"You don't expect a man to make good policies that affect women's health": Exploring barriers and opportunities to gender transformative policymaking and programming in Ghana's health and WaSH sectors.

by

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AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this thesis. This is the true copy of the thesis, including any required final revisions, as accepted by my examiners. I understand that the thesis may be made electronically available to the public.

ABSTRACT

Gender inequality is a prevailing global issue, particularly in Sub-Saharan Africa (SSA), a region highly influenced by patriarchal structures. Gender, a socially constructed concept that encompasses the roles, behaviors, customs, norms, and characteristics identified with men and women, significantly influences life choices, including those associated with health and wellbeing. In an attempt to perform socially ascribed gender roles in SSA relating to Water Sanitation and Hygiene (WaSH), women's health and wellbeing are substantially, typically adversely, impacted.

Despite efforts by policymakers and other stakeholders to address gender inequalities in health and WaSH these issues persist. These efforts have been criticized for either lacking a gender focus and/or not deliberately addressing the root causes of gender inequalities or often only focusing on infrastructure access. There have been calls to adopt the Gender Integration Framework (GIF)(MacArthur et al., 2024) to assess how gender policies address gender norms and inequalities from policy formulation to implementation, and the impacts of these policies in transforming harmful gender norms. Ghana has made progress in formulating gender-related policies and programs in both the health and WaSH sectors; however, gender inequalities persist, especially in rural communities. While research has begun to examine gender-transformative policymaking in the health and WaSH sectors, there has been a limited focus on the perspectives of stakeholders to ascertain their level of awareness of gender-transformation and the opportunities in adopting gender-transformative approaches to address these challenges on the ground.

Through a qualitative case-study research design, the thesis begins to fill this gap by exploring stakeholders' knowledge and perspectives about gender transformation as well as identifying barriers and opportunities to gender transformative policymaking and

programming in Ghana's health and WaSH sectors. Specifically, the research addressed the following objectives: (*1) To explore stakeholders' knowledge and perspectives of gender transformative policymaking and programming in Ghana; (2) To identify barriers to gender transformative policymaking and programming across Ghana's health WaSH sectors. (3) To explore the opportunities within existing government policies to break down barriers to women's empowerment in WaSH.* Semi- structured interviews with stakeholders (n=30) in three districts in the Upper West Region of Ghana were conducted from July to August 2024. Participants were purposely sampled from government agencies (n=11), civil service organizations (n=7), and community leaders (n=12). Interviews were digitally recorded and transcribed verbatim for subsequent thematic analysis. The results revealed a significant awareness among stakeholders regarding gender-transformative policymaking and programming in Ghana's health and WaSH sectors. This awareness is attributed to their educational status and/or experience in gender-related fields. Despite the awareness, the findings showed a lack of consensus on what gender transformation entails, as stakeholders approach gender-transformative policymaking and programming based on their institutional goals and visions. Participants also revealed institutional and community-level barriers impeding the full potential of gender transformative policies and programs; these included, at the community level: socio-cultural, financial, logistics, monitoring and evaluation, and corruption. Institutional barriers included: bureaucracy, political commitment, women's representation, and consultation. The National Health Insurance Scheme, Community-based Health and Planning Services, Community Water and Sanitation Program, and Mother-to-Mother Support Initiative were identified as existing gender-transformative policies and programs with significant potential to transform harmful gender norms and empower women. The results of this thesis research contribute to the broader discussion on gender-transformative policies and programming and their potential to address gender inequalities in

health and WaSH. They also contribute to the evidence of the shortfalls of the identified gender-transformative policies and programs, which can inform policy and practice review. Future research that can build on these results includes women empowerment in WaSH, gender norms and gender-based violence, among others.

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CHAPTER ONE
INTRODUCTIONS

1.1 Research Introduction

This research examines barriers to gender-transformative policymaking and programming in Ghana's health and Water, Sanitation, and Hygiene (WaSH) sectors. It further explores the opportunities available within existing gender-related policies in Ghana. It emphasizes the importance of empowerment in the context of community development as it investigates how practitioners and stakeholders define and understand empowerment to address the gender inequities in Ghanaian society. The research aims to uncover stakeholders' perceptions and knowledge regarding the formulation, design, programming, and implementation of gender- transformative policies and interventions that seek to tackle gender inequities and inequalities in Ghana's health and WaSH sectors. Additionally, it provides insights into the constraints faced in adopting gender-transformative approaches to address these inequities.

The research employs semi-structured interviews with key informants, including policy formulators, implementers, and beneficiaries at the community level. This chapter provides background information on gender inequities in healthcare accessibility and WaSH outcomes in Sub-Saharan Africa. It provides an overview of the research problem and objectives, explains the thesis structure, and ends with a summary of the thesis structure.

1.1.1 Health Inequality in Sub-Saharan Africa.

The right to health is spelled out in detail in the preamble of the 1946 World Health Organization (WHO) constitution, which came into effect in 1948. As members of the WHO, all African nations not only belong to this important organization but also have an obligation to uphold and promote its essential provisions. In this way, they contribute significantly to the global effort to guarantee the wellbeing of every person (Ashu et al., 2022). In 1948, the right to health was reaffirmed in the Universal Declaration of Human Rights (UDHR) in Article 25 (United Nations, 1948). While the

UDHR applies universally, it lacks legal enforceability, which means that countries face no direct legal repercussions for neglecting this right. Nevertheless, the commitment to safeguard the rights and freedoms described in the UDHR has been woven into various international treaties, regional agreements, national constitutions, and domestic legal systems, highlighting the significance of health as a human right that should be recognized and defended by all (Ashu et al., 2022).

At the regional level, the African Charter on Human and Peoples' Rights (Banjul Charter) plays a significant role in promoting and guaranteeing the right to health in Africa. As stated in Article 16, 1) *"Every individual shall have the right to enjoy the best attainable state of physical and mental health";* and 2) *"State Parties to the present Charter shall take the necessary measures to protect the health of their people and to ensure that they receive medical attention when they are sick"* (Néill et al., 2021), the Banjul Charter recognizes the right to health as a fundamental human right and outlines the obligations of African nations to ensure its realization. This regional commitment further strengthens the global effort to uphold the right to health for every individual of member states. Given this effort, the recognition of the right to health entails significant responsibilities for each member state. Within the constraints of the resources at hand, timely, acceptable, reasonably priced, and high-quality healthcare must be made available (United Nations, 1948). This encompasses enhancing the essential determinants of health, such as access to safe water, sanitation, nutrition, housing, health-related information, education, and gender equality. The right to health also provides the freedom to choose treatment options and the right to health protection, confidentiality of health information, and access to quality care without discrimination. The population's right to engage in health-related decision-making is recognized as an entitlement. All parties involved in the health care system are made to participate in order to maximize the realization of the right to health through realistic planning, execution, assessment, and iterative feedback to guarantee progress without discrimination.

In an effort to promote global healthcare accessibility, approaches focused on human rights have emerged to address inequalities and enable every individual to participate actively in the social, economic, and cultural aspects of life (Thomas et al., 2015). Documents from the United Nations and WHO point out various specific vulnerable groups regarding the right to health. These vulnerable groups include women, children and adolescents, the elderly, individuals with disabilities, Indigenous populations, migrants, and those living with HIV/AIDS. Nevertheless, it is crucial to recognize that many other vulnerable groups and individuals exist (UNHCR, 2000).

There is a significant gap between recognizing the right to health and its implementation, a challenge recognized globally. This gap is particularly evident in low-income areas such as Sub- Saharan Africa (SSA). Despite the establishment of robust health policies in many countries within SSA, obstacles remain that hinder the effective realization of these rights (Mitano et al., 2016; Nde et al., 2019). This gap continues to widen, fueled by deep-rooted gender inequalities that are still prevalent across Sub-Saharan Africa (SSA).

1.1.2 Gender Inequality in Health in Sub-Saharan Africa

Gender inequality is a prevailing global issue, particularly in Africa, a region significantly influenced by patriarchal structures (Durokifa, 2021). Gender equality emphasizes that all women, boys, and girls, regardless of socioeconomic status or race, should have equal access to freedoms, resources, rights, and opportunities (Lwamba et al., 2022). This concept entails a condition in which individuals, irrespective of their gender identity, are empowered to develop their potential, engage in meaningful interactions, and participate fully in diverse spheres of life, including education, employment, healthcare, politics, and social engagements, without facing discrimination or bias (Durokifa, 2024). Women encounter inequalities in healthcare access and are impacted by gender stereotypes that are reinforced by health policies and programs, leading to insufficient or unsuitable services for their needs (Udenigwe, Omonaiye, et al., 2023). In sub- Saharan Africa

(SSA), inequalities manifest across multiple areas, including wealth, gender, and ethnicity. These inequalities result in the exclusion of individuals from critical components of a fulfilling life, such as access to education and healthcare. As a socially constructed concept, gender affects many facets of daily life, particularly in relation to health and wellbeing. It encompasses the roles, behavior, customs, and characteristics that society identifies with both men and women (Ochola et al., 2021). In Sub-Saharan African countries, gender differences may not be as pronounced; however, the value assigned to various roles and responsibilities results in inequities between genders (Sikweyiya et al., 2020). Certain gender-based factors contribute to a range of social policies and practices that are biased against women. For instance, domestic and sexual violence, child marriage, and labor restrictions significantly limit women's developmental opportunities, leading to a life marked by fear (Lwamba et al., 2022; Perrin et al., 2019) which impacts their capacity to obtain healthcare services and take care of themselves and their children. Importantly, gender roles, responsibilities, and relationships influence individual interactions within society, playing a crucial role in the distribution and access of resources (Delgado-Herrera et al., 2024).

Women's empowerment has been associated with their ability to take charge of their sexual and reproductive health, particularly regarding the choice to deliver in healthcare facilities (Vizheh et al., 2021). Cultural and social norms also restrict women's involvement in household decisions impacting their lives, including the decision to use health facilities for childbirth. Choosing facility-based deliveries comes with financial costs and often requires approval and support from family members, especially male partners. These partners typically control the household's economic resources necessary to fund such deliveries (Kalindi et al., 2023a; Opara et al., 2024; Osamor & Grady, 2016; Rizkianti et al., 2020).

Women's ability to make informed decisions about their reproductive health is often severely limited by a lack of autonomy, existing power dynamics, and strong social taboos (Mohd. Tohit & Haque,

2024). Men, who generally hold greater influence in decision-making processes, play a significant role in perpetuating these challenges in SSA (Mhungu et al., 2023). In low- and middle- income countries, especially in SSA and Southern Asia, various socio-economic and cultural factors significantly impede women's ability to control their health and the wellbeing of their dependents, particularly their children (Darteh et al., 2019). The traditional dynamics of male authority in marriage creates significant tension and conflict, raising the risk of domestic violence (Osamor & Grady, 2016; Zegeye et al., 2023).

Globally, there has been a push for gender-transforming programs and policies in all areas of decision-making to bridge persistent and pervasive gender equity gaps (Backman-Levy & Greene, 2024a). Social protection programming has been considered as one of the most desirable tools to empower vulnerable groups, especially in a post-pandemic world (Goniewicz et al., 2023). Social protection interventions are a tool for addressing economic risks and social vulnerability, including social exclusion, discrimination, and human rights. In addition to its protective, preventive, and promotive functions, social protection is also considered a tool for transformation as it supports multisectoral and, in some contexts, transformative outcomes (Devereux & Sabates-Wheeler, 2004). Since 1990, many frameworks and tools have been developed to address gender inequalities, and gender integration has become more prominent in international development discourse. This integration occurs at various stages, including planning, design, implementation, and measurement of programs. One valuable tool for understanding the evolution of gender approaches in development policy and practice is the Gender Integration Continuum (GIC), initially developed by the Interagency Gender Working Group (IGWG) (Interagency Gender Working Group, 2017). The GIC illustrates a spectrum that ranges from ignoring gender inequalities and other forms of exclusion— sometimes even reinforcing negative gender stereotypes— to recognizing these differences, and finally to the most advanced stage of achieving transformative change that promotes equal rights for

all. The long-term objective is to identify strategies that can help move a project along this continuum toward a gender-transformative approach. Classifying a program or policy using the Gender Integration Continuum is a useful method for assessing its current level of gender integration. This classification makes it possible to investigate methods of making programs more transformative, with the ultimate goal of achieving both better development outcomes and gender equality (Interagency Gender Working Group, 2017).

Following the Gender Integration Framework, WHO (2011), further developed a comprehensive Gender Equity Continuum in accordance with the Gender Integration Framework to evaluate gender-related programs and actions. These include: a *gender-unequal* approach that reinforces existing inequalities by supporting unbalanced norms, roles, and relationships; a *gender-blind* approach that overlooks gender dynamics, often perpetuating discrimination; a *gender-sensitive* approach that acknowledges gender dynamics but fails to tackle the inequalities stemming from them; a *gender-specific* approach that focuses on the distinct needs of women and men without aiming to alter those roles; and finally, a *gender-transformative* approach. The latter not only recognizes gender norms and roles like the gender-specific and gender-sensitive approaches but also emphasizes the need to confront and change gender inequalities (Interagency Gender Working Group, 2017). It advocates for transforming detrimental gender norms, roles, and relationships by incorporating strategies that promote equitable power dynamics between women and men within program designs (Ruane-McAteer et al., 2019).

In Ghana, social policy tools that specifically target women and provide them with welfare benefits are increasing. However, they serve to reinforce existing gender hierarchies rather than to challenge them. In this context, gender issues are not given enough consideration in social policy, as evidenced by the unquestioned assumptions made about the family and the home, the gender gap in the workforce, and the problematic gender norms that support both paid and unpaid caregiving as well

as social reproduction (Backman-Levy & Greene, 2024a).

The importance of adopting gender transformative strategies especially in health programming is increasingly emphasized in global health research, particularly regarding maternal healthcare. This necessity recognizes gender as a critical factor influencing maternal health and addresses the disproportionate disadvantages faced by women and girls in health outcomes (Darteh et al., 2019; Kalindi et al., 2023a; Udenigwe, Omonaiye, et al., 2023). For example, incorporating gender-transformative considerations into health promotion initiatives across SSA has resulted in a favorable shift in gender-related attitudes and behaviors, leading to improved maternal health results (Udenigwe, Omonaiye, et al., 2023). Specifically, In Rwanda, an intervention aimed at addressing unequal power dynamics within heterosexual relationships resulted in a noticeable rise in the use of modern contraceptives among women and increased participation in prenatal care (Doyle et al., 2018). Likewise, in Uganda, adopting a gender transformative strategy to combat violence against women and reduce HIV risk has positively influenced deeply rooted beliefs about inter-partner violence among both men and women (Abramsky et al., 2014).

In the context of Ghana, there are efforts to adopt transformative policies; however, the progress towards a universal transformation goal that could empower vulnerable populations, especially women, is minimal, given the gendered complexities rooted in culture (Amoah & Mensah, 2023; Ochola et al., 2021). Most empowerment initiatives in the country have primarily been focused on the overall program outcome, regarding the number of beneficiaries and asset creations, without considering the gender-blindness nature of the initiative.

1.1.3 Gender and WaSH in Sub-Saharan Africa

Despite access to safe water and improved sanitation and hygiene (WaSH) being essential for improving health and decreasing inequality, 844 million people worldwide still lacked essential drinking water services, and 2.3 billion people lacked basic sanitation services in 2015 (UNICEF &

WHO, 2017). Biological factors and discriminatory social norms often place women and girls as the primary household water collectors and managers, resulting in a disproportionate burden of costs associated with inadequate water and sanitation conditions (Bisung & Dickin, 2019a; Caruso et al., 2015).

The gendered division of labor in Sub-Saharan Africa indicate that women and girls typically have the main responsibilities of gathering firewood and water, caring for younger siblings, farming, and performing other household duties. As a result, limited access to water forces women and girls to spend considerable time walking long distances to obtain it (Gross et al., 2018; Kulkarni et al., 2017). The inability of nearby water sources to meet household demands frequently forces women and girls to seek out more challenging and distant alternatives. This leads to long-term back pain from carrying water, falls, dangers of animal attacks, psychological effects, and poor health outcomes for their infant babies (Bisung & Elliott, 2016a; Collins, Mbullo Owuor, et al., 2019; Kulkarni et al., 2017). Additionally, when women and girls fail to fulfill these gender-specific roles, they are faced with maltreatments. For example, research revealed that the collection and management of water create situations that increase the risk of spousal abuse and interpersonal violence against women and girls (Nunbogu et al., 2023; Pommells et al., 2018a). The economic concept of the opportunity cost associated with accessing water is a crucial issue for development practitioners. According to the United Nations Reports (2016), women spend over 200 million hours per day in water collection for domestic purposes. If women and girls are relieved from the time spent collecting water, this time could be redirected towards income-generating activities, potentially aiding in poverty reduction. Additionally, the extra time could be used for education for school-aged girls, helping them become literate and developing their potentials (Bisung et al., 2015; Gross et al., 2018; Sorenson et al., 2011). In addition to the valuable time lost during water collection, women burn a substantial number of calories and face a heightened risk of waterborne illnesses (Bisung &

Dickin, 2019b).

Amidst these obstacles, Sustainable Development Goal 6 highlights the significance of guaranteeing universal access to and sustainable management of water and sanitation, with a special focus on women's and girls' needs. SDG 6 is essential for the attainment of SDG 5, which aims to achieve gender equality and empower all women and girls and has significant implications for women's health and wellbeing (Bisung & Dickin, 2019b). The constraints in the WaSH sector have therefore led to heightened demands for gender mainstreaming, a deliberate effort of integrating the concerns and experiences of both women and men into the design, implementation, monitoring, and evaluation of policies and programs across all political, economic, and social domains (Kataeva et al., 2024). In the WaSH domain, this strategy seeks to address the diverse water and sanitation requirements influenced by sex and the social construction of gender while confronting the disparities in access to, utilization of, and control over water and sanitation resources at the household level and beyond. Understanding how compromised water resources and poor sanitation and hygiene impact women and humanity requires a gender-based goal for WaSH as women's health are directly and indirectly linked to WaSH services.

1.2 Research Context

Ghana's efforts to promote gender equality and empower women are anchored in the 1992 Constitution and its commitments to various international human rights frameworks and protocols. These efforts focus on ensuring the rights of women, men, and children, highlighting equality before the law. According to Article 17, clauses (1) and (2) of the Constitution, all individuals are entitled to equal treatment and protection from discrimination based on factors such as social or economic status (The Republic of Ghana, 1992).

In 2001, Ghana established the Ministry for Women and Children's Affairs (MOWAC) through an executive instrument, led by a Minister of State with Cabinet ranking. In 2004, this Ministry initiated

and launched a National Gender and Children Policy that supports its role in policymaking, planning, and coordination. The Ministry's activities are meant to be reinforced by sector ministries and various NGOs, including women's groups and civil society, in collaboration with both multilateral and bilateral development organizations. However, the Ministry's policy frameworks for health delivery were criticized for being gender-neutral or blind. They overlooked the distinct roles, responsibilities, access to resources, and health needs of men and women, which influence their health outcomes (Ampomah, 2016).

Furthermore, the Domestic Violence Act 2007 (Act 732) was passed by Parliament on February 21, 2007, and became law on May 3, 2007, following Presidential assent. This act aims to provide a legal framework that empowers various stakeholders to tackle domestic violence effectively. Additionally, the National Health Insurance Scheme (NHIS) was established in 2005 through The National Health Insurance Act 650 (2004). To facilitate its implementation, Legislative Instrument LI 809 was enacted to outline operational and administrative procedures. This scheme was introduced to eliminate financial barriers to healthcare that arose from the previous 'Cash and Carry System,' where patients were required to pay for services upfront.

In January 2013, the Ministry of Gender, Children and Social Protection (MoGCSP) was established through Executive Instrument (EI 8) to succeed the former Ministry of Women and Children Affairs (MOWAC). This transition integrated social protection and welfare issues into government policy, alongside gender and children's matters. As a result, the ministry’s mandate has broadened, reflecting the Government of Ghana's vision of fostering an inclusive society by implementing sustainable strategies to protect individuals experiencing extreme poverty, vulnerability, and marginalization. The establishment of MoGCSP offers a significant opportunity to prioritize key and emerging social protection issues within the policy landscape and to incorporate them into relevant public policy frameworks across all levels of governance. The "Livelihood Empowerment Against Poverty"

(LEAP) cash transfer program was modified under the MoGCSP to help extremely poor and vulnerable households lessen the impact of both emerging disasters like pandemics and extreme weather events as well as chronic shocks like low harvests and perennial droughts. The LEAP Program's primary goal is to decrease poverty by boosting and balancing consumption and facilitating the extremely poor and vulnerable access to opportunities and services. 44% of the 340,000 households that receive cash transfers from the program are pregnant women and new mothers who are living in extreme poverty. A monthly cash transfer of 64–106 Ghana cedis (roughly CAD$12–CAD$20) is given to each beneficiary. During the COVID-19 pandemic, the government raised the cash transfer by 10 Ghana cedis. Linking beneficiaries to free services such as national health insurance scheme (NHIS) enrollment, micronutrient support/supplements, microfinance schemes, agriculture input support, and skills training for caregivers of vulnerable children and orphans is a crucial component of the LEAP program. However, the scope of the remaining complementary services is restricted, with the exception of NHIS enrollment, where 78% of people are enrolled.

Despite ongoing initiatives aimed at addressing gender inequalities, particularly in healthcare, rural women and girls continue to encounter significant challenges. In Ghana, women and girls living in rural areas have less access to educational and healthcare services compared to those in urban regions. Rural girls often struggle with lower attendance rates, poorer academic performance, and incomplete education at both primary and secondary levels (Seidu et al., 2020). They are more susceptible to socio- cultural obstacles, including teenage pregnancy, child marriage, and disproportionate domestic responsibilities (Braimah et al., 2019; Ghann, 2020; Seidu et al., 2020). Many rural women work in self-employment roles that yield lower incomes due to the informal nature of their jobs. They often opt for self-employment to juggle income generation with childcare and household duties, which limits their opportunities in the formal job market and higher-paying jobs

that could enhance their livelihoods (Dery et al., 2025; Madell & Hayward, 2019). Women in Ghana perform 76.2 % of unpaid care work which is three times more than men. For example, in towns and cities in North- Western Ghana, 25.4 % of males compared to 14.1 % of females 15 years and older are engaged in formal sector paid work. In the informal sector in North-Western Region, 6.8 % male compared to 3.7 % females are engaged in remunerated work (Ghana Stastical Service, 2022). In the case of informal work, about 66.3 % males and 81.4 % of females are engaged in the sector (Dery et al., 2025; Ghana Statistical Service, 2022).

Health-wise, maternal mortality ratio remains alarmingly high despite numerous initiatives and policies; recent reports indicate that maternal mortality in Ghana constituted 14% of all deaths, with 10% resulting from direct maternal causes and 4% from indirect causes. This suggests that a substantial portion, 67%, of these fatalities were directly linked to maternal health issues (Adu et al., 2021).

Understanding why these policies, which have full legal backing and support from international frameworks targeted at addressing gender inequities across Ghana's health and WaSH, have not fully achieved their targets is needed. Therefore, this study which seeks to explore stakeholders' perspectives on gender-transformative policymaking will provide policymakers and other stakeholders with enhanced insights into constraints and opportunities for women's economic and social wellbeing. It will also identify and examine the barriers to gender-transformative policymaking and further explore the opportunities within existing policies in Ghana in order to achieve a global progress of gender equality. On a larger note, the thesis aims to establish an environment for gender-equitable policies by changing the discourses, approaches, and cultures surrounding social policymaking and implementation in Sub-Saharan Africa.

1.3 Research Objectives

This study is part of a larger project that aims to understand the impact of cash transfers and complementary water services through the lenses of gender equality and health equity (herein referred to as Cash + WS) on the work and health of extremely poor women as well as facilitate gender transformative policy making across multiple sectors. The main objective of this thesis is to critically explore and enhance opportunities and barriers to gender transformative policy making and programing across multiple sectors (health and WaSH) in a pandemic recovery world.

Specifically, this thesis seeks to address the following objectives:

1. To explore stakeholders' knowledge and perspectives of gender transformative policymaking and programming in Ghana.
2. To identify barriers to gender transformative policymaking and programming across Ghana's health, WaSH sectors.
3. To explore the opportunities within existing government policies to break down barriers to women's empowerment in WaSH.

1.4 Geographies of health

This research is positioned within health geography to leverage advancements in the sub- discipline, specifically the shift from a biomedical viewpoint of health to the integration of broader social and cultural theories and the reconceptualization of place as a relational construct (Crooks et al., 2018; Gatrell & Elliott, 2014) to analyze gender relations and their effects on women's health and well-being.

Health geography is an emerging and methodologically diverse sub-discipline of human geography that has evolved from traditional positivist medical geography. Medical geography primarily focuses on the geographical patterns of disease, environmental determinants, the spatial distribution of

illnesses, healthcare access, and how biomedicine and formal healthcare systems contribute to health and disease (O'Brien, 2015). However, it became evident that socio- environmental factors and behavioral variables significantly influence population health and disease, indicating a need for a conceptual shift. This shift in understanding health and wellbeing led health geographers to explore health and wellbeing through a new lens, by redefining the concept of place. Unlike traditional positivist medical geographers, who viewed place simply as a geographical location to map the health of individuals, health geographers understand place as a setting filled with meaning and experiences (Gatrell & Elliott, 2014). This transition emphasizes the importance of place as a relational concept that shapes social relations and health-promoting resources relevant to health. These elements are influenced by political, sociocultural, and economic factors that are critical in creating health inequalities (Gatrell & Elliott, 2014). Health geography not only redefines the concept of place but also encourages an analysis of health and disease dynamics at multiple scales. It suggests that changes in disease patterns and health over time result not just from individual risk factors, but are also influenced by decision-making, power dynamics, and interactions at community, national, and international levels (Crooks et al., 2018; Rishworth & Elliott, 2022). For instance, Dixon and colleagues (2014) studied the gendered perspective on the acquisition and use of the National Health Insurance Scheme (NHIS) through a health geographical lens. Their findings explained a gendered focus of a health intervention (NHIS) in sub-Saharan Africa, probing stakeholders' need to take a gendered approach to policies and interventions shaping health outcomes. The concept of power as an influencing factor is of importance to health geographers as well. Power influences location and the health initiatives therein at multiple levels through overarching structural mechanisms, such as corporate governance or legislation, as well as through individual agency to effectuate health modifications in the body (O'Brien, 2015).

The social conceptualization of health where it is viewed beyond the physical access to resources, to

include cultural, social and political perspective of health within a framework of spatial organization which is a critical focus on health geographers (Dummer, 2008) informed this research not to only focus on healthcare and infrastructural accessibility but to explore place-based wellbeing and how social norms are affecting the wellbeing of marginalized groups, specifically women. The findings will help ensure that gender relations are acknowledged and considered by stakeholders and policymakers when formulating and implementing interventions and policies.

1.5 Structure of the thesis

This thesis, following the traditional monograph structure, is logically organized into five progressive chapters. The first chapter contains a general overview of the research problem, context and objectives. The second chapter reviews relevant literature on gender-transformative approaches to health and WaSH, gender inequities in the global south, and gender norms and health nexus. It also discusses the theoretical underpinnings of the thesis. The third chapter subsequently elaborates on the literature review to outline the research design and methodologies employed and presents the methods of data collection. The fourth chapter outlines the results structured according to the research objectives. The final chapter summarizes the key findings of the research, discusses these findings in relation to the relevant literature, highlights the contributions of this work to knowledge, and outlines the implications for policy and practice.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

Gender inequality is a significant global issue, particularly in Africa, a region heavily influenced by patriarchal structures. Policies aimed at addressing the gaps in gender inequality—especially in health and Water, Sanitation, and Hygiene (WaSH)—have been reviewed and categorized as either gender-sensitive or gender-insensitive to evaluate their potential for transformation (MacArthur et al., 2024). This chapter presents existing literature on the influence of gender norms on health and wellbeing. Additionally, it examines the gender integration framework in WaSH, utilizing a model developed Interagency Gender Working Group (2017) . Finally, the feminist political ecology of health theory is introduced as a valuable theoretical lens for understanding how access to essential resources—such as water, sanitation, and hygiene services—affects health behaviors and outcomes. It also highlights how structural barriers continue to perpetuate gender inequalities in Sub-Saharan Africa.

Numerous studies have shown that social experience, biology, and social power all work together within a gender system to produce health-related inequalities. Gender norms sustain this gender system, the unspoken regulations that dictate the attributes and behaviors deemed valuable and acceptable for men, women, and gender minorities across diverse social contexts and life stages (Backman-Levy & Greene, 2024b; Heise, Greene, Opper, Stavropoulou, Harper, Nascimento, Zewdie, Darmstadt, Greene, Hawkes, et al., 2019). Global commitments, such as the 2030 Agenda for Sustainable Development, have been prompted by recognizing the close links between gender inequality and health to focus more on "gender-transformative programs" (Women United Nations, 2018). These programs aim to critically assess and change gender dynamics and norms in order to improve health and achieve gender equality (MacArthur, et al., 2022). Despite their intentions, these programs have faced criticism for often lacking clear design and evaluation criteria to achieve

and assess sustainable changes in gender norms and gender equality. Instead of focusing on the systems and social structures that distribute power and privilege, they typically define and analyze gender norms to enable individual-level assessment and intervention (Backman-Levy & Greene, 2024b; Bicchieri, 2017; Heymann et al., 2019; Levy et al., 2020). As a result, these efforts fall short of achieving and measuring long-term gender equality outcomes, thereby limiting their overall impact on health and WaSH outcomes. For instance, research conducted by Gupta and colleagues (2020) in Bangladesh to assess the gender transformative potential of the Anchal program revealed that though the program is gender-accommodating, it does not actively change perceptions and norms. This illustrates a critical distinction in gender-focused initiatives; while some programs may provide necessary support and resources to women, they may still operate within the existing societal frameworks and power dynamics rather than challenging them.

2.2 Gender Norms and Health

Despite the socially constructed nature of gender norms, which can evolve across different contexts, heteronormative cultures often depict male masculinity and female femininity as unchanging, eternal, natural, and unavoidable. They strongly oppose individuals who do not adhere to culturally established gender categories, frequently deeming alternatives to these norms as impossible or deviant, a violation of 'Nature's way' (Backman-Levy & Greene, 2024b). Generally, gender norms are the unspoken guidelines and anticipated behaviors, roles, and expressions determined by perceived genders. These norms are firmly rooted in cultural, social, and institutional structures. These standards profoundly impact individual experiences, affecting opportunities, interactions, and perceptions in several areas of life (Weber et al., 2019). They establish and enforce societal norms about the qualities and behaviors associated with masculinity and femininity, which significantly influence individuals' decisions, ranging from their professional trajectories to their connections and have an impact on their ability to obtain rights and access resources (Fisher

& Makleff, 2022a).

A study conducted by Weber and colleagues (2019) examined the effects of gender norms on the health of women and men across different life stages, health sectors, and global regions. The findings highlight the importance of understanding context-specific gender norms and their implications for health. This underscores the need for designing targeted, gender-transformative policies and programs to address these harmful norms (Weber et al., 2019).

Gender is recognized as an important social determinant of health that influences reproductive behavior, access to healthcare, and perinatal survival (Doyle et al., 2018). It includes the socially and culturally constructed roles assigned to men and women, as well as the relationships that develop from these roles. Restrictive gender norms intensify health disparities globally, particularly in LMICs, as they inhibit women's access to preventive health services, limit their economic empowerment, and are frequently linked to male-dominated reproductive health decision-making (Heise et al., 2019). A study conducted in villages in Nepal highlighted the social construction of gender as a key factor influencing poor perinatal survival rates. Through qualitative in-depth interviews, researchers uncovered how gendered perceptions of motherhood contributed to the ongoing high rates of perinatal deaths in these mountainous communities (Paudel et al., 2018). This calls for the need for stakeholders not to undermine the context specific gender norms while formulating policies to curb health inequalities exacerbated by gender norms. Gender norms significantly influence adolescents' choices as well. They influence numerous transformative decisions during adolescence and thereafter. For instance, norms regarding school leaving, early marriage, and parenthood has been found to significantly impact girls' health and development, with repercussions extending into adulthood and affecting subsequent generations (Greene & Patton, 2020). In numerous contexts, inequitable gender norms restrict a girl's autonomy in making these transformative decisions. Gender norms similarly influence boys' educational and occupational

choices, as well as their transition into adult sexual roles, with enduring implications for their health and wellbeing (Greene & Patton, 2020). Research has highlighted the effects of gender norms on adolescent health, particularly concerning reproductive health and the increased vulnerability to HIV in sub-Saharan Africa. Studies on boys have primarily focused on behaviors such as alcohol consumption and the display of physical strength through activities like fighting and reckless driving (Patton et al., 2018; Ragonese et al., 2019).

2.3 Gender transformation approaches to health promotion

Literature has highlighted the negative impacts of restrictive, harmful, or rigid gender norms on both women and men (Fisher & Makleff, 2022b; Heise et al., 2019). In response, programs have emerged that aim to influence these gender norms by shifting power dynamics to create a more equitable environment. These initiatives are often referred to as gender-transformative programs (Ruane-McAteer et al., 2019). Evaluations of gender-transformative programs have demonstrated the potential to alter harmful social norms, including those related to gender (Heise, et al., 2019; Jewkes et al., 2019). A study by Jewkes and colleagues (2019) highlighted the effectiveness of gender-transformative policies and programs in transforming the gender norms associated with violence against women. The implementation of a gender-transformative approach to health promotion, especially in rural communities, has garnered significant scholarly attention due to its profound potential on improving health outcomes (Kalindi et al., 2023b; Udenigwe, Okonofua, et al., 2023)

Fisher and Makleff (2022) emphasized that health promotion efforts should consider social norms as one of several interconnected factors that influence behavior. However, merely focusing on social norms is unlikely to drive change without also addressing other critical elements, such as individual knowledge and beliefs, government or institutional laws and policies, and the socioeconomic and cultural characteristics of a community. Effective policies must challenge existing structures and processes that exacerbate inequalities.

Although social norms significantly affect health-related behaviors and beliefs, there has been insufficient guidance on incorporating them into the design and assessment of health initiatives and policies. Recent models developed by Cislaghi and Heise (2019) and Heise et al. (2019) explore the connections between social norms and various health determinants, highlighting strategies for incorporating these factors into health promotion efforts. Also, the justification for gender-transformative programming is well supported by theory, and there is increasing evidence that these initiatives can lead to better gender and health outcomes (Bisung & Dickin, 2019b). However, there is insufficient evidence regarding their effectiveness in achieving sustained, long- term changes in norms and promoting gender equality. The implementation and measurement of the pathways to change are intricate and influenced by various factors. As noted in one study, organizations often rely on theories of change, which are essentially hypotheses about how transformation occurs, to navigate these complexities (Backman-Levy & Greene, 2024b).

Therefore, it is essential to ask the following question: How do we know whether and how health and WaSH programs are transforming gender norms and improving health and WaSH outcomes? Stakeholders responsible for formulating gender transformative policies need to provide their perspectives and knowledge regarding their approach to changing gender norms, especially in Sub-Saharan Africa, where gender norms are culturally ingrained. Determining the extent to which gender transformative policies transform gender norms is a complex and multifaceted challenge. A comprehensive review of literature conducted by Backman-Levy and colleagues (2024b) highlights this difficulty by examining rigorously evaluated health programs. Their findings revealed that out of 87 evaluations spanning 85 different programs, none effectively definitively assessed changes in gender norms. This lack of clear measurement underscores a significant gap in understanding the impact of these policies. Given this research gap, it is crucial to investigate the barriers that hinder the design, implementation, and measurement of gender transformative programs in sectors such as

health and water, sanitation, and hygiene (WaSH).

2.4 Gender transformative approach in WaSH

Gender equality is a crucial issue in the areas of Water, Sanitation, and Hygiene. The vulnerability associated with WaSH often relates to gender identity, particularly in terms of the specific needs of women and girls (Baker et al., 2018). Women typically take on responsibilities related to water management and may have unique requirements regarding WaSH services. These requirements can include considerations for menstruation, pregnancy, menopause, and caregiving duties. As a result, these factors often lead to increased vulnerability related to WaSH (Caruso et al., 2017).

Positive gender-related outcomes in low- and middle-income countries depend on having access to water and sanitation (Bisung & Dickin, 2019b). According to studies, women and girls are particularly affected by inadequate access to these resources because cultural norms assign them the role of foremost water collectors and managers in households. This results in low participation in labour market, adverse health effects, psychological distress, and poor educational outcomes (Bisung & Dickin, 2019b; Bisung & Elliott, 2014, 2017a). Although gender-specific issues in WaSH are acknowledged, global initiatives and programs often emphasize infrastructure development over directly confronting the gender inequalities and dynamics of water collection responsibilities and the inequitable access to and control of water resources (Bisung & Dickin, 2019b). These limitations have amplified demands for gender mainstreaming in the water sector, aiming to address the distinct water and sanitation requirements influenced by sex and gender social constructs while also confronting inequalities in access to, utilization of, and control over water and sanitation resources at both the household level and beyond. This can be accomplished through gender-transformative approaches that can alter gender norms associated with WaSH. Gender-transformative approaches, by emphasizing extensive societal changes, seek to alleviate the responsibility of transformation from women, a difficulty intrinsic to numerous women-centered initiatives

(MacArthur et al., 2024). Focusing on broader societal transformations involves engaging various stakeholders, including men, communities, institutions, and policymakers, to collaboratively address the root causes of gender inequalities.

Gendered perspectives in the WaSH sector began to emerge in the 1970s, coinciding with the International Decade for Women and the International Decade for Water and Sanitation. However, after four decades, effective models for promoting gender equality in WASH policies, programs, and projects are finally starting to take shape emerge (MacArthur, Carrard, Koh, et al., 2022; Sinharoy & Caruso, 2019).

2.5 Conceptual Framework

A gender-Integration framework for WaSH guided the research which utilizes the recognized continuum of gender-insensitive to gender-transformative development interventions (refer to Figure 2.1). The framework comprises one gender-neutral category and three categories of gender integration: sensitive, responsive, and transformative (MacArthur et al., 2024).

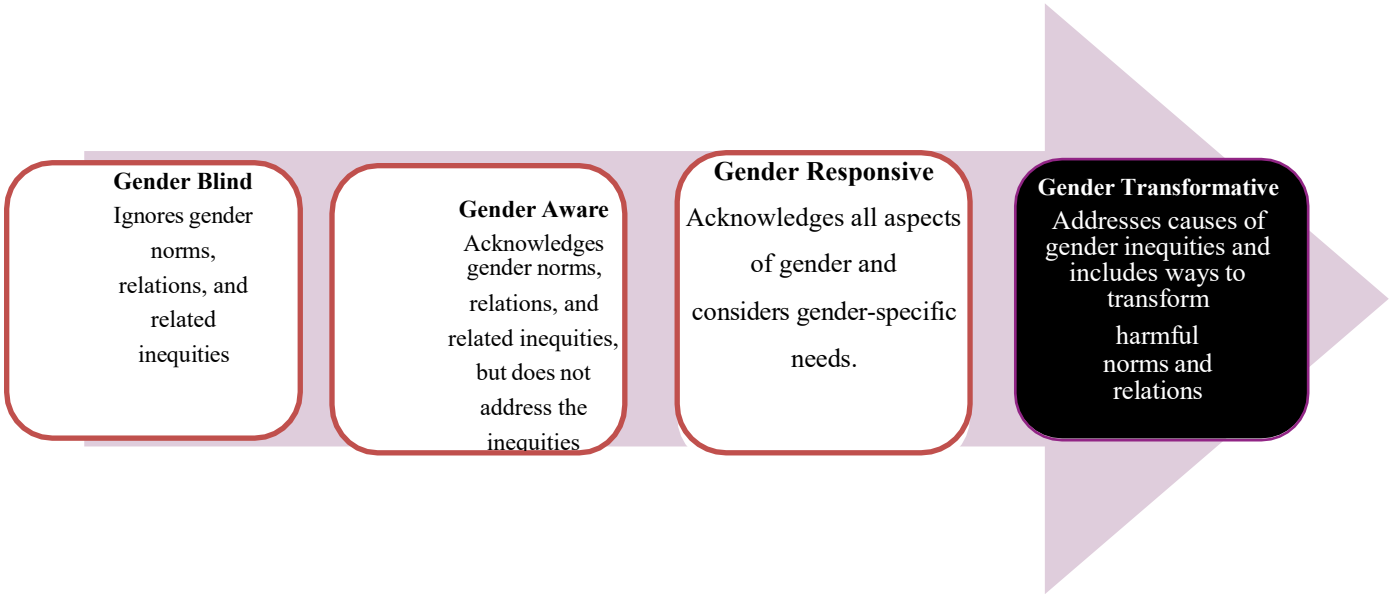


Fig. 2.1: Gender Integration Continuum (adapted from (MacArthur et al., 2024)

The Gender Integration Continuum (GIC), used as a conceptual framework for this research, was first developed by the USAID Interagency Gender Working Group (IGWG) to analyze gender policies (Interagency Gender Working Group, 2017). This study applied the GIC framework to categorize the national and institutional gender policies and programs within Ghana's health and WaSH (Water, Sanitation, and Hygiene) sectors. This categorization evaluates the opportunities and barriers in moving toward gender transformation. Four categories were utilized—one gender- blind and three gender-aware—to better understand inequalities and gender considerations in policymaking and programming in these sectors (see Fig.2.1). These categories illustrate how policies address gender norms, roles, disparities, and efforts to empower women. The term *"gender-blind"* refers to policies that overlook gender norms and the power dynamics between women and men among various policy and program beneficiaries (Interagency Gender Working Group, 2017). Gender-blind policies may fail, either intentionally or unintentionally, to address the issue of gender stereotypes. Such policies are sometimes labeled as *"gender insensitive."* In the WaSH sector, Gender-insensitive approaches are frequently associated with technology implementation initiatives or technology selection policies that fail to perform gender analyses or integrate gender considerations. (MacArthur, Carrard, Koh, et al., 2022; MacArthur et al., 2024).

On the other hand, being *"gender-sensitive"* means acknowledging and working within the traditional or existing gender norms, dynamics, and structures specific to a context. These policies are also called *"gender-aware" or "gender-inclusive."* Gender-sensitive approaches strive to be inclusive and value diversity but do not actively challenge established social and gender norms. These approaches may address practical gender needs (Interagency Gender Working Group, 2017). For example, in sanitation, gender-sensitive methods might engage with women and men based on their traditional gender roles and needs, such as gathering women's or other minority groups' perspectives in separate forums while not altering dynamics in broader discussions or addressing the specific

sanitation needs of groups like pregnant women. It is important to note that gender-sensitive approaches do not aim to empower individuals to question and change their assigned roles or actively create inclusive environments that facilitate such change (MacArthur et al., 2024). In this regard, gender-sensitive approaches may risk being perceived as "tokenistic", yet they can effectively build skills and capacities within existing gender dynamics or address practical gender needs (Ojwala et al., 2022).

"Gender-responsive" approaches deliberately take into account gender norms, dynamics, and structures to empower individuals, such as by enhancing confidence and capacity to surmount barriers or engage in activities and opportunities that embrace non-traditional gender roles (Interagency Gender Working Group, 2017; Kumar et al., 2023; Ojwala et al., 2022). Nonetheless, these approaches do not seek to eliminate or confront any systemic or structural barriers. Gender-responsive approaches are alternatively referred to as gender accommodating or empowering. Gender-responsive approaches frequently engage same-gender groups but may overlook the prevailing social and cultural frameworks and contexts (Kumar et al., 2023; MacArthur, Carrard, Koh, et al., 2022). For instance, a program might focus only on empowering female sanitation entrepreneurs through networking and capacity building. Activities pertaining to the husbands or family members of female entrepreneurs, as well as more general efforts to shift women's workload by lessening their caregiving and reproductive responsibilities, are probably not included in a gender-responsive program. Because the supportive environment might not be prepared to accept changed roles and responsibilities, participants in gender-responsive approaches run the risk of encountering resistance, backlash, or an increase in workload (Kumar et al., 2023).

"Gender-transformative" policies encourage gender equality by promoting fair gender norms that enhance everyone's health and Water, Sanitation, and Hygiene (WaSH) results. These aggressively challenge, investigate, and work to alter harmful gender stereotypes and the disparity in power

between men and women (McKague et al., 2021; Ojwala et al., 2022). They encourage critical awareness of gender roles, support women's empowerment, and challenge the distribution of resources and responsibilities between genders (Ojwala et al., 2022). These transformative policies involve women and men in decision-making and policy implementation, advocating for women's rights and enhancing their influence and voice in governance. While gender-responsive approaches primarily empower specific individuals, gender-transformative approaches engage more comprehensively with gender norms, dynamics, and structures, often working at multiple levels (MacArthur et al., 2024). For example, a gender-transformative approach in sanitation may include partnering with organizations representing rights holders to address harmful norms. Additionally, such an approach might meaningfully involve men and boys. However, gender-transformative approaches are complex and can pose risks of insufficient monitoring of potential harms and overestimating their effectiveness in bringing about change. They promise a long-term transformation that targets the root causes of inequality rather than just addressing its symptoms (Carrard et al., 2022a). Although gender-transformative actions, policies, and interventions are typically regarded as necessary for society, it is crucial to acknowledge their unintended adverse effects, specifically on gender relations and development (van der Harst et al., 2023). Geographies of Health, Gender and WaSH

Research has increasingly demonstrated how sanitation can impact health beyond mere disease, especially for women and girls (Sclar et al., 2018). Existing literature illustrates how the gendered division of labor creates varying relationships to water access, utilization, and knowledge between men and women, which differ across spatial and temporal contexts (Graham et al., 2016a; Pommells et al., 2018b). For instance, Dery (2021) discovered that these gendered disparities, entrenched in socio-cultural norms, link women to water collection and storage tasks. In numerous low- and middle-income countries, women and girls are tasked with domestic responsibilities as part of their societal

roles (Dery, 2021; Pommells et al., 2018b). In sub-Saharan Africa, where water access is problematic, women and girls disproportionately navigate male-dominated systems for water procurement and endure the lengthy travel and waiting times required to obtain water for domestic use (Bisung & Elliott, 2016b, 2017b; Geere et al., 2018; Graham et al., 2016b; Pommells et al., 2018b). Notwithstanding the increasing policy interventions and initiatives designed to advance gender equality, women in low- and middle-income countries are scarcely represented in formal water governance (Adams et al., 2018). This unequal participation is ascribed to gender power dynamics and socio-cultural norms that link masculinity with governance and resource ownership (Adams et al., 2018; Harris et al., 2017). Moreover, there is excessive emphasis on infrastructural accessibility instead of transforming and empowering women to achieve improved health and WaSH outcomes (Bisung & Dickin, 2019b).

The interplay of gendered water access and governance manifests in health and wellbeing outcomes. Psychosocial health outcomes arise from intricate coping and adaptation processes to the risks associated with water insecurity, which may persist even when water access improves (Bisung & Elliott, 2018). Women at various life stages face greater exposure to water-related psychosocial health risks than men, especially in low- and middle-income countries (LMICs) where water, sanitation, and hygiene (WaSH) insecurity, poverty, and environmental stressors intersect (Bisung & Elliott, 2016b; Collins et al., 2019; Cooper-Vince et al., 2018; Sclar et al., 2018). Specifically, extended walking distances to water sources and waiting in line to collect water have been linked to water insecurity. These stressors frequently lead to psychosocial effects, including shame, embarrassment, depression, anxiety, frustration, and negative self-identity (Bisung & Elliott, 2016b; Collins et al., 2019; Cooper-Vince et al., 2018; Geere et al., 2018).

2.6 Theoretical Approach

This dissertation utilizes Feminist Political Ecology of health (FPEH) to analyze gender inequalities

in water, sanitation, and hygiene (WaSH), and health service outcomes, focusing on the effects of power and resource control from a gendered perspective. The Feminist Political Ecology (FPE), a branch of political ecology, examines gender, how power dynamics are negotiated within specific spaces, and how these dynamics influence resource control within society (Elmhirst, 2011; Mollett & Faria, 2013). The FPEH integrates theoretical perspectives from the political ecology of health (PEH) and feminist political ecology (FPE). As its name suggests, PEH uses a health-centered approach to investigate how social, economic, and environmental factors impact human health and wellbeing over time and in various contexts (Nichols & Del Casino, 2021). The usefulness of the PEH lies in its ability to illustrate how diseases affect livelihoods and how societies respond to these impacts, show how health is contextualized and how existing unequal power relations shape access to resources, including health information, and demonstrate how sociopolitical decisions influence power relations and result in specific health and wellbeing outcomes (Nunbogu & Elliott, 2021).

Various complex political, social, economic, environmental, and cultural influences significantly affect human health. Therefore, Political Ecology of Health (PEH) aids in comprehending the relationships between ecological elements (such as water usage, sanitation, and climate change), political factors (including health-related policies and community social structures), and economic contexts (especially aspects related to poverty). These interrelated elements are crucial in affecting population health and overall wellness. However, issues related to gender and intersectional vulnerability have yet to be incorporated entirely into PEH research and practices (Nunbogu & Elliott, 2021). The FPE, therefore, applies a gender perspective to analyze the development of power dynamics in various contexts and how these dynamics influence access to and control over resources (Elmhirst, 2011).

FPE focuses on the difference in knowledge claims related to gender and highlights the role of social norms that often marginalize women and underrepresented groups. For instance, Truelove (2011)

illustrates in the slums of Delhi that water insecurity at the household level disproportionately impacts men and women, with the burden of securing water for the home falling on women, which puts them at risk of exploitation and violence.

The integration of Feminist Political Ecology (FPE) and Political Ecology of Health (PEH) offers two vital perspectives for understanding how socio-political frameworks influence gendered access to water, sanitation, and hygiene (WaSH) and how that access can impact health and wellbeing. Firstly, the Feminist Political Ecology of Health framework suggests that inequalities and deprivation, such as issues related to WaSH, significantly affect human health. These issues arise from various political, social, economic, environmental, and cultural influences that operate at different levels (including micro, meso, and macro scales). Therefore, to fully understand health and wellbeing, it is essential to explore how inequality, deprivation, and marginalization interact with health and wellbeing and how socio-political structures at various levels influence access to resources or reinforce inequalities. Secondly, the FPEH points out that social structures influence human agency – i.e., an individual's capacity to select their behaviors freely. Although individuals may be willing to perform specific actions, the broader social, economic, political, and environmental context can hinder their capacity to implement their preferred behaviors (Nunbogu & Elliott, 2021).

FPEH's focus on gender in Water, Sanitation, and Hygiene (WaSH) and health is essential for understanding how global and national policies affect men, women, boys, and girls differently. FPE in WaSH and health also offers a nuanced view of policy at international, national, and local levels. At the institutional level, FPE enhances our understanding of how stakeholders navigate socio-cultural, political, and economic factors in WaSH and health interventions at the local level.

2.7 Chapter Summary

The literature review serves as a foundational element for this study, providing a comprehensive theoretical framework that guides it. By delving into Feminist Political Ecology theory and the Political Ecology of Health, the review highlights how these two frameworks intersect to deepen our understanding of how gender inequalities manifest in health outcomes and access to essential resources.

Feminist Political Ecology theory emphasizes the relationship between gender, environment, and power structures, illustrating how socio-political factors influence women's access to healthcare and sanitation facilities. This framework is crucial in revealing the systemic barriers that women face, often rooted in longstanding cultural beliefs and institutional practices. For instance, traditional gender roles may dictate that women are primarily responsible for domestic tasks, including water collection and sanitation management. This can lead to their marginalization in health policy discussions and decision-making processes.

Similarly, the Political Ecology of Health examines how environmental factors, and socioeconomic conditions intersect to affect health outcomes. This perspective is particularly relevant in sub-Saharan African countries like Ghana, where deep cultural roots and prevailing social norms perpetuate gender inequalities. The review provides substantial evidence regarding the evolution of these gender norms over time, shedding light on how cultural expectations can adversely impact women's health and wellbeing.

Moreover, the literature review emphasizes the importance of gender-transformative policymaking and programming. These approaches seek not only to address women's immediate needs in relation to health and WaSH services but also to challenge and transform the harmful social norms that underpin gender inequality. By promoting equitable policies and practices, gender-transformative initiatives aim to empower women, fostering an environment where they have equal rights and opportunities

to influence decisions that affect their health and lives.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter outlines the research design and methods used to address the thesis objectives. The research employed a qualitative approach to investigate barriers to gender-transformative policymaking and programming within Ghana's health and WaSH sectors. The chapter begins with a detailed description of the research context. The second section provides information about the data collection and recruitment process. The third section offers an in-depth discussion of the data analysis process. It outlines the steps taken to analyze the qualitative data, including coding and thematic analysis, as well as the ethical considerations incorporated into the study design. Finally, the chapter concludes by addressing the concepts of rigor and reflexivity in qualitative research, discussing the strategies employed to enhance the credibility and reliability of the findings.

3.1.1 Project Context

The Upper West Region (UWR) is one of Ghana's 16 regions, located in the northwestern corner of the country. It spans latitudes 9.8° to 11.0° North and longitudes 1.6° to 3.0° West, covering an area of approximately 18,478 square kilometers. This accounts for about 12.7 percent of Ghana's total land area (Ghana Statistical Service, 2021). The region shares its borders with the Republic of Burkina Faso to the north, the Upper East Region to the east, the Northern Region to the south, and Côte d'Ivoire to the west. The capital and largest city of the region is Wa, while other notable towns include Nandom, Daffiema, Jirapa, Kaleo, Nadowli, Lawra, and Tumu. The region is politically administered from Wa through the Regional Coordination Council (RCC), which the Regional Minister heads. The region is divided into 11 Metropolitan, Municipal, and District Assemblies (MMDAs), consisting of 0 Metropolitan Assemblies, 5 Municipal Assemblies, and 6 Ordinary Assemblies. Each District, Municipal, or Metropolitan Assembly is managed by a Chief Executive representing the central government.

The Upper West Region (UWR) is considered highly disadvantaged due to historical planning and policy decisions prioritizing development in southern Ghana, thus neglecting the UWR and the other three regions in the northern part of the country (Young & Bolt, 2021). As a result, there is a growing gap in social and economic wellbeing between the UWR and the other regions in southern Ghana (Annim et al., 2012; Edgar Cooke & Sarah Hague, 2016; Ghana Statistical Service, 2018). The region is predominantly rural, with approximately 56.6% of households falling within the lowest wealth quantile, in contrast to the national average of 20% (Young & Bolt, 2021). The UWR exhibits the highest level of inequality and has experienced the most significant increase in inequality over the past 20 years in terms of how deeply individuals are affected by inequality (Edgar Cooke & Sarah Hague, 2016). The region experiences various climatic challenges, including floods, droughts, dry periods, unpredictable rainfall, storm surges, pests, and disease outbreaks. These issues lead to insecurities in water supply, food availability, nutrition, and income (Pienaah et al., 2023).

Similar to many other regions in Ghana, the Upper West Region (UWR) is primarily characterized by a patriarchal social structure, where there is a clear distinction and division of roles and responsibilities based on gender. It is crucial to emphasize the importance of gender equality in decision-making, as women currently have less authority than men, who are frequently in charge and viewed as the breadwinners, specifically in the UWR (Dery, 2021). These decisions may include determining a woman's attendance at specific social events, her ability to visit the market, access healthcare, or seek assistance from other sources (Dery, 2021; Ghana Statistical Service, 2018). Women in this region frequently encounter significant discrimination in their ability to access, utilize, and manage resources, especially in the agricultural industry. Moreover, it is a societal norm for women to shoulder the responsibility of caring for children and sick family members, as well as the arduous tasks of water procurement, collection, and management (Ghana Statistical Service, 2018; Nyantakyi-Frimpong et al., 2016). These unpaid roles, which women in the Upper West region

undertake to support their families, are often perceived as customary duties and not acknowledged as significant contributions to society (Carmichael et al., 2023). The rates of multidimensional poverty in the districts involved in this study—Wa West, Nadowli-Kaleo, and Daffiama-Bussie-Issa—are 61.9%, 40.6%, and 38.7%, respectively. These high poverty rates significantly impact various aspects of life, including limited access to healthcare, education, and clean water (Ghana Statistical Service, 2021). Gender inequality in accessing and utilizing healthcare services is prevalent in the region (Agbenyo et al., 2017). In addition to traveling long distances to health facilities, women also experience physical and verbal abuse within these facilities (Agbenyo et al., 2017; Atuoye et al., 2015; Rishworth et al., 2016; Sumankuuro et al., 2017).

Regarding water access, 90.6% of households in the area lack improved drinking water at their premises, and approximately 28.9% of individuals responsible for collecting water dedicate between 1 and 3 hours each day to this task. Families without a water connection at home spend 166% more on water than those with on-premises connections (Fielmua & Dongzagla, 2020). The region is served by various water sources, including boreholes fitted with hand pumps, hand-dug wells, and household piped connections in urban and small towns (Fielmua & Dongzagla, 2020). Additionally, standpipes, rivers, streams, and ponds are available.

The Upper West Region was selected for the study because of its unique climate-stressed characteristics, which greatly influence the livelihoods of local communities. Additionally, the region has a complex social structure characterized by gender dynamics that are deeply rooted in cultural practices, significantly impacting women's health and wellbeing. These norms often perpetuate inequalities, limiting women's access to opportunities, water, sanitation, and health services (Pienaah et al., 2024). Though the region shares gender-related characteristics with other regions, the UWR is particularly suitable for the research due to the significant impact of cultural and religious beliefs on gender dynamics. Insights gathered from participants in the UWR provided

more profound lived experiences to address the research objectives.

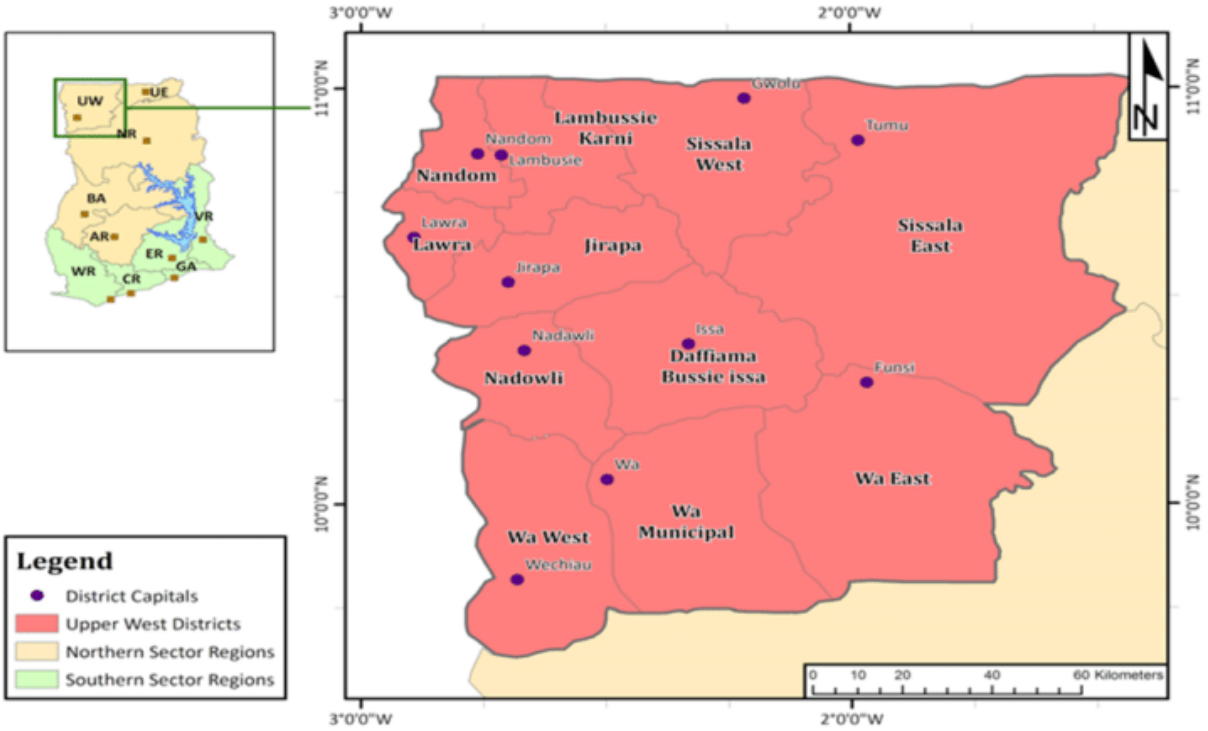


Fig. 3.1: Map of Upper West Region of Ghana

3.2 Research Design

The research utilized a qualitative case-study approach to address its objectives. Qualitative methods were deemed most effective for gaining an in-depth understanding of the challenges related to implementing gender-transformative policies and programs in Ghana's health and WaSH (Water, Sanitation, and Hygiene) sectors. This approach fostered a conducive environment encouraging reflexive and reciprocal dialogue between the researcher and participants (Westmarland & Bows, 2018) and as well as gave each participant a unique space to express their viewpoints and experiences. Additionally, the qualitative research approach was adopted as it provides an added advantage of flexibility and adaptability in the interaction process between the researcher and the participants (Hashemnezhad, 2015) and provided the researcher with a rich understanding of the phenomenon being studied (Polit & Beck, 2010). The qualitative approach enabled all participants to articulate their thoughts, feelings, and experiences during specific moments or interesting events

(Tenny et al., 2025), particularly in relation to barriers to formulating and implementing gender-transformative policies. This method allowed participants to share their insights on how they perceived, felt, and experienced these situations.

The research objectives were addressed through a semi-structured interview approach in this context. One of the main advantages of this method is its ability to foster reciprocity between the interviewer and the participants (Galletta & Jr, 2013), allowing the interviewer to ask follow-up questions based on the participant's responses, leading to a more dynamic and insightful conversation (Rubin & Rubin, 2005; Polit & Beck, 2010). As a result, the approach provided detailed insights into the perspectives of relevant stakeholders. By examining the viewpoints of various important stakeholders, the research ensures that the issue is explored from multiple angles rather than just one.

3.2.1 Participant Recruitment

A purposive sampling method was strategically used to recruit a variety of relevant stakeholders. This approach ensured that the perspectives and insights of all identified groups were adequately represented, allowing for a more nuanced analysis and interpretation of the collected data. Purposive sampling is particularly valuable in qualitative research because it enables researchers to identify and select specific cases likely to provide rich, in-depth information relevant to the research objectives (Setia, 2016). Institutional and community stakeholders were purposefully selected to effectively address the research objective from a knowledge perspective. They have experience working on gender-related policies within the research context, which is valuable in understanding barriers to gender transformative policymaking and programming.

Participants were sampled from several distinct stakeholder groups to capture a broad spectrum of experiences and viewpoints. These groups included non-governmental organizations (NGOs), which play a crucial role in community advocacy and development; community leaders such as queen mothers and assembly members, who are instrumental in guiding local initiatives and fostering social

cohesion, and governmental agencies, specifically community development officers, social welfare officers, and officials from the gender department. These individuals are deeply involved in implementing policies and programs that directly affect the lives of community members at the district and regional levels. Since this study is part of a larger research initiative designed to unfold in multiple stages, an extensive network of practitioners established in earlier phases of the research project facilitated the recruitment of relevant stakeholders for this study.

Semi-structured interviews were conducted with participants (n=30) until data saturation was achieved (i.e., the point at which new information simply reiterates previously expressed information about the phenomenon under study (Saunders et al., 2018)). The data collection took place from June to August 2024, allowing sufficient time to gather in-depth insights from participants. A purposive sampling technique was used to recruit participants selected from institutional stakeholders and community leaders. Since this study is part of a larger project, participants were drawn from a broad pool of stakeholders identified in earlier stages. All contact information was obtained from the project's lead principal investigator's (PI) database. Subsequently, over 45 stakeholders were contacted via phone to explain the purpose of the study and assess their willingness to participate. This initial conversation was crucial, as it provided clarity regarding the study's objectives and helped establish rapport and trust with participants. For those individuals who expressed interest and agreed to participate, an information letter was subsequently sent to them, which provided further details about the study, including information about the interview process, the estimated time commitment, and assurances regarding confidentiality and data protection. An essential criterion for participation was the ability to communicate fluently in English, which was necessary for facilitating effective communication.

A meeting date and venue were scheduled once the participants received the information letters. The interview guides, which had been pretested with satisfactory outcomes, were utilized during the interviews. The interview guides which were developed in consultation with my supervisor served

as framework for the interview, ensuring that key elements were addressed while also permitting the freedom to explore the participants' distinct viewpoints. Furthermore, follow-up probes and prompts were used better to understand their experiences, opinions, and perspectives. These guides were structured in two parts based on the study's objectives: one was specifically designed for institutional stakeholders to explore their knowledge of gender-transformative policymaking and programming, including barriers, while the other targeted community leaders to identify opportunities within existing gender-related policies aimed at overcoming barriers to women's empowerment.

All interviews were conducted in-person at preferred and convenient locations for the participants. The interviewer began each session by getting to know the participants and developing rapport, which fostered a comfortable atmosphere for open discussion of their experiences. Most interviews lasted 45 minutes and 1 hour and were digitally recorded with the participant's consent. These recordings were then transcribed verbatim for subsequent analysis using NVIVO 15.

3.2.2 Data Analysis

Data collection and transcription were conducted simultaneously. According to Miles and colleagues (2013), delaying data analysis until all data has been collected can lead to frustration due to accumulating overwhelming information, and this can ultimately compromise the quality and integrity of the research findings. The interviews were audio-recorded with the participant's consent, conducted in English, and then transcribed. The transcripts were carefully edited to correct spelling and grammatical errors, improving their readability. Additionally, all identifying information was anonymized to uphold ethical standards and protect participant privacy. This step is essential for ensuring that the participants' identities remain confidential. Participants' voices are assigned initials to differentiate between institutional stakeholders (IKI) and community-level stakeholders (CKI) with reference to their gender (M/F) as well.

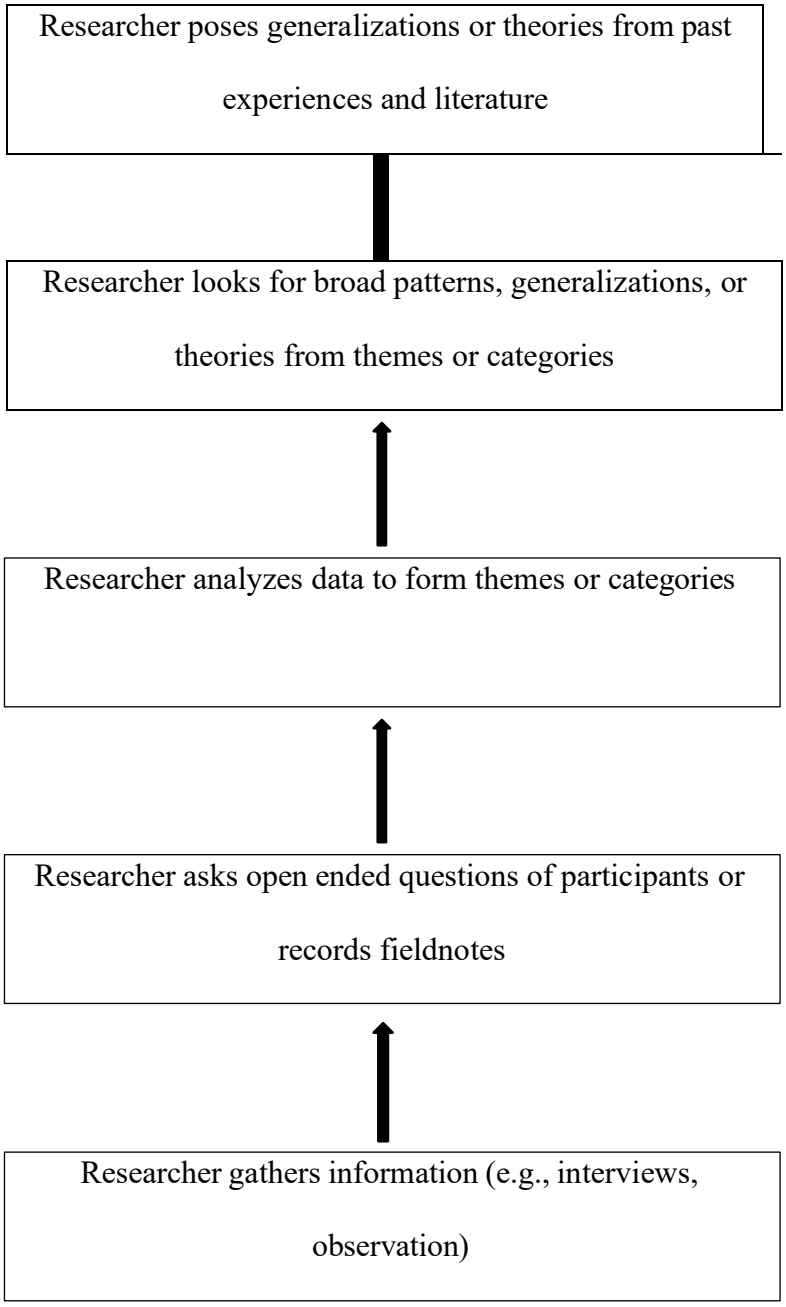
Both deductive and inductive coding approaches were adopted during the data analysis, providing a

flexible and responsive approaches to understanding the collected data. During the data collection phase, coding was an iterative process. Broad themes such as stakeholders' perceptions and barriers to gender-transformative policymaking were initially identified. These initial codes formed a framework for analysis, helping researchers categorize participant responses. It is essential to note that the coding scheme was not exhaustive. As data collection continued, new insights and themes emerged, prompting adaptations to the coding framework. This adaptability is a key feature of inductive coding, which enables researchers to refine their approach based on emerging data rather than strictly following predefined categories (Miles et al., 2013). A coding framework was subsequently developed, sent to my supervisor for review and suggestions and later used to code all transcripts using Nvivo 15. Below are the steps used in the coding process.

1. Initial reading of interview transcripts
2. Group into similar chunks
3. Label with codes
4. Group similar codes to reduce redundancy.
5. Change codes to themes



The inductive logic of research in a qualitative study



Source: (Creswell, 2009)

3.2.3 Qualitative Rigour and Reflexivity

Rigour is essential for evaluating the credibility and reliability of research findings. As Baxter and Eyles (1997) note, it refers to the extent to which research can be considered believable and trustworthy. This concept is fundamental to demonstrating that researchers have conducted their

work with diligence and integrity, thereby fostering confidence in their contributions to the field.

The research employed a multifaceted approach to ensure rigour and trustworthiness. According to Stratford and Bradshaw (2016), research occurs within a hermeneutic circle shaped by the interactions between an interpretive community, the participants directly involved in the study, and the researchers themselves. This perspective highlights the need for a reflexive approach, acknowledging that various interpretations and contexts can influence research outcomes.

Lincoln and Guba (1985) introduced a framework to evaluate the rigor of qualitative research, which consists of four key criteria: credibility, transferability, dependability, and confirmability. This framework expands the discussion on credibility and validity in social geography, as highlighted by Baxter and Eyles (1997). Table below provides an overview of the evaluation criteria established by Lincoln and Guba.

Table 3.1: Criteria for evaluating qualitative research

Criteria	Definition	Assumptions	Strategies/Practices to satisfy criteria
Credibility	Authentic representations of experience	-Multiple realities -Causes not distinguishable from effects. -Empathetic researcher. -Researcher as instrument -Emphasis of the research endeavour	-Purposeful sampling. -Disciplined subjectivity/bracketing -Prolonged engagement -Persistent Observation -Triangulation -Peer debriefing -Referential adequacy -Member checking
Transferability	Fit within contexts outside the study situation	-Time and context-bound experiences. -Not responsibility of 'sending' researcher -Provision of information for 'receiving' researcher	-Purposeful sampling -Thick description
Dependability	-Minimization of idiosyncrasies in interpretation. -Variability tracked to identifiable sources	-Researcher as instrument -Consistency in interpretation (same phenomena always matched with the same constructs) - Idiosyncrasy of behaviour and context	-Low-inference descriptors, mechanically recorded data. -Multiple researchers. -Peer examination -Triangulation, inquiry audit
Confirmability	Extend to which biases, motivations, interests, or perspectives of the inquirer influence interpretation	Extend to which biases, motivations, interests, of the inquirer influence interpretation. -Focus on investigator and interpretations	-Audit trail products -Thick description of the audit process -Autobiography -Journal/notebook

Source: Lincoln & Guba, 1985

Credibility is a crucial foundation in qualitative research (Baxter & Eyles, 1997). It involves creating

connections between various groups and the efforts of social scientists to understand these relationships (Baxter & Eyles, 1997). Neglecting credibility can compromise the validity of research outcomes (LeCompte & Goetz, 1982). Lincoln and Guba (1985) suggest several strategies to bolster credibility, such as purposeful sampling, prolonged engagement, disciplined subjectivity, peer debriefing, and triangulation (Lincoln & Guba, 1985). While different sampling methods are available, not all offer equal chances for selecting participants. Stratified purposeful sampling involves selecting various subgroups to understand better their differences (Baxter & Eyles, 1997). Alongside sampling methods, prolonged engagement is crucial in qualitative research. This process requires significant time with participants to build trust and establish rapport. By immersing themselves in the participants' environment, researchers can develop relationships that facilitate more open and honest communication. Baxter and Eyles (1997) emphasize that this trust is crucial when engaging with stakeholders vested in the research outcomes. To achieve credibility in the study, purposive sampling technique was used, and the interviewer engaged in a prolonged conversation with participants to build rapport. Building rapport leads to more insightful interviews, resulting in richer data, as participants are more likely to share their genuine thoughts, feelings, and experiences when they feel comfortable and respected. This engagement enhances the quality of the data collected and contributes to a more ethical and respectful research practice.

Transferability refers to the extent to which research findings can be applied to settings beyond the specific area of study (Baxter & Eyles, 1997) .This concept is fundamental in qualitative research, where researchers focus on specific contexts to explore, understand, and present their findings. LeCompte and Goetz (1982) suggest that transferability can be enhanced by conducting research across multiple sites. A detailed descriptions of stakeholders' locations and contexts are provided in this study to improve transferability, and a purpose sampling strategy was also adopted.

Dependability is the third key concept used to ensure rigor in qualitative research, referring to the

degree to which consistent interpretations are derived from the same facts over time (LeCompte & Goetz, 1982). According to Lecompte and Goetz (1982) there are five strategies to enhance dependability: utilizing low-inference descriptors, capturing data mechanically, engaging multiple researchers, including participant researchers, and performing peer reviews. Recorded audio from this study was transcribed verbatim and submitted to my supervisor for auditing. The relationship between the student and supervisor functions as an implicit system of checks and balances, ensuring that appropriate decisions are made throughout the research process (Baxter & Eyles, 1997).

Confirmability is the final construct used to ensure rigor in research. It refers to the extent to which research findings are shaped by the participants rather than by the biases or positionality of the researcher (Lincoln & Guba, 1985). Consequently, qualitative researchers must demonstrate how their positionality influences the outcomes (Baxter & Eyles, 1997). This was accomplished by providing a detailed field notebook which contains documented processes and activities transpired during the fieldwork. Additionally, debriefing sessions were consistently held with my research committee, which included my supervisor.

3.3 Positionality

As someone born and raised in Ghana within a traditional setting, I drew on my experiences to ask insightful questions during the interview process. This Ghanaian perspective also helped me analyze situations effectively, as it allowed me to build rapport with the participants easily. My background and training enabled me to engage with participants respectfully and to pay close attention to the details of their narratives, empowering them to be the authorities on their own experiences and stories.

3.4 Ethical Considerations

The University of Waterloo Ethics Review Board approved the research study, ensuring that all

ethical considerations were addressed and that the rights of participants were prioritized throughout the research process. Before engaging with participants, the research team took careful steps to obtain informed consent, an essential aspect of ethical research practice. Information letters were thoughtfully crafted and distributed to all potential participants prior to the interviews. These letters outlined the research objectives, described the nature of the interviews, and emphasized the importance of their participation, providing potential respondents with a clear understanding of what was expected of them.

On the day of the interviews, participants were presented with consent forms detailing their rights and the specifics of the study. By signing these forms, participants formally agreed to take part in the research, confirming their understanding of the process and affirming their willingness to contribute. To further protect participant confidentiality, the collected data was meticulously cleaned and anonymized before analysis. This process ensured that any identifying information was removed, making it impossible to trace responses back to individual participants.

Regarding data security, all collected data was protected with password encryption. Access to this sensitive information was strictly limited to the research team, ensuring that only authorized personnel could view or handle the data. This commitment to confidentiality and data security not only complies with ethical research standards but also fosters trust with participants, which is vital for the integrity of the research process.

3.5 Chapter Summary

This chapter outlines the research design and methodology used in the study. A qualitative approach was adopted to allow for an in-depth exploration of the challenges faced in the selected context. The study focused on Ghana's Upper West Region (UWR), an area characterized by historical neglect and significant socio-economic disparities. This predominantly rural region experiences high levels of inequality, with most households belonging to the lowest wealth quantile. Additionally,

patriarchal social structures further hinder women's access to resources and decision-making power. Despite their crucial roles in caregiving and resource management, women's contributions are frequently undervalued. Qualitative methods were chosen for their ability to promote a responsive dialogue between the researcher and participants, offering greater flexibility and deeper insights into the participants' experiences.

CHAPTER FOUR
RESULTS

4.1 Introduction

This chapter presents the findings of the research, which sought to explore barriers to gender transformative policymaking and programming across Ghana's health and WaSH sectors. The research specifically aimed to: (1.) Explore stakeholders' knowledge and perspectives about gender transformative policymaking and programming in Ghana. (2.) Identify barriers to gender transformative policymaking and programming across Ghana's health and WaSH sectors. (3.) Explore opportunities within existing government policies to break down barriers to women's empowerment in WaSH.

The research employed a case-study approach, using semi-structured qualitative interview approach involving 30 participants selected from government agencies, non-governmental organizations, and community leaders. The findings are organized into four sections. The first section describes characteristics of the research respondents. Subsequent sections address the three research objectives. The second section presents findings regarding stakeholders' knowledge and perspectives about gender-transformative policymaking and programming. In this section, various agencies and organizations' policies, initiatives, and programs are categorized according to the gender integration framework, distinguishing between gender-sensitive and gender-insensitive approaches. Additionally, this section provides an overview of the categorization of Ghana's general gender-related policies. The third section presents findings on barriers to gender- transformative policymaking during both the formulation and implementation stages. It further elaborates on governments' efforts to incorporate gender considerations into policymaking and programming and the reasons behind these efforts. The fourth section highlights the opportunities in government's existing gender policies related to health and WaSH. This section reveals participants' experiences with gender policies in health and WaSH and includes their recommendations for

transforming harmful norms and challenging structural barriers.

4.2 Characteristics of Respondents

Participants (n=30) were purposively sampled from various institutional stakeholders and community leaders, reflecting a broad spectrum of perspectives and experiences (Table 4.1). The characteristics of the respondents are analyzed with particular attention to gender distribution, level of education, and district representation. Gender distribution is essential, as it highlights the balanced voices within this research, allowing for a nuanced understanding of how different genders perceive or interact with the issues at hand. Additionally, the participants' educational status are assessed, as this provides context for the knowledge and expertise, they bring to the policy formulation and implementation. Furthermore, district representation ensures that various geographical areas are accounted for, capturing different communities' unique characteristics and needs. This focus on district representation is crucial for ensuring that the study's findings are relevant not only on a broader scale but also to local contexts. The gender distribution among the participants shows a slight predominance of men, constituting 53% of the sampled groups. In detail, most institutional stakeholders were men, accounting for 61%, while women made up 39%. Conversely, the category of community leaders demonstrated a higher representation of women, with 58% being women and 42% being men. This distribution was designed to capture women's experiences at the community level and to compare them with the predominantly men perspectives at the institutional level.

Table 4.1: Sample characteristics (n=30)

Variables		Institutional Stakeholders		Community Leaders		Total	
		(n=18)	%	(n=12)	%	(n=30)	%
Gender	Male	11	61%	5	42%	16	53%
	Female	7	39%	7	58%	14	47%
Level of education	Tertiary	15	83%	8	67%	23	77%
	Secondary/O' level	3	17%	4	33%	7	23%
District	Wa West	6	33%	4	33.3%	10	33%
	Nadowli Kaleo	7	39%	4	33.3%	11	37%
	Daffiama Bussie Issa	5	28%	4	33.3%	9	30%

4.3 STAKEHOLDERS' KNOWLEDGE AND PERSPECTIVES OF GENDER TRANSFORMATIVE POLICYMAKING AND PROGRAMMING IN GHANA'S HEALTH AND WASH SECTORS.

To ascertain the experiences of participants in gender-related issues in health and WaSH policies and initiatives, participants in the institutional sector were asked about their years of experience in the selected organizations. The majority of respondents had over five (5) years of experience in their current positions. This extensive experience indicates a deep familiarity with the complexities and challenges of implementing gender-focused health initiatives and WaSH. Many of these individuals have navigated various aspects of policy formation, program development, and service delivery.

4.3.1 Awareness of "Gender Transformative" approach to policy making and programming

Almost all participants demonstrated a high level of awareness of "gender-transformative"

policymaking and programming. For instance, one participant mentioned that their extensive experience in gender-related fields has kept them informed about trends and advancements in gender issues.

> *"Yes, I have. I have been in this field for a long time, so I have encountered 'gender-transformative' approaches. That is the way forward to solving the gender inequalities in our societies."* (IKI, M)

Notably, some participants highlighted that their educational backgrounds had familiarized them with the gender integration continuum even before they joined their respective organizations. This prior exposure enhances their ability to contribute meaningfully to discussions and initiatives in this critical area.

> *"I have extensive knowledge on the gender framework. From gender-blind to the most current one which is the gender-transformative. This is because I have an MPhil degree in gender studies, and I am also currently taking an online course in social development. So, you see, I am well-informed."* (IKI, F)

4.3.2 Stakeholders' perceptions of gender-transformation policymaking

Gender transformative policymaking is crucial in the quest for gender equality. This approach focuses on developing frameworks that tackle systemic inequalities and foster inclusivity. Careful and intentional efforts are required to address the structures that sustain these inequalities. Stakeholders expressed diverse understandings and perceptions of what gender transformation means to them (Table 4.2).

Table 4.2: What gender transformation meant to stakeholders (n=18)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
Women Inclusion	6 (33%)	25 (21%)
Gender awareness	8 (44%)	16 (13%)
Transforming harmful norms	11(61%)	42 (34%)
Financial empowerment	12 (67%)	31(25%)
Gender mainstreaming	5 (28%)	8 (7%)
Total		122 (100%)

The majority of participants view "gender transformative" programming as a proactive approach to transforming harmful gender norms that contribute to inequality (Table 4.2). By addressing these norms, they assert that gender transformative policies can create environments that empower individuals, enhance their rights, and promote a more equitable society:

> "*Gender transformative policymaking in the health sector involves initiatives that are targeted at addressing specific norms that are affecting women specifically. For instance, female genital mutilation was a thing that was a major challenge to our girts. Until the health sector came in with the right legislation and policies, it is now a thing of the past and not common."* (IK1, F*)*

Some participants also viewed "gender-transformative" policymaking and programs primarily through the lens of financial empowerment initiatives designed to uplift women from poverty (Table 4.2). To these stakeholders, financial empowerment components are essential for achieving broader goals of gender transformation and equity. In this context, these participants emphasize the importance of developing targeted policies and programs that address immediate financial needs and empower women economically, socially, and politically. Focusing on financial literacy, access to credit, and support for women-led businesses, such initiatives aim to create sustainable pathways out of poverty. They assert that by lifting women out of poverty, these gender transformative programs can contribute to breaking the cycle of gender inequality, allowing for more equitable

access to education, healthcare, and better WaSH outcomes.

> *"To me, gender transformative policymaking and programming is about empowerment. How are the policies and programs transforming the economic conditions of the women who are already marginalized in our communities? Are we making efforts to uplift them with our initiatives? These are what inform our programs and initiatives. So, I believe our initiatives are gender transformative enough."* (IKI, F)

Eight participants also asserted that they consider gender transformation as being gender aware (Table 4.2). In this case they are of the view of being conscious on gendered impacts of initiatives and policies.

> *"Gender transformation is about being gender conscious about your initiatives and programs targeted in various communities. In health, for instance, you should know how different genders will react to your initiative."* (IKI, M)

These stakeholders view gender transformation as implementing policies and initiatives that recognize and address the diverse needs of different genders. However, gender transformation is more than just being aware of gender issues; it requires actions and policies that tackle gender inequalities and confront their root causes to be truly considered gender transformative. Other participants perceive "gender transformative" policymaking and programming primarily as initiatives focused on women's inclusion. These initiatives empower women by giving them a voice in decision-making processes, particularly in critical areas such as WaSH. These participants revealed that gender policies are not merely about integrating women into existing frameworks but rather about fundamentally reshaping those frameworks to ensure that women's needs and perspectives are central. These efforts often involve creating platforms where women can express their concerns and opinions, fostering greater engagement and representation in areas that significantly affect their lives.

> *"When discussing gender transformation, we focus on the ways women are engaged in critical aspects of their lives. How are they included in decision-making processes? Are they adequately represented at various levels? Specifically, what is the representation of women in decision-making positions within health and Water, Sanitation, and Hygiene (WaSH) sectors? These are the key issues affecting women. If policies are intentionally designed to include women in*

important decision-making areas related to health and WaSH, we can view such policies or initiatives as gender transformative." (IKI, M)

4.3.3 Classification of specific gender programs, initiatives, policies of participants' organizations

Participants shared their organizational gender policies and initiatives to address gender inequalities, using the gender integration continuum as a framework. These initiatives were categorized according to the four approaches outlined in the continuum: gender-blind, gender- aware, gender-responsive, and gender-transformative. When participants were asked to classify their organizational policies and initiatives, nearly all reported adopting gender-transformative approaches. However, when asked to identify specific initiatives that demonstrate these approaches, not all met the criteria of gender-transformation (Table 4.3). This disparity was revealed using the Gender Integration Continuum training toolkit.

Table 4.3: Categorization of initiatives using the Gender Integration Continuum (n=18)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
Gender Blind	0 (0)	0 (0)
Gender Aware/sensitive	6 (33%)	3 (6%)
Gender responsive	8 (44%)	18 (37%)
Gender transformative	12 (67%)	28 (57%)
Total		49 (100%)

The majority of participants highlighted that their programs and initiatives are *"gender transformative"* which aim at challenging and transforming harmful gender norms within their areas of operation (Table 4.3). These initiatives not only recognize and acknowledge gender inequalities but also strive to change existing gender norms, creating an environment where both men and women thrive equitably. By focusing on these goals, they are of the view that their programs and initiatives encourage a critical examination of societal values and practices that have perpetuated

gender inequalities. For policies and initiatives to be considered truly gender transformative, they must explicitly and deliberately address the patriarchal social values and power relations that position women and girls at a lower status in society. This requires an acknowledgment of the issues and a commitment to reshaping the narratives and structures that maintain such inequalities. Stakeholders stressed that effective strategies involve engaging both men and women in conversations about gender, emphasizing the need for collaborative efforts to challenge and dismantle the stereotypes that restrict individuals' potential based on gender. A stakeholder revealed one gender transformative initiative of their organization.

> *"There is one project. We organize community gatherings to educate people about gender roles, using gender analysis tools provided by the UN. During these sessions, we demonstrate a concept using sacks of stones. A boy and a girl each fill their sack based on the roles traditionally assigned to them in the household. By the end of the activity, it becomes evident that the girl's sack is full and heavier than the boy's. Next, we ask both the boy and the girl to run. You will notice that the boy runs faster than the girl. Together with the community, we then discuss the possibility of sharing some of the traditional roles between the boy and the girl. This way, we can lessen the burden on the girl so that both of them can compete fairly and run together." (IKI, F)*

This organization's initiative underscores its commitment to challenging and transforming traditional gender roles within the household. By focusing on awareness creation, the organization aims to sensitize individuals about the implications of entrenched gender norms and how these negatively impact health and wellbeing of men and women. Through workshops, community discussions, and various demonstrations, it intends to foster gender equity and equality in households. Moreover, another stakeholder highlighted the significance of their organization's initiatives in addressing and transforming harmful gender norms.

> *"For instance, we have a community police initiative, that is situated at the various rural communities. They serve as focal persons, that report all activities relating to female genital mutilations." (IKI, F)*

Additionally, some participants also classified their organizational activities as *"gender-*

responsive" (Table 4.3). They stressed that their approach extends beyond simply acknowledging gender issues; it actively recognizes and addresses the unique challenges faced by specific gender groups, particularly women and girls. These groups often encounter distinct barriers due to deeply rooted gender inequalities in areas such as economic opportunities, education, healthcare, and gender roles. The participants explained that their organizations intentionally focus on these specific needs and vulnerabilities. This involves creating targeted programs and initiatives designed to empower these groups effectively.

> *"Through the LEAP program, we sometimes not only provide cash to beneficiaries but also liaise with NGOs, so they provide farm inputs to women to provide another source of income to relieve their burden and dependence on men. This helps them become economically independent and goes a long way to reducing domestic violence."* (IKI, M)

It is important to highlight that none of the organizations and institutions categorize their activities, policies, or initiatives as "gender-insensitive" or "gender-blind." This reflects the awareness of gender issues among all organizations and agencies. Although the participants' activities and policies may be categorized differently on the gender integration continuum, they all aim to address deep-rooted gender inequalities. A stakeholder stressed that,

> *"I would not want to classify my organization, but what we do here is to empower, transform, challenge and help women by providing any assistance as possible. Be it health, sanitation, financial empower, or agriculture. Our aim is just for them to be empowered." (IKI, M)*

4.3.4 Categorization of Ghana's gender policies in Health and WaSH

Participants classified Ghana's gender-related policies and initiatives using the Gender Integration Continuum. Their responses (Table 4.4) allowed for a structured analysis of how effectively these policies integrate gender considerations into their objectives and outcomes.

Table 4.4: Categorization of Ghana's gender policies in health and WaSH (n=18)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
Gender Blind	0 (0)	0 (0)
Gender Aware	4 (22%)	9 (17%)
Gender Responsive	12 (67%)	24 (46%)
Gender Transformative	17 (94%)	19 (37%)
Total		52 (100%)

Most participants consider Ghana's gender policies in health and Water, Sanitation, and Hygiene as being *"gender-transformative"* (Table 4.4). They highlight the importance of these policies in addressing and changing harmful social norms, particularly in rural communities. One prominent policy mentioned is the National Health Insurance Scheme (NHIS), which has been lauded for its potential to significantly impact underserved populations especially pregnant rural women.

> *"For instance, the NHIS is one importance and favourable initiative that has reduced burden and over-dependence of women on men. Now most pregnant women do not require to seek permission form their husband before they seek health services as expense are covered by the government."* (IKI, F)

A participant highlighted the vital role of the Community Water and Sanitation Program (CWSP) in transforming gender norms, which was developed by the Community Water and Sanitation Agency (CWSA). The program is designed to promote sustainable water supply solutions in rural areas, addressing the critical need for accessible and reliable water sources in these communities.

> *"With the community water projects, most rural households now have tapes or boreholes constructed right within their houses. This reduces the burden of water collection on the women. Now, the men in the house can easily fetch water and reduces the shame that usually come with it."* (IKI, M)

The initiative promotes women's involvement and ownership, recognizing that women primarily manage water resources in these communities. This inclusive approach not only enhances access to water but also empowers women to participate in decision-making processes.

> *"As part of the initiatives, women are the ones responsible for the management of these water projects. The ones constructed in the vantage points in the communities are managed by the women."* (IKI, M)

Twelve participants classified Ghana's health and WaSH policies and initiatives as *"gender responsive"* (Table 4.4*)*. They asserted that these policies are designed to address the needs of marginalized groups, particularly women, in an effort to elevate their social and economic status. Integrating various projects, initiatives, and policies creates a clear commitment to fostering empowerment among these groups and avoid gender inequalities and abuse.

> "*The community water projects are designed in a way that prevents gender- based violence. So, we adopt strategies where water collections points are constructed close to households, to avoid abuse resulting from water unavailability. We realized, that mostly, women are sometimes abused by their counterparts if water is not available at home."* (IKI, F)

Four stakeholders evaluated Ghana's health and Water, Sanitation, and Hygiene policies and initiatives and found that they are largely *"gender-aware"* (Table 4.4). Importantly, none of the stakeholders classified Ghana's efforts to address gender inequalities in policymaking and programming as "gender blind". This reflects Ghana's commitment to tackling gender issues, especially within the health and WaSH sectors. Such a proactive approach highlights that Ghana is not only recognizing the significance of gender equity but is also taking concrete steps to ensure that both men and women have equal access to health services and essential services such as water.

4.3.5 Ghana's direction towards "Gender transformative" approach in Health and WaSH policymaking and programming

Participants were asked about Ghana's commitment to adopting a gender transformative approach, focusing on understanding how this commitment is reflected in various policy areas. Their responses (Table 4.5), provide valuable insights into the extent to which gender considerations are being integrated into governmental and organizational decision-making processes.

Table 4.5: Ghana's Gender Direction (n=30)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
Moving in a right direction	8 (27%)	14 (22%)
No specific gender direction	5 (17%)	23 (37%)
No deliberate attempt towards gender transformative	7 (23%)	10 (16%)
Already adopting gender transformative approach.	10 (33%)	16 (25%)
Total		63 (100%)

Ghana, as a sub-Saharan country, is recognized for its robust and proactive strategies that embrace a gender-transformative approach to tackle persistent gender inequalities, particularly in the health and WaSH sectors. This approach is vital, given the systemic barriers that women and marginalized groups face in accessing essential services and resources. The majority of stakeholders, including government agencies and non-governmental organizations, have noted that Ghana is *"already adopting a gender transformative approach"* through various existing initiatives aimed at promoting health equity, which not only addresses the population's immediate needs but also aims to address harmful social norms (Table 4.5).

> *"I will say, we are already adopting gender transformative approaches in the health sector. Look at the family planning policies, domestic violence acts, and others. These reflects our commitments."* (IKI, M)

Other stakeholders identify Ghana's efforts as a *"step in the right direction"* toward establishing a gender-transformative system to tackle gender inequalities (Table 4.5). They recognize the recent introduction of the Affirmative Action Bill in Parliament as a significant legislative step that aligns with the broader goal of promoting gender equality and empowerment across all sectors. The Affirmative Action Bill is designed to enhance women's representation and participation in

government, fostering a more inclusive environment in political, economic, and social arenas. This initiative is vital to Ghana's commitment to ensuring that all citizens, regardless of gender, have equal opportunities to succeed and contribute to national development. Additionally, stakeholders pointed out the National Gender Policy established in 2015 as a foundational framework that underscores the importance of gender mainstreaming in Ghana's development agendas—this policy advocates for integrating gender considerations in all aspects of policymaking and program implementation. By prioritizing gender issues, the National Gender Policy seeks to mitigate inequalities and promote the rights of women and other marginalized groups:

> *"Ghana is making a great effort to move towards a gender-transformative system. We are in the right direction, and we will get there soon. You can see efforts in all sectors. The Affirmative Action Bill is in parliament, which should tell you we are awake now. It will give women a voice and opportunities to participate in development."* (IKI, F)

> *"In 2015, we enacted the National Gender Policy. For the first time, gender is issues are being considered in all sectors. This shows how the country is focus on gender issues. We are on the right track towards gender transformation. It will take time, but we are working on it." (I*KI, M)

Seven participants revealed that Ghana is not making any deliberate attempt towards adopting gender transformative approach to addressing gender inequalities (Table 4.5). Coupled with that, other stakeholders also assert that there is no focus on what specific approach the country is adopting (Table 4.5). They attributed this assertion to political instability and commitment.

> *"I don't think Ghana is making any attempt to adopt gender transformative approach. You could see it from the way government approaches gender issues. The frequent change in government impedes on our progress." (CKI, M)*

4.3.6 Timeframe to arriving at a gender transformative approach in policymaking and programming in Ghana's health and WaSH sectors

Creating a gender-equitable society is essential for Ghana's holistic progress, particularly in improving health outcomes for vulnerable groups, including women, who often encounter systemic barriers. Participants emphasized that Ghana is making steady progress toward a

transformative system that not only recognizes gender inequalities but also actively works to address and rectify them. Most participants suggested that it may take Ghana approximately *"two decades"* to fully implement such an approach. They view this timeframe as a realistic estimate, considering historical progress and the current socio-political landscape. Additionally, they noted ongoing efforts and commitments at various governance, civil society levels, and academia as a positive step.

> *"I believe in the next 10 to 20 years things will be better. Even with what you are doing, there will be progress if all hands come onboard especially research that presents the reality on the ground." (IKI, F)*

> *"With the look of things and the current initiatives on the ground, we should give ourselves two decades, we will have a transformed society. The NGOs, civil organizations and international donors are on their feet now with innovative projects. These all go a long way to get there."* (IKI, M)

4.3.7 Summary of objective one

The first objective aimed to explore stakeholders' knowledge and perspectives on gender-transformative policymaking and programming in Ghana's health and WaSH sectors. Most participants possessed significant familiarity with the concept of gender-transformative policymaking based on their experience in their respective fields and their academic backgrounds. However, while there was a common understanding that gender-transformative approaches are essential, the interpretations of what these approaches entail varied greatly among participants. Some participants viewed financial empowerment initiatives as gender-transformative, while others considered gender-transformative approaches to be those that address and change harmful gender norms.

Additionally, participants classified their organizations' and agencies' gender-related projects, policies, and initiatives using the gender integration continuum. Most participants identified their operations as gender-transformative, gender-responsive, or gender-aware/sensitive. None of the participants described their operations as gender-blind, nor did they classify Ghana's gender- related

efforts this way.

4.4 BARRIERS TO GENDER TRANSFORMATIVE POLICYMAKING AND PROGRAMMING ACROSS GHANA'S HEALTH, WaSH SECTORS

This section presents the findings of the analysis related to objective two, which aimed to identify barriers to gender-transformative policymaking and programming in Ghana's health and WaSH sectors. The analysis identified both institutional barriers encountered during the policy formulation and program design stages, as well as implementation barriers faced at the community level. Additionally, the willingness of stakeholders to incorporate gender issues into policymaking and programming was analyzed.

4.4.1 Barriers associated with formulating gender transformative policymaking and programming

Policy formulation plays a crucial role in driving meaningful change, especially when tackling complex issues like gender inequalities in the health and WaSH sectors. This process goes beyond merely creating policies; it requires a deep understanding of societal dynamics and the specific challenges that different genders face in accessing health services and essential resources. In recent years, there has been a growing focus on gender-transformative policymaking, which aims to improve access and outcomes for marginalized genders while challenging and changing the underlying norms and structures that perpetuate inequality. Nevertheless, despite these intentions, many progressive policies, initiatives, and programs encounter significant challenges during the formulation stage. Participants revealed barriers faced in gender transformative policy formulation which are classified as institutional barriers (Table 4.6).

Table 4.6: Institutional barriers to gender transformative policymaking and programming (n=18)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
Bureaucracy	9 (50%)	16 (14%)
Low representation/participation of women in decision-making	10 (56%)	32 (29%)
Structural barriers	7 (39%)	12 (11%)
Inadequate consultation	9 (50%)	21 (19%)
Political commitment	12 (67%)	19 (17%)
Others	6 (33%)	11 (10%)
Total		111 (100)

- ***Women's representation in decision-making.***

Low representation and participation of women in decision-making roles have been identified as significant barriers to developing effective gender-transformative policies and programs (Table 4.6). Stakeholders noted that when women are underrepresented in leadership positions, their perspectives, needs, and experiences are often ignored in policymaking. This lack of inclusion not only reinforces existing inequalities but also diminishes the effectiveness and relevance of policies aimed at addressing gender issues. Furthermore, stakeholders revealed that the absence of women in decision-making results in a limited understanding of the challenges women face, particularly those most affected by issues such as poverty, violence, and inadequate access to WaSH facilities and healthcare.

> *"When you come to the district level, you find a lot of committees at the district level, at the district assembly, with least women participation, or in most cases, none. and of course, so how are women represented, and how are their challenges and issues, needs and aspirations represented?"* (IKI, F)

Water collection is crucial in many Sub-Saharan African communities, and women primarily undertake it. Traditionally, women are responsible for gathering water for household use, often

traveling long distances and investing substantial time and effort in this task. This responsibility reflects deep-rooted cultural norms and societal structures that position women as the primary caregivers and managers of household resources. However, despite their essential role, women's voices and perspectives are often excluded from decision-making processes related to water management. This oversight undermines the effectiveness of projects and policies to improve WaSH outcomes.

> *"We are often sidelined when polices are formulated. As you know, water is considered women's issue, but when critical decisions about water and sanitations are being taken, we only hear the outcomes. We are not well represented even though we are the ones affected by such decisions. All this affects the overall progress of WaSH projects."* (IKI, M)

> *"Water is collected at a point source, so people have to fetch it. Who does the fetching? Women and girls. Therefore, they have to be consulted when you want to site a collection point in that community. But that is not the case often. You see men decide where these collection points should be sited. So, obviously, you might think you are solving a problem, but you are not. For instance, women and girls, with their unique perspectives, can identify safer and more convenient water collection points, leading to better outcome."* (IKI, F)

- ***Consultation***

Inadequate consultation has been widely recognized as a significant barrier to formulating gender-transformative policymaking, particularly within the health sector by stakeholders (Table 4.6). Stakeholders have observed that the top-down approach commonly adopted by policymakers tends to undermine the valuable expertise and insights available at the grassroots level. This disconnects leads to policies failing to address the specific needs and realities of diverse communities, especially women. The involvement of officers and experienced stakeholders at grassroots levels is essential for the success of any policy. Unfortunately, these individuals are often excluded from decision-making before policies are enacted. Stakeholders revealed that they are not consulted or engaged in discussions about new policies, which create a gap between the intentions of the policy and its actual implementation. Instead, these stakeholders are primarily expected to carry out directives established

at higher levels without having the opportunity to voice their opinions or concerns during the planning stages. This disconnects lead to challenges in effectively executing these initiatives. Without input from those with direct experience with the issues, policies may lack the necessary context and fail to address the real needs of the communities and groups they are meant to serve.

> *"Another problem is the issue of a top-down approach to policy formulation. Consider this scenario: a policy aimed at farmers is being developed, but the stakeholders involved in the discussion do not include any farmers. This disconnect means that the policies created may not be relevant or practical in the context where they will be implemented. As a result, a divide emerges between the communities targeted by these policies and the policymakers, leading to apathy toward future initiatives. Without a meaningful connection between the decision-makers and the people affected, trust in the policies diminishes."* (IKI, F)

- ***Political Commitment***

Political direction and commitment to gender issues have also been identified by stakeholders as another barrier to addressing gender inequalities (Table 4.6). The lack of accountability mechanisms raises critical questions about how effectively the government can be held responsible for its commitments to gender equality. While some institutions have been established to promote gender equality, many are seen as ineffective or underfunded. The government's tendency to prioritize other issues, such as economic development and national security, exacerbates this ineffectiveness. As a result, gender-related programs are often sidelined during the budget allocation process, leading to a severe lack of progress in improving gender equity. This creates a cycle in which gender issues are inadequately addressed, leading the public to perceive that the government is not genuinely committed to improving gender equality.

> *"There is a lack of accountability in the government regarding gender issues. These issues are often not considered priorities, which results in projects frequently lacking the necessary funding. Without adequate funding, it is impossible to operate effectively. This situation reflects the government's overall commitment. Additionally, the institutions designed to address gender issues are perceived as weak and unable to tackle certain problems. Collaboration across sectors is essential, but currently, there is a lack of commitment." (I*KI, M)

> *"Each government has its priorities and policies. There is no national focus on gender issues; each government creates its manifesto outlining how it intends to address gender inequality. As a result, there is often a lack of documented progress, particularly in health. Some governments mention gender in their manifestos solely to gain support, but once in power, they tend to prioritize other issues. Obviously, their commitment to gender equality is not genuine but aimed at securing votes."* (IKI, F)

- ***Bureaucracy***

The ineffective flow of information, ideas, and suggestions has been identified as a significant barrier to developing effective gender-transformative policies and programs (Table 4.6). There is a breakdown in communication which often results in misunderstandings, misinformation, and unclear goals and objectives. When stakeholders are not adequately informed or engaged, their unique perspectives and experiences—essential for creating inclusive and effective policies—are often overlooked. Additionally, the bureaucratic approach adopted by various institutions complicates this issue further. Stakeholders have expressed that rigid processes and formalities create an environment that stifles open dialogue and innovation. Many feel discouraged from participating in forums and discussions because they perceive a lack of relevance or believe that their contributions will not be valued. This disengagement not only undermines the quality of policymaking but also perpetuates a cycle in which decision-makers are disconnected from the realities and needs of the communities they serve.

> *"There is high level of bureaucracy in the government sector, which prevents successful implementation of gender transformative policies. As a field worker I am in contact with the communities so I know what goes on there, therefore I can suggest best methods and ideas in dealing with some gender issues, but the channels I have to pass through before approval from the top discourages most officers to perform their duties."* (IKI, M)

> *"The bureaucracy involved from the top-down slows things up. If you wish to suggest a project or initiative that will be helpful in transforming gender norms in the communities, the hurdles you will pass through before it being approved will discourage you to even stop halfway."* (IKI, F)

Stakeholders have identified additional barriers, including policies, initiatives, and programs unsuited to local contexts and national interests. These misaligned approaches significantly hinder

progress in addressing critical issues of gender inequality in many communities. Stakeholders pointed out that these challenges are often exacerbated by the actions of foreign donors and non-governmental organizations (NGOs). Although these entities bring valuable resources and expertise, they frequently develop and implement projects driven primarily by their organizational goals and objectives. This focus creates a disconnect between the strategies employed and the actual needs of the local community. As a result, there is often a mismatch between the resources provided and the community's requirements. This impedes effective intervention strategies, leaving efforts to promote gender equality scattered, inefficient, and inadequately funded without documented progress.

> *"At the policy formulation level, aligning your initiatives with the national plan can be challenging. From the viewpoint of foreign donors, especially our funders, it may be difficult to find a gender-transformative project or initiative that fits the national plan. You need to persuade the donor to set aside their own objectives and focus on your proposal. This is challenging because they also operate within their established frameworks and work plans. Consequently, tracking progress in this context becomes complicated."* (IKI, M)

4.4.2 Barriers associated with implementing gender transformative policymaking and programming

Implementing gender-transformative policymaking and programming is essential for achieving gender equality and addressing the systemic barriers that perpetuate discrimination and inequity. Gender-transformative approaches go beyond merely alleviating the impacts of gender inequality; they aim to fundamentally reshape the structures and norms that contribute to these inequalities. By recognizing the intersectionality of gender with other social identities, these policies create a more inclusive and equitable environment for all individuals, regardless of their gender. However, there are barriers to fully implementing gender transformation in Ghana's health and WaSH sectors (Table 4.7).

Table 4.7: Barriers associated with implementing gender transformative policymaking and programming (n=18).

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
Corruption	3 (17%)	9 (4%)
Financial barriers	16 (89%)	48 (22%)
Inadequate logistics	10 (56%)	37 (17%)
Inadequate monitoring and evaluation	7 (39%)	22 (10%)
Socio-cultural barriers	17 (94%)	92 (43%)
Others	3 (17%)	9 (4%)
Total		216 (100%)

- ***Socio-cultural barriers.***

Stakeholders emphasize the impact of entrenched cultural norms within many communities, recognizing them as significant barriers to the effectiveness of gender-transformative policies, initiatives, and programs (Table 4.7). These norms, deeply rooted in the fabric of society, often dictate the roles and responsibilities considered appropriate for different genders. In many Ghanaian cultures, for example, traditional beliefs about gender roles highlight male authority and decision-making power, effectively sidelining the voices and contributions of women. These dynamics, limits women's participation and creates a cycle in which their capabilities and insights are overlooked. Women are often viewed primarily through the lens of caregiving, which restricts their opportunities to engage in leadership roles or influence outcomes that directly affect their communities. As a result, stakeholders revealed that, initiatives aimed at empowering women and promoting gender equity often encounter substantial obstacles, as societal expectations and norms undermine the intended effects of these programs.

> *"Cultural and social norms that we see, and which, over the period, have been one of the major causes of increasing some of the vulnerabilities of women and young girls. It is a patriarchal and religious society we operate in here. Moreover, some of these norms seem not to support or allow women to express themselves, to engage in or participate in social activities, or to participate in decision-making at the community level."* (IKI, M)

> *"When you go practically to the communities, there are several instances where you organise meetings, and only men come. Because in that community, women are not allowed to sit with men or sit with their husbands. And so, that's non-participation. And so, if you don't participate, how do you take part in decision-making? And so, of course, you realise that all decisions that are made are made by men from their perspective, and that might not be able to directly address the needs of women"* (IKI, F)

Also, stakeholders noted that resistance from advantaged groups, particularly men, is frequently encountered within communities when initiatives are introduced to challenge and transform harmful gender norms. This resistance manifests in various forms, including vocal opposition, passive-aggressive behaviors, or subtly undermining efforts to promote gender equality. Men often perceive these initiatives as direct threats to their status, privileges, and established power dynamics as a result of the cultural assumption of male dominance.

> *"There is always resistance as a result of cultural barriers. For instance, you are implementing a program that will empower women financially, it is seen as a way of empowering them to be disrespectful in the community. This is because of the cultural norms where women are supposed to be submissive in the communities. Even to the extent that empowering women is seen as a way of telling them they don't need men so they should not marry."* (IKI, F)

> *"Mostly, men feel threatened when their wives are being engaged in empowerment roles. They always complain on how women with money do not respect they the men." (*IKI, M)

- ***Financial Barriers***

Stakeholders also revealed that financial barriers significantly limit the implementation of policies, particularly in sectors such as healthcare (Table 4.7). These barriers often result from constrained budgets, insufficient funding, and competing priorities, making it challenging for agencies and organizations to implement policies and programs effectively. Even well-designed policies struggle

to gain traction when inadequate financial support covers the costs associated with their execution. This situation often leads to delays in project rollouts, diminished service effectiveness, and even the complete abandonment of initiatives with significant potential. Consequently, this exacerbates existing inequalities, as policies aimed at improving access to services or promoting economic development remain underfunded or entirely neglected as noted by stakeholders.

> *"Financial issues are also limiting the entire department. You might plan and budget for an innovative project with great potential, but without the necessary funding, it can end up sitting unused on your desk. Sometimes, we have to invest our salary to kickstart some projects, which is frustrating given the level of impact we hope to achieve" (IKI, F)*

> *"Due to resource constraints, our operations are limited. If you intend to do a project, you might have to pay for it out of your own pocket. We are not paid well enough, so we are limited in what we intend to achieve." (IKI, M)*

- ***Inadequate Logistics***

Inadequate logistics has been identified as another barrier to implementing gender transformative programs (Table 4.7). This challenge creates obstacles to effective delivery and outreach. Stakeholders have pointed out that logistical inadequacies in various district offices impact several aspects of program execution, including the transportation of resources, the accessibility of services, and the ability to reach targeted communities, particularly in rural areas. They further revealed that, inadequate logistics impede collaboration with local organizations and stakeholders in other agencies, which is crucial for the success of gender-transformative programs. Without proper coordination and communication, efforts to promote gender equality fall short, leaving marginalized groups without the necessary support and resources to thrive.

> *"We have only two motorbikes for eight staff members, so reaching communities is difficult. Also, our department doesn't get much support at the assembly level, and we often rely on NGOs to advance our work." (IKI, F)*

- ***Monitoring and evaluation***

Stakeholders noted that inadequate monitoring and evaluation mechanisms severely limit the

effectiveness of gender transformative health policies (Table 4.7). They point out that without proper monitoring, it becomes challenging to assess whether the policies are being implemented effectively and whether they address the specific health needs of women. This lack of oversight leads to inequalities in health outcomes, as specific populations or communities may not benefit from the intended impacts of these policies. Additionally, stakeholders have highlighted that without robust evaluation frameworks, it is difficult to gather evidence on the impact of gender policies on health outcomes. This absence of data hampers the ability to make informed decisions, adapt strategies, and allocate resources effectively. As a result, policies may continue to be implemented even if they fail to produce meaningful change, making it nearly impossible to track their impacts.

> *"We lack effective monitoring and evaluation strategies, so it is hard to track projects' impacts. Sometimes, two different agencies roll out the same program in the same community, causing conflict. Thus, it becomes difficult to evaluate the progress of these projects." (IKI, M)*

Additional, stakeholders revealed other restricting barriers such inability of women to take up leadership roles as they lacked self-esteem. This lack of self-esteem often stems from various social, cultural, and economic factors contributing to feelings of inadequacy or unworthiness. They noted that when women doubt their abilities or feel less valued, they are less willing to engage fully in program activities or take advantage of available resources to develop their potential.

> *"To empower women, we need to support their sense of agency. Many of these women struggle with low self-esteem and limited resources. When we organize meetings, they often say they can't attend because their husbands should go instead." (IKI, M)*

4.4.3 Importance of considering gender in policymaking and programming

Gender consideration in policymaking and programming is crucial for promoting gender equality and improving overall social outcomes. These considerations ensure that the diverse needs of all individuals are recognized and addressed, leading to more inclusive and effective policies. It is essential to understand that gender influences how individuals experience and interact with various

services, programs, and policies.

For example, men and women may perceive healthcare services differently due to varying health needs, access to resources, or societal expectations. Similarly, education programs may encounter inequalities if they do not consider specific gender barriers in accessing educational opportunities. By incorporating gender perspectives into the design and implementation of policies, we gain more nuanced insights that can enhance their effectiveness. When stakeholders were asked if they consider gender issues when formulating and implementing policies related to gender in the health and WaSH sectors, nearly all responded affirmatively. However, the reasons for considering gender issues differ among them (Table 4.8).

Table 4.8: Gender Consideration in Policymaking and Programming (n=18)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
To promote inclusive participation	11(44%)	17 (29%)
To promote fairness and equity	10 (56%)	22 (37%)
For sustainable impact towards community development	8 (44%)	12 (20%)
Others	5 (28%)	8 (14%)
Total		59 (100%)

- ***Fairness and Equity***

Gender inequities lead to significant disparities in access to opportunities and resources across various sectors, including education, employment, healthcare, and political representation. These inequities arise from societal norms, stereotypes, and systemic biases that hinder the potential of marginalized genders, impacting their ability to succeed. Stakeholders emphasize that incorporating a gender perspective into policymaking is essential for identifying the barriers disproportionately affecting these groups. According to them, this approach involves recognizing individuals' unique challenges based on their gender identity and actively working to dismantle these barriers through

targeted initiatives and reforms to promote fairness and equitable societies (Table 4.8). Ensuring that gender equity is a fundamental aspect of policymaking is crucial for eliminating the persistent obstacles that marginalize women.

> *"It is important to consider gender issues in policymaking. This will give you a fair knowledge of the intended impacts on both genders. It will also show how each gender will react to the policy and how to reform or adjust." (IKI, F)*

- ***Inclusive Participation***

Stakeholders emphasized that gender-transformative policymaking is essential for creating inclusive and effective policies (Table 4.8). By actively promoting the involvement of diverse voices in the decision-making process, particularly those of women, a broader range of perspectives and experiences can be considered. They noted that, this inclusivity enhances dialogue and supports a more comprehensive approach to problem-solving. As a result, it leads to innovative solutions that meet the entire population's needs. Ultimately, this process fosters better policies and cultivates a culture of respect, equity, and collaboration, which drives progress toward a more just society for everyone.

> *"Taking gender into account in policymaking and programming is crucial. It creates an opportunity to involve diverse voices for deliberation. Engaging people of all genders ensures they have a chance to assess your intended impact.This approach fosters participation and helps create a sense of belonging." (IKI, F)*

- ***Sustainable Development Target.***

Gender equality plays a vital role in achieving sustainable development goals (SDGs), which aim to address global challenges such as poverty, inequality, and climate change. Stakeholders have highlighted that prioritizing gender considerations not only enhances the rights and wellbeing of all genders but also strengthens the effectiveness of broader development strategies. They emphasized that engaging in gender-sensitive policymaking is essential for reaching SDG targets, ultimately benefiting the entire country (Table 4.8).

> *"By intentionally incorporating gender considerations into our policymaking process, we can make significant strides toward achieving the Sustainable*

Development Goals (SDGs). This approach not only benefits our country in a global context but also acknowledges that gender issues are interconnected across nearly all SDGs. Adopting a holistic approach to these issues will create positive ripple effects." (IKI, M)

4.4.4 Summary of objective two

The second objective identified barriers to gender-transformative policymaking and programming in Ghana's health and WaSH sectors. Stakeholders pointed out institutional barriers, primarily encountered during the policy formulation and program design stages, and community-level barriers, which arise mainly during the implementation stage.

Several barriers impede the successful implementation of gender-transformative policies and programs. These include socio-cultural norms, financial constraints, and insufficient monitoring and evaluation processes. Additionally, specific institutional barriers were highlighted, such as low women's participation, bureaucratic obstacles, a lack of political commitment, and inadequate stakeholder consultations during policy formulation.

4.5 OPPORTUNITIES WITHIN EXISTING GOVERNMENT POLICIES TO BREAK DOWN BARRIERS TO WOMEN'S EMPOWERMENT IN WaSH

This section presents the analysis results related to the third objective, which examines the opportunities within existing government policies to remove barriers to women's empowerment in WaSH and health. The analysis identifies several existing policies, initiatives, and programs that have significant potential to address gender inequality in these sectors. Notable examples include the National Health Insurance Scheme, the Community-based Health Planning and Services (CHPS) program, the Community Water and Sanitation program, and the Mother-to-Mother Support Initiative. Stakeholders have emphasized these programs' importance and recommended reforms to enhance their ability to transform harmful gender norms and challenge structural barriers.

4.5.1 Existing Policies/Initiatives that should improve to empower women for better access to health and WaSH

Ghana has made significant strides in formulating and implementing policies aimed at transforming harmful gender norms and addressing the persistent gender inequalities faced in the health and WaSH sectors. These policies and programs represent a commitment by the government and various organizations to promote gender equity and enhance the overall health of communities. However, despite these positive developments, the implementation of these initiatives has fallen short of achieving their intended impacts, primarily due to a range of challenges and barriers highlighted in the second objective of this study. Stakeholders pointed out ways these initiatives and policies could be enhanced to effectively dismantle obstacles to women's empowerment in the health and WaSH sectors (Table 4.9).

Table 4.9: Existing policies and initiatives to break down barriers to women's empowerment (n=30)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
National Health Insurance Scheme Policy/Initiative	28 (93%)	104 (27%)
Community-based Health Planning and Services (CHPS)	23 (77%)	82 (22%)
Community Water and Sanitation Program	25 (83%)	75 (20%)
Mother-to-Mother Support Initiative	27 (90%)	97 (25%)
Others	5 (17%)	23 (6%)
Total		381 (100%)

- **National Health Insurance Scheme Policy.**

The National Health Insurance Scheme aims to reduce healthcare costs and improve access to health services. However, stakeholders have suggested recommendations to enhance the policy's impact

(Table 4.10).

Table 4.10: Recommendation to NHIS (n=30).

Sub Themes	Participant Mentioning (%of participants)	Number of Mentions
Improve monitoring and control mechanisms	18 (60%)	32 (26%)
Increase funding sources for wider coverage of patients	15 (50%)	27 (22%)
Improve reimbursement strategies	16 (53%)	35 (28%)
Improve auditing process to combat fraud	12 (40%)	18 (15%)
Others	7 (23%)	11 (9%)
Total		123 (100%)

Stakeholders have stressed the importance of improving the monitoring and control mechanisms in the national health insurance scheme (Table 4.10). They have emphasized that it is crucial to develop specific, and measurable performance indicators that can track the scheme's effectiveness and efficiency. These metrics should cover various aspects, including customer satisfaction, claim processing times, and health outcomes. Additionally, they have highlighted the potential for improvement and innovation through the use of technology to streamline processes, such as digitizing claims processing and patient records, which will significantly enhance monitoring capabilities. They further emphasized that implementing secure data-sharing platforms will improve transparency and communication among stakeholders.

> *"We need to enhance the scheme's implementation strategies. A robust monitoring system should be adopted to measure impacts and provide relevant indicators. Additionally, we should leverage technological advancements to ensure real-time data is available to assess patients' claims and other related matters. This will help the scheme operate smoothly and make sustainable impacts." (IKI, M)*

Stakeholders also emphasized the importance of increasing the funding sources for Ghana's NHIS to expand healthcare coverage and ensure that more patients have access to essential medical services (Table 4.10). The NHIS was established to provide equitable access to healthcare for all Ghanaians;

however, financial constraints have often limited its effectiveness and reach. They noted that exploring additional funding sources, such as public-private partnerships, could enhance financial stability. Engaging the private sector to invest in healthcare programs can also bring in new funds and resources. Furthermore, they stressed the importance of collaborating with international organizations and NGOs, which will also serve as supplementary funding sources. These partnerships will help implement innovative health programs and improve infrastructure, leading to better patient service delivery.

> *"We need to expand the coverage of the scheme. To achieve this, we require additional funding sources; the current ones are limited, restricting our ability to operationalize the scheme effectively. It is essential to foster partnerships between the public and private sectors. Additionally, the scheme could explore collaboration opportunities with NGOs or international organizations to access resources that will have a greater impact." (IKI, M)*

Stakeholders additionally emphasize that introducing robust safeguards and auditing processes is crucial for combating fraud and abuse within the system, which is vital for the scheme's sustainability (Table 4.10). This approach preserves funds and ensures that legitimate claims are prioritized and processed promptly. Additionally, they stressed the importance of building strong relationships between the NHIS and healthcare providers. Engaging providers in regular consultations can yield insights into their challenges and promote collaboration in finding practical solutions relating to reimbursement challenges.

> *“There should be sufficient consultation between healthcare providers and the NHIS. Often, there are delays in reimbursement from the NHIS authority, which discourages healthcare providers from admitting patients enrolled in the NHIS. They do not receive their funds on time, which is crucial for their facilities' operation. If this issue is addressed, significant progress can be made.” (IKI, M)*

Stakeholders provided innovative recommendations for effectively implementing the NHIS. However, it is concerning that they did not highlight a critical issue: the lack of healthcare access for cardholders, particularly in the Daffiema-Bussie-Issa District. The absence of a district hospital

severely limits many patients' ability to receive necessary medical care. Despite being enrolled in the healthcare scheme, these individuals find themselves in a difficult situation, unable to adequately seek the required healthcare services

- **Community-based Health Planning and Services (CHPS)**

Community-based Health Planning and Services is an initiative to improve healthcare access and delivery, particularly in rural and underserved areas. The primary goal of CHPS is to involve communities actively in their health planning and the provision of services. While the program has experienced notable success, participants have suggested important recommendations for effectively addressing and transforming harmful gender norms (Table 4.11).

Table 4.11 Recommendation to CHPS (n=30)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
Provision of enough trained and motivated health officers to rural communities	23 (77%)	67 (46%)
Inclusion of female health workers	14 (47%)	18 (12%)
Effective implementation of adolescent centers/corners	18 (60%)	20 (14%)
Provision of periodic education on family planning mechanisms	10 (33%)	23 (16%)
Others	7 (23%)	17 (12%)
Total		145

Stakeholders stressed that personnel working in rural areas often encounter unique challenges that significantly affect their abilities to perform effectively in most CHPS compounds. Limited resources, such as essential medical supplies and technology, hinder their capacity to deliver critical services to the communities they serve (Table 4.11). Furthermore, inadequate infrastructure,

including poorly maintained roads and unreliable communication systems, complicates their efforts, making it difficult to reach those in need and respond to emergencies promptly. Stakeholders emphasized the importance of implementing motivational strategies aimed explicitly at rural officers. One practical approach they revealed involve providing improved accommodation options that are both comfortable and convenient, allowing personnel to feel more at home in their work environment. Additionally, they suggested increasing allowances of officers would offer financial relief and recognize these officers' unique challenges, ultimately enhancing their overall satisfaction and commitment.

> *"Our officers lack sufficient motivation. In some communities, they do not even have housing facilities. We need to find ways to encourage these officers to perform their duties effectively. Additionally, there should be a strong emphasis on family planning to challenge and break some cultural norms in rural communities." (IKI, F)*

Stakeholders also emphasized the importance of including female health workers in the CHPS program to enhance women's health services (Table 4.11). In many rural areas, women encounter significant barriers to accessing healthcare, including cultural stigma and discomfort in discussing personal health issues with male providers. Stakeholders noted that incorporating female health workers into the CHPS program will create a more welcoming environment, allowing women to share their experiences and seek care freely without hesitation. Female health workers bring valuable medical expertise, empathy, and understanding, which can significantly improve the patient-provider relationship. Women generally feel more comfortable discussing sensitive topics, such as reproductive health, maternal care, and mental health issues, with a female provider who can relate to their experiences. A stakeholders asserted that,

> *"Women in rural areas often hesitate to discuss their issues with male officers, particularly in their communities. Appointing more female health workers to community-based health planning and services (CHPS) compounds is essential to creating a more supportive environment where women can openly share their health concerns. This change would represent a significant step toward achieving gender equity." (CKI, M)*

Stakeholders also revealed the need for a practical implementation of adolescent centers, often called 'adolescent corners' (Table 4.11). According to them, these centers are crucial for enhancing healthcare delivery and ensuring that the unique needs of young individuals, especially girls, are adequately met. These centers provide a safe, welcoming, and confidential space where adolescents can access essential health services and information tailored to their age group. They revealed that many young individuals feel uncomfortable seeking help in traditional healthcare settings, but adolescent centers will bridge that gap by offering a more relatable and age- appropriate environment. Additionally, involving adolescents in designing and implementing these centers will enhance their effectiveness. By considering their feedback, preferences, and needs, healthcare providers can create a more engaging and relevant experience.

> *"Adolescent centers must be welcoming to ensure that young people can easily access them. Boys rarely visit the adolescent corner, while girls do, but the facility is often used for other purposes. As a result, adolescents feel too shy to use that space. Therefore, these centers should be redesigned and effectively managed. Involving youth in the design process to gather feedback can also be beneficial." (CKI, M)*

Stakeholders also stressed on the importance of periodic education on family planning methods in rural areas to enhance reproductive health and wellbeing within communities through the CHPS program (Table 4.11). Access to information and resources regarding family planning is often limited in these settings, and traditional beliefs obstruct open discussions about available options. To address this, they suggested organizing regular workshops, seminars, or community meetings led by healthcare providers in the CHPS compounds. These events will create a space for dialogue, enabling individuals to ask questions, share concerns, and learn about various family planning methods. Furthermore, the educational content should be tailored to meet the community's specific needs. This could involve customizing materials based on local values, languages, and literacy levels. Engaging local leaders and trusted figures in the education process will also enhance credibility and acceptance among community members.

"Regular community forums or meetings should be incorporated into the CHPS program to educate members about contraceptive methods. This will help break down barriers and address taboos surrounding the use of contraceptives. By fostering a more supportive environment, families are likely to embrace contraceptive use, which will significantly enhance women's health and wellbeing. Additionally, community opinion leaders can be used in driving these initiatives for improved outcomes. This approach will lead to a positive transformation in women's health-seeking behaviors" (CKI, F)

- **Community Water and Sanitation Program (CWSP)**

The Community Water and Sanitation Program is an initiative to improve access to clean water and sanitation facilities in various communities, especially in underserved areas. This program acknowledges the connection between water, sanitation, hygiene, and health outcomes. When participants were asked about the opportunities within this program to achieve gender transformative impacts, they recommended the following (Table 4.12).

Table 4.12: Recommendation to CWSP (n=30)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
Hygiene and sanitation education	16 (53%)	38 (30%)
Collaboration among agencies and CSOs	19 (63%)	24 (19%)
Gender mainstreaming at all levels	12 (40%)	17 (14%)
National commitment and prioritization	14 (47%)	29 (23%)
Others	8 (27%)	17 (14%)
Total		125 (100%)

Collaboration among agencies and Civil Society Organizations (CSOs) was emphasized as crucial for effectively implementing Ghana's community water and sanitation projects (Table 4.12). Access to clean water and proper sanitation is a fundamental human right that significantly influences public health, economic development, and overall quality of life. Stakeholders emphasized the importance of recognizing the roles of various stakeholders, including government agencies, non-governmental organizations, community leaders, and residents as each group brings unique skills, resources, and

perspectives that are critical to the success of these projects. Furthermore, they revealed that, engaging communities during the planning and implementation phases will ensure that projects are designed to meet local needs and conditions. CSOs often have established trust and rapport within communities, making them crucial in communicating and mobilizing local support. Their involvement guarantees that the voices of community members are heard and considered in decision-making processes as they serve a link.

> *"Collaboration among all relevant stakeholders is essential for community water and sanitation projects. It is important to involve all CSOs during the design stage of each project. These CSOs, with their established relationships with many communities, play a crucial role in understanding and representing their needs. When communities are consulted through these CSOs, they feel a sense of ownership in the project, which can significantly enhance overall progress." (CKI, M)*

Additionally, stakeholders suggested hygiene and sanitation education to be integrated into the Community Water and Sanitation program (Table 4.12). According to them, it is crucial for empowering women in communities, especially in recognizing the link between sanitation and health. Stakeholders emphasized that organizing educational programs focused on these topics will significantly improve women's awareness and sensitivity toward sanitation practices. Furthermore, this initiative will address immediate health concerns and empower women to drive sustainable change within their communities. Ultimately, it can lead to lasting benefits for the projects' sustainability and women's wellbeing.

> *"To have a greater impact on the project, stakeholders should implement hygiene and sanitation awareness programs to educate women about water and sanitation issues as women are more concerned about water issues. This approach will encourage ownership and active participation among women, ultimately empowering them." (CKI, F)*

Stakeholders also revealed that programs can enhance effectiveness and sustainability by integrating gender considerations into planning, implementation, and evaluation (Table 4.12). At the community level, women often play a central role in managing water resources and household sanitation. They

are usually responsible for water collection and family hygiene, yet their voices are often overlooked in decision-making. To address this, stakeholders noted the need for women's involvement as they possess valuable experiences crucial to the program's progress.

> *"For a significant positive WaSH outcome, we need to make conscious efforts to include women and encourage their participation across all levels of projects. They must be engaged to harness their potentials and views. This will be critical." (IKI, F)*

Stakeholders also emphasized the importance of the government prioritizing sanitation issues (Table 4.12). They pointed out that many projects remain incomplete due to a lack of funding and suggested that the government strengthen its commitment to addressing water-related challenges.

> *"Many projects are abandoned because of insufficient funds. The government must take deliberate attempt in addressing water needs of rural communities. It could also collaborate with international agencies like WaterAid and USAID to mobilize resources for water and sanitation projects." (IKI, M)*

- **Mother-to-Mother Support Initiative**

The Mother-to-Mother Support Initiative is a program designed to offer peer support among mothers, fostering a sense of community and enabling the sharing of valuable experiences. Through this initiative, mothers connect, discuss their challenges, celebrate their successes, and exchange practical tips related to parenting and childbearing. This women-led support group has been identified as having significant potential to empower women regarding their health and to challenge harmful gender norms. Participants have provided suggestions for enhancing the impact of this support group (Table 4.13).

Table 4.13: Recommendation to Mother-to-Mother Initiative (n=30)

Sub Themes	**Participant Mentioning (% of participants)**	**Number of Mentions**
Government support	20 (67%)	46 (35%)
Institutionalization of initiative	23 (77%)	32 (25%)
Inclusion and provision of experienced female health workers	18 (60%)	41 (32%)
Others	6 (20%)	11 (8%)
Total		130 (100%)

Stakeholders revealed the need for institutionalization of the mother-to-mother initiative (Table 4.13). They believe this change would significantly alter how maternal support systems are structured and implemented within communities. This approach emphasizes the importance of peer-led support networks, where experienced mothers offer guidance, encouragement, and resources to new or expecting mothers. Additionally, it aims to empower women to develop their leadership potential. According to these stakeholders, institutionalizing the initiative will give it the necessary recognition for community development which will intend lead to women participation.

> *"The Mother-to-Mother Initiative is a community-based effort. If the government can institutionalize this program, it would significantly impact. Recognition would encourage more women to participate, greatly enhancing women's potential to take on leadership roles within their communities." (CKI, F)*

While the initiative's institutionalization was mentioned, stakeholders also emphasized the need for government support, particularly from health officers (Table 4.13). These health officers will provide essential health education to members who are mostly pregnant women, regarding best practices. They stressed that without government health officers' endorsement and active participation; the initiative may face challenges in reaching its full potential. Involvement from health officers could also increase trust in the initiative, as health officers are often viewed as credible sources of information.

"Many of these initiatives are done in groups; these groups require female health professionals to lead discussions on pregnancy-related topics. This approach will help women feel more comfortable sharing their issues with the female health workers and promote trust." (IKI, F)

4.6 Opportunities in moving towards a gender transformative policymaking and programming in Ghana's health and WaSH sectors

Ghana's health and Water, Sanitation, and Hygiene sectors offer unique opportunities for gender-transformative policymaking and programming. It is crucial to acknowledge the inequalities in access to health and WaSH services between different genders to develop effective policies that meet the specific needs of all individuals. Participants were asked to identify the opportunities within Ghana's initiatives aimed at adopting gender-transformative approaches in policymaking and programming to address these gender inequalities (Table 4.14).

Table 4.14: Opportunities in Gender Transformative Policymaking and Programming (n=30)

Sub Themes	Participant Mentioning (% of participants)	Number of Mentions
Women participation in decision-making	11 (37%)	55 (16%)
Improved women's health	28 (93%)	106 (30%)
Transformed harmful gender norms	20 (67%)	98 (28%)
Empower women to partake in community development	19 (63%)	64 (18%)
Others	5 (17%)	28 (8%)
Total		351 (100%)

- ***Improved Women's Health***

Women often experience significant health inequalities due to cultural norms and gender roles. Stakeholders have identified gender-transformative policies and programs as crucial step for substantially improving women's health and wellbeing (Table 4.14). Stakeholders emphasized that gender-transformative policies will help break down sociocultural barriers by promoting women's

economic empowerment through education, employment initiatives, and financial support programs. According to these stakeholders, as women gain financial independence, they are more likely to seek healthcare services and prioritize their health. Moreover, stakeholders noted that transformative policies would promote community education initiatives that raise awareness about women's health issues. Engaging men and boys in discussions about gender equality and women's health will foster a supportive environment prioritizing women's health need. Additionally, they highlighted the importance of policies focused on sexual and reproductive health for empowering women in Ghana. This includes ensuring access to safe and legal abortion services, contraception, and comprehensive sexual education. When women are educated about their reproductive rights and have access to necessary resources, they can make informed decisions about their health and wellbeing.

> *"Women's health will be improved. You all know women face many inequalities in accessing health care as a result of social norms in the communities. I see a future where gender transformative policies will help break these barriers, and women's health will be prioritized. A move towards gender transformative is a move to improve women's health." (CKI, F)*

- ***Transform harmful gender norms***

Stakeholders stressed that gender-transformative policymaking is essential for changing harmful gender norms within communities (Table 4.14). They stated that these policies will promote education and raise awareness about gender equality. By implementing and enhancing existing programs that raise awareness about gender issues, communities will begin to shift the prevailing stereotypes and biases that often lead to harmful behaviors. Schools, community centers, and public campaigns should be used as platforms for challenging traditional gender roles and encouraging equal participation from both genders in all aspects of life through imbedding gender issues in curriculums. Additionally, stakeholders noted that these gender transformative policies will establish supportive legal frameworks to protect individuals, especially women, from gender- based violence and discrimination. Such legal protections will empower individuals to speak out against injustices,

thereby fostering a culture of respect and equality.

> *"Gender-transformative policies will eventually enhance legal systems, allowing marginalized voices to be heard. This transformation will challenge and change harmful gender norms. Additionally, promoting gender transformation will raise awareness through education about these detrimental norms, helping to sensitize community members and encouraging positive change."* (IKI, M)

- ***Women's Empowerment***

Stakeholders emphasized that by prioritizing gender equality in policy decisions, governments and organizations will create frameworks that promote equal opportunities across various sectors, including education, health, and employment (Table 4.14). For example, they stressed that gender transformative policies that ensure women have access to quality education will provide them with the skills necessary to enter the workforce and pursue leadership roles. Similarly, health policies that address women's specific needs, such as maternal health services specifically NHIS, will enhance their overall wellbeing and productivity. Furthermore, as women's empowerment is closely linked to economic independence. Stakeholders noted that policies supporting women entrepreneurs or providing access to financial resources will significantly enhance their autonomy and decision-making power within their households and communities. This empowerment will often lead to broader social change, as empowered women tend to advocate for the rights and wellbeing of others, creating a ripple effect.

> *"Gender transformative will lead to women empowerment where more women will be financially empowered. This will in turn develop their potentials to take decisions about their health, and participate in community development" (CKI*, M)

- ***Women participation in decision-making***

Stakeholders further noted that implementing quotas for women in political and corporate leadership positions will not only reinforce gender transformative policy but also empower women, ensuring they have a seat at the table. They applauded the recent Affirmative Action Bill as a significant effort. They revealed that such measures will increase women's representation and highlight the value of

diverse perspectives in decision-making (Table 4.14). Supporting women's networks and organizations will amplify their voices and influence in various arenas and create platforms where women can share experiences, strategies, and resources. They further revealed that this will give women the voice to contribute to community development and participate in decisions that affect their lives.

> "*The gender transformation approach will lead to women's participation. This approach will create a platform for women to be represented in making decisions, especially those that affect their lives. Women have a lot to contribute, but social norms restrict them from sharing." (CKI, F)*

4.7 Summary of objective three

The third object highlighted the opportunities for gender-transformative policymaking and programming in Ghana. Stakeholders identified existing initiatives and policies with significant potential to transform harmful gender norms and empower women. Four specific initiatives were emphasized, along with recommendations to enhance women's empowerment in the WaSH and health sectors. Stakeholders pointed out the National Health Insurance Scheme, the Community Water and Sanitation Program, Mother-to-Mother Support, and Community-based Health Planning and Services**.**

The final chapter will focus on the summary of key findings of this research as well as the directions for future research, limitations, and the contribution of the research.

CHAPTER FIVE
DISCUSSION AND CONCLUSION

5.1 Introduction

This thesis explored the barriers and opportunities to gender-transformative policymaking and programming within Ghana's health and WaSH sectors. Focusing on stakeholders' perspectives the research explored barriers and opportunities in formulating and implementing gender-transformative policies and programs to enhance women's empowerment. The research addressed the following objectives:

1. To explore stakeholders' knowledge and perspectives of gender transformative policymaking and programming in Ghana.
2. To identify barriers to gender transformative policymaking and programming across Ghana's health, WaSH sectors.
3. To explore the opportunities within existing government policies to break down barriers to women's empowerment in WaSH.

To achieve these objectives, semi-structured interviews were conducted with stakeholders and community leaders in three districts of the Upper West Region. The discussion chapter begins with a summary of the key findings related to the objectives of the study. Following the summary, it presents a detailed discussion of this research's contributions. Additionally, it addresses the study's limitations and concludes with suggestions for future research directions.

5.2 Summary of key findings

5.2.1 Knowledge and Perspectives of Gender-transformative policymaking and programming in Ghana's health and WaSH sectors

The findings of this study revealed a significant level of awareness among stakeholders regarding gender-transformative policymaking and programming in Ghana's health and WaSH sectors. One

point of interest is the correlation between stakeholders' educational backgrounds and their awareness. This suggests that high level of education plays a crucial part in stakeholders' understanding and engagement with gender-related issues. Stakeholders who have received high level of education may be better equipped to understand the importance of gender-transformative policies and programs and advocate for its formulation and implementation. Furthermore, the study indicates a direct relationship between experience in gender-related fields and awareness levels. Stakeholders with extensive hands-on experience in implementing or evaluating gender- related initiatives will likely have a deeper understanding of the challenges and opportunities inherent in gender transformative policies and programs and the need to consider gender issues in policymaking. Therefore, fostering partnerships or networks among experienced professionals in the sector could enhance overall awareness and drive more effective policymaking to break down barriers to women' empowerment.

The study revealed an important insight regarding the awareness of gender-transformative policymaking and programming among stakeholders in Ghana's health and WaSH sectors. While stakeholders demonstrate a notable level of awareness, there is a lack of a unified understanding or consensus on what "gender transformation" actually means. Many initiatives are designed based on individual agencies' and organizations' specific goals and objectives. Furthermore, these initiatives often reflect the preferences of international donors who significantly influence the agendas of NGOs in the health and WaSH sectors (Sakue-Collins, 2021). This alignment can lead to differences in approaches to gender transformation, as stakeholders may prioritize varying outcomes based on their institutional mandates or the expectations of their donors.

This finding supports the work of Backman-Levy and Greene (2024b) by revealing the diverse approaches of stakeholders in adopting gender transformation policymaking and programming. Through their research, they proposed a standardized framework for assessing gender-transformative

health policies and programs in light of these disparities. Their research underscores the importance of establishing a clear consistent definition of gender transformation to ensure that programs not only address gender inequality but also do so in a way that is comprehensively understood by all parties involved with a uniform goal to transform harmful gender norms and challenge structures that perpetuate these inequalities. This clarity is essential in bridging the gap between program aspirations and their actual impact on societal norms and health outcomes.

The study confirmed Ghana's progress in addressing gender inequalities, particularly in the health and WaSH sectors, through effective policymaking and program implementation. The findings highlighted the transformative nature of many of these policies and programs. Using the Gender Integration Framework developed by Kabeer, it is evident that most of Ghana's gender initiatives are gender transformative. This approach is considered essential as it not only aims to close the gender inequality gaps prevalent in rural communities, especially in Ghana, but also seeks to transform the harmful norms that sustain these inequalities across place and space. Although various agencies and organizations' approaches differ based on their specific goals and visions, the common objective remains to address gender inequality. Establishing a consensus around gender- transformative policies will enhance the effectiveness of interventions. This unified framework allows all stakeholders to work together and measure progress using clear benchmarks.

5.2.2 Barriers associated with formulating gender transformative policymaking and programming

Engagement with stakeholders has highlighted barriers faced during the policy design and program formulation stages. A significant barrier identified is the low representation of women in decision-making processes. Traditionally, water and hygiene are viewed as women's issues due to socio-cultural practices; however, women are often excluded from important water and health decision-making forums (Bisung & Elliott, 2014, 2017a). This often results in widening gender inequality gaps, especially in women's health seeking behaviors. Policies are most effective when all relevant

stakeholders are consulted, yet women remain underrepresented in most gender related policy formulation stages. This underrepresentation stem from various factors, including socioeconomic status and entrenched social norms that favor male dominance, as revealed by Dawda (2022). Also, in the context of WaSH, a study by Opoku and Acheampong (2025) found a positive correlation between the presence of women in leadership positions, such as parliaments, in sub-Saharan Africa and improved access to water and sanitation (WaSH). This correlation suggests that when women hold positions of authority, they are more likely to prioritize and advocate for policies that benefit their communities, particularly in areas that disproportionately affect women, especially in WaSH (Opoku & Acheampong, 2025).

Political commitment is also one of the major barriers identified as an impeding factor in the formulation of gender transformative policies and programs. Most gender issues are not considered as priorities by governments in sub-Saharan Africa. Gender issues are most often not given the needed attention by policymakers, unless pressured by international institutions. This is demonstrated in funding allocation, resources, staff deployments and motivations of host countries. The findings of the study indicated that most agencies and institutions are underfunded and lack the logistics necessary to operate at full capacity due to insufficient political commitment. A study conducted by Binagwaho and colleagues (2021) confirms the finding of this research. Their study revealed how limited funding allocated to gender issues often does not result in a sustainable impact as most of these meagre funds are geared towards addressing immediate gender issues instead of a sustainable impact (Binagwaho et al., 2021). Also, a study conducted by Mayavo (2024) highlighted the impact of political instability on public health service delivery and its far- reaching consequences. Their study explores the barriers to achieving SDG 3, which is linked to gender equality, as women often endure the worst effects of inadequate health services. Accountability and transparency on the part of government's agency is crucial to gender transformation. Gender policies need to be regularly reviewed and evaluated to measure the government's commitment to gender equality as

well as impacts of efforts. Collaborations among think tanks, NGOs, activists, and institutional stakeholders will also play vital roles in assessing government efforts in gender mainstreaming, particularly in sub-Saharan Africa. This approach will promote accountability in the public sector and help achieve gender equality targets across all areas.

5.2.3 Barriers associated with implementing gender transformative policymaking and programming

Socio-cultural norms and traditional beliefs were identified as a barrier limiting the full potential of gender transformative policymaking and programming in health and WaSH. Socio-cultural norms significantly impact policies and initiatives in various ways as they influence the ways and lives of people (Omojemite et al., 2024). In particular, the ability of women to take part in decision- making in the households is constrains by these social norms that influence gender roles as well (Bisung & Dickin, 2019b). At the community level, women' participation in WaSH related activities and programs are mostly limited due to the patriarchal male dominance traditional system. Stakeholders and policymakers often face challenges when implementing gender- transformative policies and programs aimed at changing harmful social norms especially in rural communities as most of these policies and initiatives are view as nonbeneficial to existing cultural practices. In the context of WaSH and health, these challenges are particularly evident due to socially constructed gender roles that assign women the responsibility for many unpaid household tasks. Efforts to address these issues through gender-transformative policies and initiatives are often hindered, particularly in rural communities where these norms are deeply ingrained in the culture. Resistance by male community leaders and cultural beliefs impedes the success of policies and programs with significant potential to empower and enhance women's health. These social norms go as far as restricting the right to safe water and sanitation, even when attempts are made to provide these essential resources. Research conducted by Bisung and Dickin (2019b) highlights the critical role of empowerment in water and WaSH in developing countries. Their study identified social norms as a significant barrier that limits

women's accessibility and participation in WaSH-related activities, which ultimately undermines empowerment efforts (Bisung & Dickin, 2019b). In the context of health, the study by Namasivayam and colleagues (2022) supports our finding regarding the impact of social norms on policy initiatives. Their research highlighted the numerous challenges women face in predominantly patriarchal societies in East Uganda. Social norms serve as a significant barrier, limiting women's fertility choices despite the availability of transformative health programs and initiatives (Namasivayam et al., 2022).

Financial barriers pose a significant challenge that arises from both policy formulation and implementation. Budgeting often becomes a problem depending on the priorities of agencies, organizations, or donor institutions. Our findings showed that stakeholders face financial constraints despite innovative gender-transformative policies and initiatives. Due to lack of political commitment and unwavering supports, resources to operate and make sustainable impacts are not always available. One notable example is Ghana's National Health Insurance Scheme, which has great potential to empower women in their health-seeking behaviors. However, stakeholders have reported that this program is experiencing a funding shortfall that might jeopardizes its sustainability.

In a study by Aikins and colleagues (2021), stakeholders highlighted financial concerns as a significant obstacle to the sustainability of the National Health Insurance Scheme (NHIS). This issue is particularly pronounced given the scheme's substantial impact on women's health, especially in rural areas. Their findings align with ours, indicating that financial challenges hinder gender-transformative policymaking in Ghana's health sector. These financial challenges not only present a barrier to the broader goals of implementing gender transformative initiatives and policies but also disproportionately impact women's health, particularly in rural areas where access to healthcare resources is already limited.

5.2.4 Opportunities within existing government policies to break down barriers to women's empowerment in WaSH

The findings of this research highlight the critical gaps in the existing gender-related policies, programs, and initiatives within Ghana's health and WaSH sectors. While few existing initiatives have the potential to significantly transform harmful social norms, they often do not systematically adopt or integrate strategies specifically designed to address and alter these detrimental norms. One of the core issues identified is the failure of these initiatives to confront and challenge the underlying structures that perpetuate gender inequalities. This lack of action can largely be attributed to the absence of a unified consensus among stakeholders regarding the true meaning of gender transformation as identified in this research. Often, these policies and initiatives are viewed and implemented primarily in terms of service provision, with little emphasis on gender considerations. This service-oriented approach neglects the crucial need to engage with the social and cultural dimensions of gender inequality that often hinder the effectiveness of these interventions. Unlike the "Mother-to-Mother Support Initiative," which is recognized as solely women-led groups in rural communities, women's leadership and ownership are often overlooked in other initiatives, such as the CHPS (Community-based Health Planning and Services) and the Community Water and Sanitation Program. It is essential to prioritize women's leadership, especially in traditionally male-dominated spaces and communities, to encourage greater participation and ownership among women. This focus will be a significant step toward challenging harmful norms surrounding women's leadership and their involvement in decision- making. Research conducted in countries like India and Afghanistan has demonstrated that addressing these issues can influence perceptions of women's leadership and create opportunities to disrupt the patriarchal system, ultimately promoting women's empowerment in the health sector (Najafizada et al., 2019; Ved et al., 2019). In consonant, the findings of this study have revealed the need of more female health workers in the CHPS program to encourage women ownership with the intention of significantly boosting health seeking behaviour

amongst women as women feel connected and confident to share sensitive health issues with their gender than the opposite gender.

The research also provided several recommendations for the NHIS (National Health Insurance Scheme) program to achieve a sustainable gender-transformative impact. One key recommendation is to ensure more comprehensive coverage for vulnerable groups, particularly women in rural communities. Illegal charges associated with the NHIS often discourage patients from seeking healthcare services, even when enrolled in the scheme. Releasing adequate funds to various healthcare providers can help reduce these illegal charges and encourage health-seeking behavior among rural women. A study by Akweongo and colleagues (2021) highlighted how these out-of-pocket payments can hinder Ghana's progress toward Universal Health Coverage and exacerbate inequalities (Akweongo et al., 2021).

Surprisingly, despite various stakeholders making recommendations, none addressed the lack of a district hospital in the Daffiema-Bussie-Issa district. This absence significantly restricts cardholders' access to healthcare services. In critical situations, patients must travel outside the district to reach nearby district hospitals. This results in increased transportation costs and can exacerbate health conditions, as time is an essential factor in medical emergencies. Community- based Health Planning and Services (CHPS) zones should be equipped with transportation facilities to improve emergency response times.

To effectively transform harmful norms and improve women's health and participation in decision-making, it is essential that all programs, whether intended to be transformative, sensitive, or responsive, require methods to track and evaluate both the intended and unintended gender and social outcomes. Without these methods, it is impossible to determine whether the desired results have been achieved or if adverse outcomes have occurred. An increasing amount of research and resources are

available to support the quantitative and qualitative assessment of gender outcomes related to WaSH initiatives, which should be adopted (Carrard et al., 2022b; Gonzalez et al., 2022; MacArthur, Carrard, Veasna, et al., 2022).

The theorical lens underpinning the ressearch created a solid foundation for understanding how national and local policies and initiatives affect men and women differently. Adopting the FPHE lens allowed for a detailed understanding of how sociocultural, institutional, and political barriers influence policies intended to transform harmful gender norms. The research highlights the importance of focusing on women's experiences within their environments and the challenges faced by stakeholders as they navigate social and cultural structures to achieve positive health outcomes for women.

5.3 Limitations

The study has several limitations that should be acknowledged. Firstly, participant recruitment from the health sector in Ghana was limited. Although district health directors were initially contacted for participation, obtaining additional ethics approval from the Ghana Health Service Ethics Review Committee was necessary, and time constraints made this impossible. Additionally, there was a language barrier, as many queen mothers were not fluent in English, which restricted the involvement of some other women community leaders in the study.

5.4 Contribution

Current global attention on Sustainable Development Goals (SDGs) 3, 5, and 6 have highlighted the significant role gender dynamics play in achieving these interconnected targets. This is specifically evident in sub-Saharan Africa, where gender dynamics are deeply rooted in prevailing social norms and cultural practices that often perpetuate inequalities and limit equitable access to resources and opportunities. There is a need to address gender inequalities through gender-sensitive strategies, particularly through gender-transformative policymaking and programming. These efforts have

made substantial contributions to addressing gender disparities.

While research in this area extends beyond gender-transformative approaches in addressing gender inequality, this study is the first of its kind with a focus on stakeholders' knowledge and perceptions about "gender transformation," specifically in health and WaSH policymaking and programming. Unlike other studies, this research focuses on two interconnected sectors of women's empowerment—health and WaSH—to identify gender-transformative policymaking and programming opportunities in sub-Saharan Africa. Ultimately, this research aims to advance understanding of how gender-transformative approaches can be integrated into health and WaSH frameworks, fostering equitable access and promoting sustainable development outcomes that benefit all members of society, particularly women and girls.

The findings of this research reveal significant shortcomings in key gender-related policies and programs within Ghana's health and WaSH sectors. This evidence will influence policy reforms and re-evaluations at the national level, considering the recommendations and suggestions from stakeholders highlighted in the findings. The study also highlights opportunities within existing gender-transformative policies and programs, motivating practitioners to recognize the importance of adopting initiatives that challenge and transform existing gender norms. By doing so, they aim to empower women to partake in decision-making processes that impact their lives, which is essential for addressing gender inequality.

Theoretically, application of Feminist Political Ecology has enhanced our understanding of the barriers and challenges that stakeholders encounter when navigating socio-cultural, political, and economic factors. These challenges arise while trying to implement gender-transformative policies and programs that address gender inequalities related to health and Water, Sanitation, and Hygiene (WaSH). While some studies have broadly highlighted gender inequalities, this research broadens the

focus by explicitly examining stakeholders' perspectives by acknowledging their diverse experiences with gender-related policies and programs, as well as the lived experiences of beneficiaries of existing gender-transformative initiatives. This approach provides valuable first- hand insights into the impact of these policies and programs on gender norms beyond infrastructural access.

5.5 Direction for future research

Despite the research's contributions to knowledge, the findings also highlight future directions for research. Firstly, the research identified key existing gender-related initiatives, policies, and programs with significant potential to break down barriers to women's empowerment in WaSH and health. However, further studies are needed to uncover the specific challenges associated with each identified policy and initiative. This will create an evidence-based foundation to inform policy reforms and practices. Future research should focus on wider engagement of beneficiaries of these policies and initiatives as part of the study participants to gain insights into their unique experiences with these policies and initiatives. This approach will serve as a baseline for practitioners aiming to restructure policies and initiatives for a more significant impact.

Also, most existing literature does not adequately capture women's contributions to community development. Future research should investigate women's barriers to gaining recognition and leadership roles in the health and WaSH sectors. Understanding these challenges—such as societal norms, access to resources, and support systems—is essential for designing interventions that empower women. Additionally, showcasing successful case studies of women who have led community initiatives can serve as a powerful advocacy tool, promoting policy changes and raising awareness about women's critical role in development efforts. By conducting thorough research on the effects of policies like the Affirmative Action Bill, we can gain insights into how empowering women can create a ripple effect within communities. Although there has been research on gender-based violence in WaSH (Nunbogu et al., 2023), there has been limited exploration of how this

violence evolves over time. Given the dynamic nature of Sub-Saharan African societies, health geographers need to conduct more exploratory and longitudinal studies. Such research will help uncover the root causes of gender norms perpetuating inequalities, particularly those related to WaSH. This understanding will inform specific policy interventions for stakeholders, ultimately leading to improved health outcomes for women.

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APPENDICES

Interview Guide – Institutional Stakeholders (Government Agencies and Civil Service Organizations)

Purpose: To explore the opportunities, facilitators, and barriers to gender-transformative policy-making and programming across Ghana's Health and WaSH sectors.
Objectives

1. To explore stakeholders' knowledge and perspectives about Health and WaSH gender transformative policy-making and programming in Ghana.
2. To identify barriers to gender transformative policy-making and programming across Ghana's Health and WaSH sectors.

Constructs	Questions	Probes
Context This section seeks to understand the participants' journey as a policy maker or program implementer.	Can you tell me a little bit about yourself?	• Your age • Level of education • Ethnicity • Your affiliated organization /agency • Your Gender
	How long have you been working in your position?	• Are you a permanent staff? • When did you start working in this organization? • What was your former role/where were you working? • What motivates you to come to work everyday? • At the end of your career, what would you like to be remembered for?
Perceptions and experience with	Can you tell me about your work?	• What do you do? What does your work involve? • In which sector could your work be categorized (Health, WaSH, etc)?

Gendertransformative policy This section seeks to explore stakeholders' knowledge and experiences. It is important to understand their general overview of gender transformative policymaking and implementation.	In lots of global policies these days, we see people separating different aspects of gender, from being *gender blind, to being gender aware, to being gender responsive, to being gender transformative* – sort of along a continuum. For the last one, gender transformative, that's been defined as: *Addressing the causes of genderbased inequalities, and works to transform harmful gender roles, norms and power relations.*	• Why/why not? • What would it take to move toward gender transformative? • What timeline do you think we are working with here? • How would you recognize success? That is, how will you know if you've achieved the goal of being gender transformative? • Tell me an instance you remember advocating for gender-transformative in; • Policy formulation • Policy implementation

	Where would you locate YOUR organization on this continuum?	
Opportunities and barriers to gendertransformative policymaking and programming This section aims to explore the motives for considering gender in policy-making and the future of gendertransformative policymaking.	Do you think it might be considered important to take gender into account in policy formulation, programme design, and/or implementation.	• Is it the right thing to do? • Why/why not • Do you face pressure from women's groups? • Is there existing Legislation/laws in support of that? • Will that result in Changing norms?
	In your view, what are the challenges associated with gender-transformative policy formulating and/or implementing policies and/or programs that incorporate gender?	• How difficult is it to consider gender issues in policy formulation? • How difficult is it to consider gender issues in policy implementation? • What are some of the key challenges faced in formulating gendertransformative policies? • Can you give me an example where you attempted a gender-transformative policy formulation that failed? • What factors hindered success? If you were to do it all over again, how would you do it differently?

		• Can you give me an example where you an attempted a gender-transformative policy formulation that was successful? • How did you know it was successful? • What are some of the key challenges faced in implementing gendertransformative policies? • Can you give me an example where you attempted a gender-transformative policy implementation that failed? • What factors hindered success? If you were to do it all over again, how would you do it differently? • Can you give me an example where you an attempted a gender-transformative policy implementation that was successful? • How did you know it was successful?
	How does the future look in moving towards gender transformative policy formulation and implementation in Ghana's Health and WaSH sector?	• What are the opportunities in moving towards gender-transformative policy formulation in Ghana's Health/WaSH sector? • What are the opportunities in moving towards gender-transformative policy implementation in Ghana's Health/WaSH sector?
	What specific existing policy or program could be improved to empower women towards better access to WaSH and Health?	• Examples of policies that promote gender transformation in any of these areas. • Are there ways to improve upon such policies? • Could you describe the possible ways the policies can be improved?
	What specific policy or program could be developed/initiated to empower women towards better access to WaSH and Health?	• • Why do you suggest these policies? What steps should be taken to • develop these policies? Why are they not yet developed/initiated?

Women's empowerment through gendertransformative policymaking and programming The questions in this section seek to understand the strategies used by policy makers and implementors in measuring Health and WaSH policies' impacts.	How would you describe an empowered woman?	• Can you easily identify an empowered woman? • Do you have a standard indicator that could be used to categorize a woman as empowered or not ?
	How do you measure the impact of Health/WaSH policies on women's empowerment? *The impact of the policy on health, Water and Sanitation of the these women, in order to empower them*	• Can you briefly describe the processes used? • • What tools/strategies do you adopt? • How often is this process conducted? Where are these outcomes reported?
Discussions	Before we close, is there anything else you would like to chat about that we have not addressed to this point?	

Interview Guide – Community Stakeholders (Community Leaders)

Purpose: To explore the opportunities, facilitators, and barriers to gender-transformative policy-making and programming across Ghana's Health and WaSH sectors.

Objective

3. To explore the opportunities for gender transformation within existing government policies to break down barriers to women's empowerment in WaSH.

Constructs	Questions	Probes
Context This section seeks to understand the existing gender roles and norms and gender equality initiatives in the community.	Can you tell me about yourself?	• Your age • Level of education • Ethnicity • Your position in the community • Gender
	Can you tell me a little bit about the community that you live in?	• Is it large? Small? • Do people live here for many generations or are there a lot of people who move in and out? • Are there lots of families and children? • Do people help each other when they are in need?
	Who makes the decisions in your community?	• Elected officials? • Elders/chiefs? • Others?
	Who makes the decisions in the households that make up your community?	• Husbands? • Wives? • Both?
	Does everyone in the community get the same chances for opportunities like school, work, leadership?	• Women? • Men?
	Are there people in your community who are more in need than others?	• Seniors? • Poor? • Disabled? • Women?

	Describe any development in your community that has been undertaken during your time here which was intended to benefit women.	• When was it initiated? • By which institution/organization? • What is the progress/current situation of the program?
	Can you tell me a little bit about the situation with access to Water and Sanitation in your community?	• What are some of the challenges you face in meeting water and sanitation needs in the community? • How has this changed over time?

		• Who makes decisions about WASH – like where to put a borehole, for example? • Who is most likely in the household to be responsible for fetching water?
Experience with Gendertransformative policies. The questions in this section will help us understand the impacts of gender-transformative policies and programming on communities and how they promote women's empowerment.	Are there different types of groups in the community that organize around specific issues or activities?	• Water committee • Social groups • Women's groups • Church groups
	Are you a member of any groups in the community or of any local NGOs or CSOs?	• Yes – what type? • No – I was in the past but not now • No – I never have been
	Who do you think takes more of a role in community leadership in this community men or women?	- Men - Women - Both - Don't know
	Do any of the leadership ever come to consult with you or your community about policies that might affect your community?	Yes – when? How? No Do you think everyone is consulted or just certain people? - Men - Women - Church leaders - Chiefs/elders - Others Do you think anyone is ever deliberatively left out of this process?
	Could you tell me some developmental initiatives or projects in your community?	• Are these projects ongoing/ how long have they been implemented for? • Who implemented them? • Who benefits (most) from them?
	Does the community benefit from any women's empowerment initiatives that you know of?	• Yes – what are they? • Where did they originate – NGO? Government? CSO? Women's group? • What are they related to (education; health care; economic development; WASH; other)? • How do these projects benefit women in the community? • How do you know they have benefited women?

	If you were in charge, what specific policies or programs do you think could be developed to empower women in terms of access to important parts of life like WaSH, Health, and/or education.	• What are some policies that you could suggest in order to empower women in your community? • What would you do if you are in charge of policy-making and implementation?
	Do you think women deserve to have these policies put in place for them?	Why? Why not?
	Who should pay for these programs?	The women; the community; the government; NGOs; other
	Do you think women's lives would change if such policies were put into place?	Yes – How? No – Why?
	Do you think the community could gain from such programs? What about the Country?	Yes – How? No – Why?
Discussions	Before we close, is there anything else you would like to chat about that we have not addressed to this point?	

Coding Framework 1 (Institutional Stakeholders)

Key theme	Sub-themes	Sub-sub themes	3rd level Themes
Context	Gender	-Man -Women	
	Level of Education	-Tertiary -Secondary (O'Level)	
	Categorization of work	-Government Agency -Civil Service Organization (NGO)	
	What motivates you to come to work?	- Desire to make an impact - The nature of the work - Passion for women and children - Others	
	What will you like to be remembered for in your field of work.	-Impacts made in rural communities -Dedication towards general work - Empowered women in my region - Gender Equality advocate - Others	
	Operational area of the institution	-Wa West -Nadowli-Kaleo -Daffiema Bussie Issa -Entire Upper West Region	
	How long have you been working in your position?	- Less than 5 years - Above 5 years	
Perceptions and experience with gender-transformative policies/programs	Can you tell me about your work?	-WaSH -Health -Gender issues -Multisectoral -Others	
	Have you heard about a "gender transformative policymaking and programming"?	-Yes -No	

	Where will you categorize the gender policies and programs of your organization or institution? Where will you categorize Ghana's gender policies in general?	-Gender blind -Gender aware -Gender Responsive -Gender transformative -Gender blind -Gender aware -Gender Responsive -Gender transformative	
	Specific initiative, policy, program, that demonstrate a gender-transformative approach in your organization	-Gender blind -Gender aware -Gender Responsive -Gender transformative	
Opportunities and barriers to gender transformative policymaking and programming.	Is it important to consider gender in policymaking and programming?	-**No** **-Yes** -To empower women -To address specific needs - Holistic impact - Right thing to do - Others	
	Is government taking steps to include gender in policy development?	-Yes - Deliberate attempts - Pressured by international bodies - To please donors - Others - No -Maybe	

	Challenges associated with gender transformative policy formulation	- Bureaucracy - Inadequate consultation - Political Commitment - Low representation of women in decision-making - Others	
	Challenges associated with gender transformative policy implementation	- Socio-cultural barriers - Financial - Inadequate Logistics - Lack of effective monitoring and evaluation systems - Others	
	How does the future look in moving towards gender transformative policymaking and programming.	-Equitable society -Improved women health -Women participation in decision making -Women empowerment -Transformed harmful norms -Others	
	Existing Specific programs/policies that could be improved to empower women towards better access to WaSH and health	- NHIS - Village Savings and Loans - One Village – One Dam Project - SOCO Project (Social Cohesion Project) - Mother-to-Mother Support group - Others	

	Possible ways to improve on these projects and policies	- Involvement of women in decision making - Provision of capital to women - Involve women in the project - Provide health care facilities for women to make use of NHIS cards in rural areas. - Others	
Measurement of Women's Empowerment through gender-transformative policies and programs	How would you identify an empowered woman	- Unintimidated woman - Informed woman - Financial status - Ability to participate in meetings and community development activities.	
	How do you measure the impacts of health and WaSH policies, initiatives?	- Monitoring Standards - Regular monitoring and evaluation visits - Field observation - Change of behavior - Baseline & endline indicators - Others	

	How are the impacts reported/documented	- Success Stories - Reporting systems designed by donors/funding organizations - Monitoring reports - others	

Coding Framework 2 (Community-level Stakeholders)

Key Theme	Sub-theme	Sub-sub themes
Context	Gender	- Man - Woman
	Categorization of participant	- Queen mother - Assemblymember
	Community set-up/Structure	- Structured in sections - Same clan/tribe set-up - Others
	Who is in charge of decision-making in the community?	- Chiefs - Landlords/landowners - Elders - Both (Landowners and chiefs) - Others
	Who is in charge of decision-making at the household?	- Men - Women - Both - Other
	How are opportunities distributed among community members	- Men/Boys are first considered - Women/Girls are first considered - Shared based on the needs/ criteria - Others
	Groups of people who are mostly in need	- Older people - Disabled - Widows - Orphans - Youth - Men - Women - Others

	Categories of current development in the community	- WaSH related - Health related - Financial Empowerment related - General development - None - Others
	What is the source of water in the community. **(Situation of WaSH in the community)**	- Boreholes - Tap/pipe water - Well - Other
	What is the general water accessibility situation	- Adequate - Inadequate
	Who is responsible of water collection in the various households	- Men - Women - Both - Other
	Are they in charge of water collection decision	- Yes - No - At times - Other
	What is the situation of toilet facility accessibility in the community	- Public toilet - Personal toilets - Open defecation - Others
Experience with Gender transformative Policies at the community levels	Do you have groups formed around specific issues/activities	- Water - Health - Sanitation - Women - Church Activities - Financial empowerment - Agriculture - Community Development - Others
	Who do you think takes more of a role in community leadership in this community men or women?	- Men - Women
	Why are specific group/gender excluded?	- Culturally structured - Deliberately structured - Majority dominance - Capacity-basesd - Ohers
	Do any of the leadership ever come to consult with you or your community about policies that might affect	- **No** - **Yes** **-**The men are consulted

	your community?	-Women are consulted -Elders/chiefs are consulted -Elected Official are consulted -Relevant sectors are consulted -Others
	Could you tell me some general developmental initiatives or projects in your community?	- Health - WaSH - Financial Empowerment - Education - None - Others
	Who implemented these projects	- Government - NGOs - Community - Individual initiative - Others
	Who benefits most from these projects?	- Men - Women - Children - Others
	Could you tell me some projects/policies intended to empower women in your community?	- Health - WaSH - Financial Empowerment - Agriculture - Education - Others - None

	if you were in charge, what specific policies and program do you think could be developed to empower women in terms of their access to important parts of like health and WaSH accessibility.	- Skills Training at the Basic education level - Women should be engaged in agricultural activities - Each community should be provided with health facilities - Capital should be provided to women-led small-scale businesses - WaSH services should be subsidized. - Each community should be provided with modernized toilet facilities. - Others
	Do you feel women deserve these policies?	- **Yes** - Improve their health - Develop their capacity - Reduce burden on women - promote economic independence - Develop their agency - Others - **No**
	Who should pay for these initiatives?	- Government - NGOs - Individuals - The Community - Others
	How will these policies/initiatives benefit the country?	- Help bridge gender inequity gaps - Transform gender relations - Help the country meet SDG targets - Contribute to community development - Others