitherto schooled in a church building because of the dilapidation of the previous school building. This posed barriers to teaching and learning in many ways including distractions for the young pupils when there were week-day church services, displacement of furniture and teaching and learning materials among others. This situation dissuaded parents from brining their kids to the school. Pupils therefore lost significant contact hours which affects their learning outcomes. It was thus a critical need for the community to have the three-unit classroom block constructed.

In Berekum, the old school block was used since the inception of the demonstration school during the Acheampong regime. As increasing enrolment over the years overwhelmed the existing block, a wooden structure was improvised to accommodate students. This condition posed safety risks since the structure was not resilient enough to shelter pupils in the event of heavy storms. Also, an improvised wooden structure would not provide the ideal intellectual environment for effective teaching and learning. The condition of the classroom block, therefore, negatively affected both access to and quality of education in the community, thus necessitating the construction of the six-unit classroom block.

c. Benefits of the Project

Both projects have been used for about four years at the time of preparing this case. The classroom blocks have had significant positive impact on both educational access and quality. In terms of access, the KG block in Ahenkofikrom for example has led to increased enrolment and is currently being used by 70 pupils, including pupils from neighbouring communities as opposed to the prior case where parents prevented their wards from attending school in the church building. Also, the new KG block has made it possible for teachers to post teaching and learning materials on the wall. Moreover, the six-unit classroom block at Berekum has also provided a safer, more intellectually stimulating, and dignified environment for teaching and learning.

d. Project Consultation Process

In terms of community consultations, the teachers at Ahenkofikrom reveal that only the chiefs were involved, with the purpose of knowing where the project could be started. Because of the crucial role of chiefs as custodians of lands in Ghanaian customary tenure system, this was a commendable and essential part of the stakeholder engagement. However, there was no wider community involvement.

e. Challenges

As facilities aimed primarily at bridging the learning gap and optimizing learning outcomes for pupils, ancillary facilities such as toilet and water facilities are essential. This notwithstanding, both the new KG and six-unit classroom blocks lack these facilities. The KG block for instance has no toilet facility; children are forced to resort to defecating in polythene bags. Beneficiaries and other stakeholders also bemoaned the absence of water facilities at both projects.

The literature is expansive on the peculiar challenges girls face in the education sector, including the need for WASH facilities and the disproportionate impact of the absence of WASH facilities on girls' education. For instance, research by the USAID reveals that access to safe drinking water and separate toilet facilities for boys and girls are always essential requirements for improving learning outcomes[27]. As discussed on earlier pages, the absence of WASH facilities directly cost girls additional 30–50 school days per year[22]. However, none of the ABFA-funded education projects listed by the Ministry of Finance in the annual petroleum reports from 2015 to 2021 made provisions for these much-needed WASH facilities. This was confirmed by ACEP's monitoring visits to ABFA-funded six-unit classroom and kindergarten blocks in Berekum and Ahenkofikrom respectively. The case study above confirms that the majority of ABFA-funded education facilities do not include WASH facilities, thus making most ABFA-funded school infrastructure gender-blind.

[27] Ghana Education Service. (2005, June). Helping Children Learn in Ghana: Lessons Learnt From QUIPS. Accra. Retrieved from: https://pdf.usaid.gov/pdf_docs/Pnadf567.pdf

6.0 Findings and Conclusion

Investments in the pro-poor sectors of the economy including agriculture, health and education have the catalytic effect of accelerating development and reducing poverty and inequality. It is therefore important to ensure that these investments do not perpetuate the existing status quo or deepen inequality by failing to meet the needs of the vulnerable and marginalized, especially women, in the society. The prioritization of the pro-poor sectors for ABFA expenditure provides a great opportunity to ensure that all citizens benefit from the petroleum resources of the country. After 12 years of public investments through the ABFA, it was important for this study to assess the gender sensitivity of these investments and generate evidence to inform policy on the optimal investment of the ABFA in particular and resource revenues in general. The key findings from the study are summarized below:

Key Findings

ABFA-Expenditure in Agriculture

1. Less than 13% of the ABFA allocations to the agriculture sector have been expended on female-dominated, gender-positive sub-sectors such as post-harvest management and fertiliser subsidy. Whereas over 80% the exceeding majority of ABFA expenditure was spent on projects in male-dominated sub-sectors. .
2. There were no project prioritized for investments in the agro-processing sub-sector from 2015 to 2021, excluding a majority of the women in the agriculture sector who are engaged in agro-processing from benefiting from petroleum revenue investments.
3. There is limited gender mainstreaming in implementing ABFA-funded projects in the agriculture sector. This is evidenced by the case studies of the irrigation dam and warehouse projects in the Namoligu and Pusu Namongo communities. Women respondents shared that they were not consulted in the implementation process. As a result, the projects did not meet the peculiar needs of women.

ABFA-Expenditure in Health

1. A significant amount (about 40%) of the ABFA allocation to the health sector from 2015 to 2021, went into pro-poor healthcare needs such as CHPS compounds. The prioritization of CHPS compounds and the renovation of other health centers in mostly under-served communities is otherwise a pro-poor healthcare investment that would make healthcare accessible to all, including women beneficiaries.
2. Interviews with beneficiaries reveal that some of the ABFA-funded CHPS compounds are not NHIS-accredited. This poses perculiar access barriers to women who are relatively less capable of affording health services.

3. Less than 0.2% of ABFA allocations between 2015 and 2021 in the health sector went into the provision of direct maternal facilities, while over 39% of the allocations went into administrative and non-medical expenses. Given the pro-poor focus of the ABFA as dictated by the PRMA, the considerable expenditure of ABFA on projects such as office complexes and car parks deprive investment in essential maternal and general medical care infrastructure.
4. The health sector is among the priority areas that received the least ABFA allocation. The sector received only about 1% of total ABFA disbursements from 2011 to 2021. This starved investment of ABFA in healthcare disproportionately affects women and girls who particularly lack the financial resources to access limited [maternal and reproductive] healthcare services.

ABFA Expenditure in Education

1. The education sector has since 2017 received the highest annual ABFA disbursements among the four priority areas because of the FSHS policy. Within this period, the FSHS alone received GHS 1.97 billion, representing 87.29 percent of the ABFA funding available to the education sector within the period. As a significant source of funding for the FSHS, the ABFA expenditure in education has significantly reduced the financial burden for high school education and the gender disparity in SHS.
2. Increased ABFA education allocations to the FSHS have short-changed expenditure on other areas including education infrastructure, especially at the primary level. This trend risks increasing the drop-out rate at the primary level (including girls) due to inadequate basic school facilities.
3. Like most ABFA-funded projects in the other priority areas, there was little to no consultation of women and gender mainstreaming in the delivery of the ABFA-funded education projects. Consequently, girls are at risk of being sidelined in accessing education infrastructure. The evidence suggests that most ABFA-funded school infrastructure between 2015 and 2021 had no WASH facilities, a critical need for girls during their menstrual period. The situation encourages absenteeism and dropouts among girls.

7.0 Recommendations for Gender-responsive Utilization of ABFA

The study proposes the following recommendations for gender-sensitive ABFA utilization:

1. **The Ministry of Finance and implementing Ministries Departments and Agencies (MDAs) should mainstream gender in the budgeting, development, and implementation of ABFA-funded projects to ensure that the projects meet women's perculiar needs.** This is particularly necessary for sectors that have been assessed as male-dominated. For instance, developing projects on irrigation, agriculture mechanization, and fisheries should be preceded by a thorough gender-sensitive analysis and community engagement to ensure that the projects are inuring the benefit of women as well.
2. In the agriculture sector, female-dominated subsectors such as agro-processing should be prioritized for ABFA funding to reduce the perennial problem of post-harvest losses while ensuring equity in the benefits sharing of Ghana's petroleum resources.
3. Education infrastructure investment from the ABFA must ensure strict monitoring and compliance with the requirement for providing of ancillary facilities including WASH facilities for educational facilities. This would provide equitable access for girls and maximize their attendance even during menstrual periods.
4. **The government should explore alternative funding streams for the FSHS policy to sustain the gender parity gains in SHS without starving investment in basic school infrastructure.** This will ensure that the FSHS bridges funding gaps, especially for girls, while maintaining the budget available for critical education infrastructure at the primary level.
5. ABFA spending in the health sector should prioritize medical expenditure on maternal health care and emergency needs. Specifically, the vast allocations of ABFA funds for office complex expenses should be re-channeled to meet vulnerable groups' maternal and other healthcare needs, in line with the pro-poor dictate of the PRMA.
6. ABFA project implementation must be strictly monitored to ensure value for money for the investments made. In the agriculture sector where about 68% of the ABFA disbursement to the sector is expended on irrigation projects, it is important to ensure that projects deliver their expected outcomes.
7. PIAC should mainstream gender and equity concerns in their monitoring and reporting on ABFA funded projects. As the citizens' oversight body on petroleum revenue management, it is important that they monitor and advocate for these concerns in their reports.

8. **The Ministry of Finance should work with the Ministry of Health to ensure that ABFA-funded CHPS compounds are NHIS-accredited.** Beyond establishing the physical infrastructure, the Ministry of Finance should work with the Ministry of Health to ensure that ABFA-funded health facilities are NHIS-accredited. This would help serve their purpose as pro-poor interventions and afford all beneficiaries (especially women) equitable access to healthcare.

Africa Centre for Energy Policy

No. 26 Lemming St. | North Legon
Digital Address: GM-058-1968
P. O. Box CT 2121 | Cantonments| Accra
Tel: +233(0) 302 900 730
Visit us @ www.acep.africa