

PUBLIC SECTOR REFORM FOR RESULTS PROJECT

RAPID INSTITUTIONAL GENDER ASSESSMENT REPORT

FOR

**CONSULTANCY SERVICE TO
PREPARE INSTITUTIONAL
GENDER ACTION PLANS
APPLICABLE TO THE OFFICE OF
THE HEAD OF THE CIVIL
SERVICE (OHCS) AND SELECTED
ENTITIES UNDER IT TO ADOPT
AND IMPLEMENT IT**

**Submitted by
Sustainable Development Impact Consulting Group
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EXECUTIVE SUMMARY

1.0 BACKGROUND

The present Rapid Institutional Gender Assessment Report sets out research findings for a consulting assignment under the Public Sector Reform for Results Project (PSRRP) entitled “Consultancy Service to Prepare Institutional Gender Action Plans Applicable to The Office of The Head of the Civil Service (OHCS) and Selected Entities Under it to Adopt and Implement it.”

The consultancy was commissioned by the Office of the Head of the Civil Service (OHCS), an extra ministerial institution and a Central Management Agency (CMA), and one of the recipients of the PSRRP project. A fundamental objective of OHCS is to ensure the Civil Service (CS) is adequately staffed with the requisite skills for employees to effectively implement policies that contribute to Ghana’s development. Affirmative action, a core principle of the CS, commits the OHCS to ensuring that gender concerns are integrated effectively into all aspects of the CS organisations under its oversight.

1.1 Purpose of the Rapid Institutional Gender Assessment

The rapid institutional gender assessment aims to identify any existing gender gaps and issues within the OHCS and two selected institutions (SIs) — the Ministry of Health (MoH) and the Ministry of Gender, Children, and Social Protection (MoGCSP). These Ministries were purposively selected based on their experience in developing gender policies and carrying out gender-related work. MoGCSP as the Ministry responsible for gender coordination, and the MoH as one of the Ministries with gender mainstreaming expertise. The assessment has been undertaken based on both secondary and primary research. The former was based on a review of policies and reports supplied and the latter was undertaken employing focus group discussions and key informant interviews, as well as online surveys with all three institutions.

The research findings and recommendations will enable the OHCS and the selected institutions to take action to address the identified gaps. These interventions will be developed collaboratively by stakeholders and incorporated into institutional Gender Action Plans (GAPs). To monitor progress, a scorecard will be used as a tool to assess the effectiveness of providing gender-responsive services to both internal and external clients. By regularly updating and sharing the progress and outcomes of the implementation of gender action plans on the OHCS website, the Civil Service (CS) will demonstrate increased efficiency and effectiveness to its internal and external stakeholders in delivering gender-sensitive, responsive, and inclusive services.

1.2 Specific Objectives

The specific objectives of the assignment were to undertake a rapid institutional gender assessment of the OHCS, MoGCSP, and MoH and to develop recommendations to support the development of gender action plans and scorecards to assist the target institutions to become more gender-responsive.

1.3 Expected Outcomes

The anticipated outcomes of this assessment include: -

1. Gain an understating of the gender gaps in the OHCS and its role in supporting gender integration within the CS.
2. Gain insights into the issues that constrain the MoGCSP from undertaking its intra and inter-sectoral gender coordination mandate across all levels of the country.
3. Understand the challenges of the MoH in mainstreaming gender issues within the sector and with its partners.
4. Propose recommendations to guide the drafting of gender action plans and scorecards for the three institutions and replication for the remainder of the CS in the future.

1.5 Conceptual Framework – The 4 Ps and Thematic Areas of Enquiry

A 4Ps Conceptual framework was adopted to guide the study. The framework recognises that successful gender mainstreaming of organisations necessitates several key elements, under 4 essentials, the 4Ps. As it concerns gender mainstreaming within an institution, the conceptual framework presented is clear that this requires the following:

1. **Personnel** that have an understanding of gender equality and the capacity to mainstream gender.
2. Gender **Policies**, strategic or action plans in place in the organisation.
3. **Practices and Procedures** that make the implementation of the human resource management or gender policies, or strategic and action plans feasible.
4. The right working environment, i.e. the **Place**, that facilitates the thriving of gender sensitivity, responsiveness, and equality in the organisation.

The 4Ps were further expanded into sub-themes and interrogated as follows;

1. Personnel - Gender Equality Training and Capacity Building in the Institution
2. Policies - Gender, Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Monitoring, Evaluation, Reporting, Coordination, Advocacy and Communication
3. Practices and Procedures - Gender and Human Resource Management
4. Place - Gender and the Work Environment

The above sub-themes are not used uniformly across each of the sections because some of the findings were the same, did not directly come up, and/or were not applicable to the sub-theme and theme. It is also important to note that the 4Ps in the conceptual framework are not mutually exclusive but overlapping and reinforcing. Therefore, in analysing the data emerging from the study, the discussions concerning the 4Ps often intersect with other thematic areas.

1.6 Limitations of the Study

The study encountered some limitations. Firstly, there was a constraint in terms of the allocated time for conducting the assignment. As a result, conducting an extensive desk review of the originally planned number of relevant documents was impossible. Additionally, the quantitative analysis was critically limited by the number of valid responses retained after the data-cleaning process.

1.7 Structure of the Report

Following an introduction, the report is structured to provide an understanding of the study's findings per institution, with consolidated findings presented afterwards. It is organised into six sections as follows: Section 1 - introduction and background to the assignment, its purpose, and an overview of the research; Section 2 - results of the OHCS study; Section 3 - insight into the findings from the MoGCSP; and Section 4 - findings from the MoH study. Section 5 is a synthesis of the summary of findings from the three institutions, while Section 6 proposes recommendations for each selected institution to guide the development of action plans and scorecards that will be used to address gender imbalances, with a view to scaling it up to the rest of the CS. The online survey results are integrated into the qualitative findings for each institution, and all Tables and Figures associated with the survey results are presented in Appendix 7.

2.0 OVERALL FINDINGS

The summary findings from the rapid gender assessment are presented under each of the 4 Ps in the conceptual framework below and they revealed the following: -

Personnel - Gender Equality Training and Capacity Building in the Institution

- All three institutions viewed that gender integration is integral to the achievement of their respective mandates.
- However, there is a lack or mixed awareness and understanding of gender equality (GE) concepts among staff in all three institutions.

- This deficit is compounded by the limited in-house opportunities for gender training and capacity building.
- There is also no gender parity in the Civil Service. Twelve (27%) occupational classes out of the 87 classes are women-specific i.e. they are dominated by women and the other 75 classes (73%) are dominated by men.

Policies - Gender, Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Monitoring, Evaluation, Reporting, Coordination, Advocacy and Communication

- The capacity to undertake gender analysis using sex-disaggregated data, gender statistics, and gender information for evidence-based decision-making and policy formulation is weak across the three institutions.
- Gender policy, strategies, and action plan formulation processes are not robust, not very consultative, and are prone to poor implementation.
- Gender strategies, action plans, and activities are not well budgeted for. A collaborative gender-responsive budgeting initiative that began in 2007 with the MoGCSP and Ministry of Finance has stalled.
- Gender equality baselines, targets, indicators, means of verifications, and outcomes are either not well captured in monitoring and evaluation plans, or are not reported on in the institutions, annual reports, or progress reports.
- Coordination and collaboration mechanisms for intra-gender and inter-gender coordination are non-existent or weak at best.
- Consequently, intra and inter-gender policy advocacy mechanisms particularly targeted at harnessing especially women's voices for policy advocacy are weak.
- Gendered information, education, and communication (IE&C) systems are poor and not consistent in the three institutions.
- Unintended consequences that can cause especially women to experience a backlash from policy implementation are not well anticipated or mitigation measures put in place to address them.

Practices and Procedures – Gender and Human Resource Management

- Human resource management practices and procedures in the Civil Service are not gender-responsive.
- As a result, gender gaps exist in staff Human Resources management practices such as in recruitment, staff placement, and onboarding processes, which fail to adequately address gender issues such as gender discrimination and sexual harassment which was found to be prevalent.
- There are gender gaps in maternity, paternity leave, and transfer processes.
- However, there are no gender gaps in wages, compensations, or benefits.

Place – Gender and the Work Environment

- The work environment in the MoGCSP and the MoH are gender-responsive by default because they are relatively new offices.
- The offices, workstations, and washrooms in OHCS are gender and disability unfriendly.
- There are no gender-responsive nursing, childminding spaces, and daycare facilities in all three ministries that are in keeping with their gender policy aspirations.
- The current transportation systems for public servants are not gender and disability friendly.

Gender Management System, Organisational Development and Change Management

- Following on from the above it is clear that institutional mechanisms for gender equality or gender management systems in the three organisations are fragile even if they exist.
- Gender mainstreaming is not a performance indicator for staff, directorates, or Chief Directors. Except in the Policy, Planning, Monitoring, and Evaluation Division (PPMED) of the MoGCSP, Department of Gender (DOG), or the Reform Coordinating Unit of the OHCS, there is no

leadership structure in place or directorate charged with oversight of gender mainstreaming in the Ministries. Consequently, there is no accountability for gender equality results.

- There is also no team of gender experts in place to support the Gender Desk Officers (GDOs) work and sustain gender mainstreaming efforts.
- The MoGCSP and its Department of Gender (DOG) which has an oversight mandate for gender mainstreaming across sectors and at all levels in the country lacks the clout to enforce gender integration.

3.0 KEY FINDINGS FROM THE THREE INSTITUTIONS

The following key findings emerged from the 4Ps analysis of research findings on each of the three institutions:

3.1 Office of the Head of the Civil Service (OHCS)

Personnel – Gender Equality Capacity and Training

- Low level of awareness, knowledge, and understanding of GE.
- Limited gender training and capacity building.
- Inadequate gender training tools.
- Low upscaling of gender training.

Procedures and Practices – Gender and Human Resource Management

- Lack of addressing gender gaps and barriers in, staff placement, and onboarding.
- Low level of gender balance, parity in staff strength, and numbers.
- Existence of gender discrimination and sexual harassment.
- Gender gaps and barriers exist in maternity leave administrative instructions

Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication, and Advocacy

- Limited use of sex-disaggregated data to identify gender barriers and gaps in gender analysis.
- Weak intra and inter-sectoral coordination.
- Gender responsiveness is not a performance indicator.
- Weak gender equality information and communication.
- Limited gender monitoring, evaluation, and reporting in annual reports.
- Weak capacity and functionality of the gender desk office and officers.

Place – Gender and the Work Environment

- Disability-unfriendly office access.
- Inadequate office space and gender-responsive work furniture.
- Gender unresponsive washrooms.
- Gender unresponsive nursing and childminding spaces.
- Gender unfriendly transportation system.

3.2 Ministry of Health (MOH)

Personnel – Gender Equality Capacity and Training

- Low level of gender training and capacity building.

Procedures and Practices – Gender and Human Resource Management

- Low level of gender parity, gender imbalance, and unequal career development access.
- Gender unresponsive paternity and maternity leave practices and procedures.
- Existence of gender discrimination.
- Existence of sexual harassment.

Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

- Limited capacity for gender analysis, equality policy formulation, implementation, and gender budgeting.
- Weak gender-responsive gender policy, strategy formulation, planning, budgeting, monitoring, and evaluation.
- Limited gender equality coordination.
- Weak monitoring and evaluation, synthesis, and reporting of gender equality issues.
- Poor gender equality communication.
- Weak systems for galvanizing and amplifying women's voices and agency for gender equality policy advocacy.
- Unintended negative consequences of gender equality are a possibility.

Place – Gender and the Work Environment

- Lack of awareness of the need for a gender-responsive work environment.
- Existence of gender, disability-friendly building access, and security.
- Existence of gender-responsive office spaces and workstations.
- Existence of gender-responsive washrooms.
- Non-functioning gender-responsive nursing, and childminding spaces.

3.3 Ministry of Gender, Children, and Social Protection

Personnel – Gender Equality Capacity and Training

- Mixed understanding of gender in relation to institutional mandate.
- No instituted in-house gender training and capacity building.
- Limited gender integration tools.

Procedures and Practices – Gender and Human Resource Management

- Poor gender gaps and barriers in, recruitment, staff placement, and onboarding.
- Need for gender mainstreaming as a performance indicator.
- Need to address the gender issues around leave and transfers.

Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

- Limited consultative national gender policy formulation process.
- Weak gender equality intra and inter-sectoral coordination.
- Limited capacity in using gender analysis to identify gender barriers and gaps, using sex-disaggregated data.
- Stalled gender responsive budgeting initiative.
- Weak gender equality monitoring and evaluation capacity.
- Gender-responsive information, education, and communication.
- Weak gender equality policy advocacy for galvanizing and amplifying women's voices and agency.
- Need to address or mitigate unintended negative consequences of gender equality.

Place – Gender and the Work Environment

- Gender, disability building access, and security.
- Absence of disability and gender-responsive washrooms.
- Absence of gender-responsive nursing, and childminding spaces.
- Absence of gender-sensitive access to transportation systems.

4.0 RECOMMENDATIONS FOR THE WAY FORWARD

Based on findings from the three institutions, recommendations are made for strengthening measures to improve gender equality and mainstreaming in personnel, procedures and practices, policies, and workplaces.

The recommendations for the way forward for the three institutions include

- Institute gender equality training and capacity building;
- Strengthen the application of gender-disaggregated data to track promotions in order to introduce gender balance;
- Review sexual harassment policies to ensure zero tolerance of sexual harassment, and eliminate gender discriminatory practices that hinder career development and create toxic work environment;
- Equip staff to use gender analysis and gender-disaggregated data in producing reports;
- Strengthen gender monitoring, evaluation, and reporting capacity in key reports;
- Take steps to make the work environment more gender and disability appropriate;
- Improve inter and intra-ministerial coordination of gender equality efforts;
- Include gender equality as a performance indicator for Chief Directors;
- Institute an effective gender and change management system for gender mainstreaming, leadership commitment is needed from the highest levels, communication and advocacy need to be strengthened and gender neutrality should be replaced by increased gender sensitivity at all levels.

CONCLUSION

In conclusion, the Office of the Head of the Civil Service (OHCS), Ministry of Health (MoH), and Ministry of Gender Children and Social Protection (MoGCSP) in Ghana have significant gender disparities and inequalities that have been brought to light by the rapid institutional gender assessment carried out under the Public Sector Reform for Results Project (PSRRP). Significant gender gaps still exist, including low awareness of gender concepts, inadequate training opportunities, gender disparities in HR management practices, and a lack of gender-responsive work environments. This is despite some initiatives aimed at promoting gender equality, such as gender training programs and partial integration of gender considerations in policies and practices.

Comprehensive approaches are needed to address these issues; they include raising awareness, developing capacity, developing and implementing policies, and establishing gender-responsive work environments in all institutions. It is essential that OHCS, MoH, and MoGCSP give gender mainstreaming initiatives top priority and make a commitment to developing an inclusive gender culture within their respective institutions. These ministries can work toward achieving their goals of promoting gender equality and women's empowerment by putting the recommendations in this report—which include bolstering human capacity, improving policies and practices, and improving the work environment—into practice. This will help to improve the efficiency and effectiveness of public service delivery in Ghana.

It is anticipated that gender action plans will help in addressing the identified gender mainstreaming constraints in the CS. It is also expected that the scorecard developed will assist the OHCS track, monitor, and evaluate the implementation of the gender action plan that will enable the CS achieve sustainable gender development outcomes that will contribute to the nation's development.

5.0 SUMMARY OF KEY FINDINGS

5.1 Office of the Head of the Civil Service

5.1.1 Personnel – Gender Equality Capacity and Training

1. Low Level of Awareness, Knowledge, and Understanding of GE: Both male and female senior staff awareness and knowledge of gender equality, gender equity, gender empowerment, and gender integration into the OHCS work environment appeared low and limited to a few individual levels but not reflected at the group and organisational levels.
2. Limited Gender Training and Capacity Building: There are limited opportunities provided for gender training and capacity building for OHCS staff. The only opportunities for capacity building were organised by development partners, GIMPA, and the OHCS training institute. There is no long-term coordinated training and capacity building programme for staff in place or available.
3. Inadequate Gender Training Tools: No curriculum has been developed for training
4. Low Upscaling of Gender Training: There is no system for managing knowledge and upscaling the gender training that has been acquired by some of the staff.

5.1.2 Procedures and Practices – Gender and Human Resource Management

1. Lack of Addressing Gender Gaps and Barriers in, Recruitment, Staff Placement, and Onboarding: Employee recruitment processes are not a thorough procedure. Many essential GE and HRM concerns are not covered, including women's capacity to take the CS exams.
2. Low Level of Gender Balance/Parity in Staff Strength/Numbers: There is no gender parity in the CS. This is despite an aspiration to have a quota for women's recruitment. It does not appear to be set uniformly across the board or monitored closely.
3. Existence of Gender Discrimination and Sexual Harassment: This exists however, it is insidious. Sexual Harassment (SH) channels for reporting are not utilised or underutilised. The reasons assigned include a lack of confidence and trust, the perception is that the perpetrators are mostly senior officers, not colleagues. Even though guidelines have recently been produced to guide it, it is still a difficult issue to address.
4. Gender Gaps and Barriers Exist in Maternity Leave Administrative Instructions: There are issues about loss of infants, grief, and postpartum depression that need to be addressed

5.1.3 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

1. Limited Use of Sex-Disaggregated Data to Identify Gender Barriers and Gaps in Gender Analysis: The generation and use of sex-aggregated data (SDD), gender statistics, and gender information is limited. Data captured and analysed in the Annual Progress Report indicated two weaknesses. First, some of the data presented were not sex-disaggregated and also lacked robust analysis to bring out the gender issues and differences. Consequently, the OHCS ability to undertake thorough gender analysis to identify gender barriers and gaps, and to inform evidence-based decision-making is weak.
Weak Intra and Inter-Sectoral Coordination: Individually and collectively the male and female officers acknowledged that collaboration and coordination within directorates and departments of OHCS on one hand, and the collaboration and coordination between OHCS and the other ministries and departments it oversees on the other were not strong. They argued that there is no common framework for promoting and coordinating gender equality and mainstreaming that into OHCS organisational and workplace culture. Each directorate is doing its own thing, these were revealed in the Policy, Planning, Monitoring, and Evaluation Directorate, (PPMED), RSIM, Career Management Directorate (CMD), Public Records Archives Administration Directorate (PRAAD), and Reform Coordinating Unit (RCU). In addition, organisational systems and structure are not aligned for that.
2. Gender Responsiveness is Not a Performance Indicator: Gender issues are not a priority and are not reflected in the CD performance targets. It is optional and could be reflected under innovation. Application of this is left to the CD's discretion.
3. Weak Gender Equality Information and Communication: Skills are needed to close the gap but also stimulate the inclusiveness of all stakeholders. Promoting gender equality requires a change of mindset, attitudes, and behaviours through awareness, communication, knowledge, capacity building, and resistance management. The key levers of change are awareness, effective communication, knowledge sharing, and capacity would help OHCS. Communication to sensitise and reinforce awareness leverage support and synergies.
4. Limited Gender Monitoring, Evaluation, and Reporting in Annual Reports: Even though some GE monitoring, evaluation is done, it can be improved with more sex-disaggregated analysis and GE synthesized reporting.
5. Weak Capacity and Functionality of the Gender Desk Office and Officers: Due to low visibility, relatively low status, inadequate staff and logistics, no gender-specific budget for operation, and absence of operational guidelines and gender tool kits.

5.1.4 Place – Gender and the Work Environment

1. Disability Unfriendly Office Access: The OHCS is centrally located in the ministry enclave, and the office building is old. However, OHCS has no disability-friendly access and washrooms. The staircases are not covered at the sides and expose women in dresses or skirts when they are climbing.
2. Inadequate Office Space and Gender Responsive Work Furniture: The office spaces are inadequate. In addition, some of the furniture for the ladies has the front uncovered and is not comfortable for sitting.
3. Gender Unresponsive Washrooms: Females have issues and problems with the quantity, and quality of washrooms. Water flow to the OHCS and the entire ministry is problematic. It is irregular and so sometimes they have to buy water from tanker operators and water vendors. It hampers menstrual hygiene management.
4. Gender Unresponsive of Nursing and Childminding Spaces: Spaces are not available for nursing and childminding.

5. Gender Unfriendly Poor Transportation Access: Due to poor patronage the staff transport arrangement has been cancelled.

5.2 Ministry of Gender Children and Social Protection

5.2.1 Personnel – Gender Equality Capacity and Training

1. Mixed Understanding of Gender in Relation to Institutional Mandate: The MoGCSP acknowledged the knowledge and understanding of GE was critical to the achievement of their mandate as a ministry responsible for oversight of GE in the country. However, knowledge of gender was mixed within the ministry, whilst some staff had received some training others had not. Since not all the ministry staff have received GE training they would require it. This was the case for both the PPMED and even the Department of Gender, the department charged with intra and inter-sectoral GE coordination respectively in the ministry.
2. No Instituted In-House Gender Training and Capacity Building: There was no instituted GE training for staff to go through when they were onboarded into the ministry. This is an issue of concern for ensuring and sustaining staff capacity.
3. Limited Gender Integration Tools: Apart from a few gender training manuals there are no GE-specific tools compiled to assist the Department of Gender and the Ministry to institute GE training for their staff.

5.2.2 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

1. Limited Consultative National Gender Policy Formulation Process: The process of formulating the NGP is not very consultative and inclusive. In addition, its implementation was poor and not well coordinated, due to the DOG's limited GE capacity, staff, and resources.
2. Weak Gender Equality Intra and Inter-Sectoral Coordination: Intra and inter-sectoral GE coordination processes are weak. Similarly, the ministry's GE technical backstopping support to other sectors for GE policy formulation, and strategic and action planning is also tenuous.
3. Limited Capacity in Using Gender Analysis to Identify Gender Barriers and Gaps, Using Sex-Disaggregated Data: The generation and use of sex-disaggregated data (SDD), gender statistics, and gender information is limited. Consequently, the ministry's ability to undertake gender analysis to identify gender barriers and gaps, and to inform evidence-based decision-making is weak. This is in spite of the fact that the ministry is part of the Gender Statistics Working Group of the Ghana Statistical Services.
4. Stalled Gender Responsive Budgeting Initiative: The GRB initiative the ministry embarked on some time ago with the MOF has stalled.
5. Weak Gender Equality Monitoring and Evaluation Capacity: Gender monitoring and evaluation is weak evidenced by a review of the ministry's annual progress and performance reports.
6. Gender-Responsive Informative Education and Communication: This was found to be limited.
7. Weak Gender Equality Policy Advocacy for Galvanizing and Amplifying Women's Voices and Agency: GE policy advocacy with the ministry and galvanizing and amplifying especially women's voices and agency is also weak.
8. Need to Address or Mitigate Unintended Negative Consequences of Gender Equality: The staff needs to be trained on the need to be mindful of addressing or mitigating unintended negative gender equality consequences in their programming.

5.2.3 Practices and Procedures - Gender and Human Resource Management

1. Poor Gender Gaps and Barriers in, Recruitment, Staff Placement, and Onboarding: The process of onboarding staff was not comprehensive. It does not cover a lot of relevant GE and HRM issues

such as gender discrimination and SH within it and with third parties. Gender discrimination and SH are issues but there is a culture of silence around it.

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2. Need for Gender Mainstreaming as a Performance Indicator: Capacity in gender mainstreaming is not a performance indicator.
 3. Need to Address the Gender Issues around Leave, and Transfers: There are a lot of gender issues surrounding staff leave and transfers that need to be addressed through policy advocacy with the relevant agencies. Misconceptions exist about paternity leave and women getting pregnant during their first year of employment is one of them.
- 5.2.4 Place - Gender and the Work Environment
1. Gender, Disability Building Access, and Security: Disability access to the ministerial building can be compromised after the first floor in the event of a power failure as there is no renewable energy alternative. Security in the ministries areas was said to be poor.
 2. Gender-Responsive Office Spaces and Workstations: The office spaces and workstations are gender-responsive
 3. Non-existence of Disability and Gender-Responsive Washrooms: Washrooms are not gender-responsive.
 4. Non-Existence of Gender-Responsive Nursing, Childminding Spaces: No gender-responsive nursing/childminding spaces exist in the ministry. The creche in its previous building is not in use.
 5. Non- existence Gender-Sensitive Access to Transportation System: Transportation systems are neither gender-responsive to the needs of women nor the other vulnerable groups.

5.3 Ministry of Health

5.3.1 Personnel - Gender Equality Capacity and Training

5.3.1.1 Low Level of Gender Training and Capacity Building: There is an understanding of the relevance of gender to healthcare, as well as the gender imbalances in the health sector, but no knowledge or training on how to incorporate gender mainstreaming in their work. Employees are not given gender training routinely but rather on an ad-hoc basis if it is relevant to their work. Only five focus group participants had received any form of gender training and only three had been trained while working for MoH. Gender training was gender policy formulation and gender mainstreaming organised by the World Health Organisation (WHO).

Sector-wide gender training is required for all staff and workers from the most senior grades and levels downwards. Training is needed on gender awareness, gender mainstreaming, gender budgeting, gender analysis, gender communication, gender monitoring and evaluation, and gender policy advocacy. In addition to training, there is a need for gender equality toolkits, guidelines, and training manuals.

5.3.2 Practices and Procedures - Gender and Human Resource Management

5.3.2.1 Low Level of Gender Parity, Gender Imbalance, and Career Development: This manifested in the following ways: -

1. There is a gender imbalance in staffing at MoH, with most women being found in the lower ranks and very few in positions of seniority and decision-making. Of the fifteen leaders named in the Patient's Charter, (a formal document issued by the government or an organisation, the Patient's Charter includes a number of patient's rights and responsibilities in addition to the medical staff's code of practice), only four are women.
2. The gender imbalance is not immediately apparent due to a lack of gender-disaggregated data on promotions.
3. Women are sometimes denied training opportunities because they are assumed to be overburdened by family responsibilities and some men perceive women's gender roles as having an impact on their work.

5.3.2.2 Existence of Gender Discrimination: These occur in the sector in the following instances: -

1. It occurs with third parties such as when male suppliers refuse to take instructions from female MoH officials, which can compromise their career prospects.
2. Male nurses are refused entry to midwifery training although there is no regulation against their entry. Interview panels for admission are gender imbalanced by being composed only of women.
3. Men are also denied access to Public Health Nursing certification because midwifery is a prerequisite for this qualification.
4. Men also bear an unfair burden of being responsible for all the heavy lifting in hospital wards and warehouses.
5. The use of appropriate lifting equipment in both settings would enable women to lift patients and also find work in warehouses.

5.3.2.3 Gender Unresponsive Paternity and Maternity Leave Practices and Procedures: These are: -

1. Men do not take paternity leave because most of them do not know of its existence.
2. Women have three months of maternity leave, but this does not align with the MoH recommendation of six months of exclusive breastfeeding for newborns.

5.3.2.4 Existence of Sexual Harassment: Sexual harassment exists in MoH and its sub-sectors but is shrouded by secrecy and a culture of silence.

1. It occurs in the MoH, training institutions, and also at health facilities and victims can be male or female.
2. Perpetrators are usually in a position of power relative to victims and this leads to fear of stigmatisation and reprisals.
3. Officers to whom cases have been reported did not approach the perpetrator because of the fear of aggravating matters for the victim as well as not having clear guidance on the procedures to follow.
4. In remote health centers, perpetrators may be key health personnel who may be considered too valuable to move. Victims in such settings are the most vulnerable and cannot afford to pursue justice due to the high cost and the threat of losing access to medical care by reporting the perpetrator.

The sexual harassment policy is for the whole Civil Service rather than being specific to MoH. It does not indicate zero-tolerance towards harassment and does not make it clear that the policy applies to all employees throughout the organisation, regardless of grade or level of seniority. There are no clear reporting and investigation procedures given and it does not outline any sanctions towards perpetrators or how they will be enforced. Further, the sexual harassment policy is not well known and a suggestion for sexual harassment training by a female officer was vetoed by male superiors.

5.3.3 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

5.3.3.1 Limited Capacity for Gender Analysis, Equality Policy Formulation, Implementation, and Gender Budgeting: These include: -

1. Sex disaggregated data and data analysis are not well featured in policy formulation. Although the old gender policy applied some sex-disaggregation, it is not used elsewhere.
2. Areas of policy formulation that would benefit from gender analysis include procurement policy, to ensure that there is a balance between male and female suppliers.

5.3.3.2 Weak Gender Responsive Gender Policy, Strategy Formulation, Planning, Budgeting, Monitoring, and Evaluation: The areas to pay attention to would include: -

1. Policy implementation would benefit from improved gender coordination, monitoring, and evaluation.
2. Revise the sector's annual performance reporting template to include gender.
3. Gender budgeting is not undertaken due to the absence of budgetary allocation for gender-related

work.

5.3.3.3 Limited Gender Equality Coordination: This is because: -

1. Gender coordination is undertaken by the Gender desk under the supervision of the PPME directorate, but this is challenged by the lack of a policy to guide the coordination of the health sub-sectors.
2. It is planned that going forward the Chief Director performance agreement with OHCS will include gender and after the review of the old gender policy is completed, an implementation plan will be developed based on which MoH agencies will be required to produce individual implementation plans. A technical committee of MoH agency GDOs will meet quarterly for updates on policy implementation.

5.3.3.4 Weak Monitoring and Evaluation, Synthesis and Reporting of Gender Equality Issues: The monitoring and implementation framework does not currently reflect gender considerations and there are no mechanisms for synthesizing and reporting gender equality results. Only broadly sex-disaggregated results are shown. There is no intentionality attached to gender reporting and this is done on an ad hoc basis as and when gender related information is received.

5.3.3.5 Poor Gender Equality Communication: Gender is not evident in MoH communication material such as the Client Service Charter, which names only four women out of a total of fifteen health sector leaders. Not much communication was done on the old gender policy. Staff communication is done via staff durbars, website, email, and WhatsApp channels. External communication uses press events in addition to the website, email, and WhatsApp. The Chief Director is the key voice for gender equality in MoH whilst the PPME ensures that experiences are relayed appropriately.

5.3.3.6 Weak Systems for Galvanizing and Amplifying Women's Voices and Agency for Gender Equality Policy Advocacy: Policy advocacy with the ministry happens in a bottom-up approach. Issues are collated through annual reports from the various regional, agencies and directorates within the ministry. Other avenues for policy advocacy are also from the sector's annual review meeting processes where other health sector development partners e.g. the faith-based and private sector health care providers; health-focused NGOs, CBOs, and donor partners also advocate on health policy issues. It was not evident that these processes have a conscious intent in place to capture gender issues to inform policy advocacy.

5.3.3.7 Unintended Negative Consequences of Gender Equality are a Possibility: Possible negative consequences of gender equality measures include reprisals against sexual harassment victims if they make a report. This could be mitigated by developing a clear zero-tolerance anti-sexual harassment policy with clear measures to protect whistle-blowers from reprisals. Male nurses should be protected from discrimination in the workplace from the blanket implementation of the strategy to ensure gender parity in health care workers for women and men. This strategy should be limited to situations that explicitly call for it.

5.3.4 Place - Gender and the Work Environment

5.3.4.1 Lack of Awareness of the Need for a Gender-Responsive Work Environment: Training is needed on gender sensitivity regarding workplace architecture, infrastructure, and amenities because many people are oblivious or insensitive to such needs. Much of the infrastructure at the MoH head office is appropriate but this is by default and because it is a modern building.

5.3.4.2 Existence of Gender, Disability-Friendly Building Access, and Security: The building is accessible to PLWDs and the disabled using a ramp leading to the main entrance and elevators on each floor. Public transport does not stop close to the building so employees without cars need to walk some distance. This raises security concerns as there have been attacks on female employees leaving the building early in the morning and in the evening.

5.3.4.3 Existence of Gender-Responsive Office Spaces and Workstations: Office furniture and staircases

are gender appropriate as desks are covered in front and stairways on the sides, making it possible for women to use them without being exposed.

5.3.4.4 Existence of Gender-Responsive Washrooms: Males have the same number of washroom cubicles as females, in addition to urinals. This means that men have more facilities to use than women, who must use the same number of cubicles for all their needs. In addition, there are no hooks on the walls or doors of female cubicles, which creates inconvenience for women, most of whom store intimate personal essentials in their handbags and need them for their washroom visits.

5.3.4.5 Non-functioning Gender-Responsive Nursing, and Childminding Spaces: The eighth floor is the unofficial childminding and breastfeeding space, but there are plans to make this official. This is needed to enable women to comply with the recommendation of six months of exclusive breastfeeding. It is also needed for both men and women to be able to fetch children from school and leave them there under supervision until they finish work.

6.0 RECOMMENDATIONS FOR THE WAY FORWARD

6.1. Recommendations for the Office of the Head of the Civil Service

6.1.1 Personnel - Gender Equality Capacity and Training

6.1.1.2 Strengthen Gender Training and Capacity Building: Sensitise all OHCS structures/ members, and staff (Civil Service Council, Leadership/Management, senior and junior staff on gender equality what needs change, and how it is changing on the following: -

- GE concepts and mandates Legal status/frameworks local/international
- Facilitate awareness creation on gender equality issues
- Organise gender skills training in the areas where gaps have been identified
- Prepare composite coaching and capacity-building training plan.
- Develop training materials, and a toolkit for gender training and sensitisation, and also organise skills fairs for change champions and leaders.

6.1.2 Procedures and Practices - Gender and Human Resource Management

6.1.2.1 Strengthen Procedures and Practices to be Gender Responsive: Ensure HRM procedures and practices do the following: -

6.1.2.2 Gender Responsive Onboarding: Instill a gender-responsive attitudinal, and behaviour. Minimise GE resistance during onboarding.

- Awareness, new knowledge, new mindset, new capacities, and competencies that will drive and support the planned gender mainstreaming changes and transformation.
- Building an effective gender-responsive organisational culture requires working on seven critical areas. namely - systems, structures, and strategy (the hard skills) on one hand. and staff, skills, shared values and styles (the soft skills) on the other, as well as the synergies amongst them.
- Consolidate all the legal ACTSs on GE Empowerment and integration legal framework

6.1.2.2 Institute Gender Responsive Training, Career Development, and Advancement for Particularly Women through HR Policies Reviews as follows:

- Set up coaching and mentoring centres/teams for career advancement for all staff, especially women. Pay particular attention to those who might experience minimisation and backlash for their partners at home
- Discuss the change - new roles, procedures, etc., opportunities, and benefit
- Update and or introduce gender equality issues into the annual performance appraisal system e

- appraisal with support measures and interventions
- Support Counselling Services for male and female staff in OHCS and its agencies.

6.1.2.4 Address Gender Equality Issues in the Leave Systems: Initiate dialogue with the Labour Commission to ensure that their AI addresses the areas identified in the assessment, namely: - women's fertility such as painful menstruations, difficult pregnancies, infertility challenges, in-vitro fertilisation (IVF), and surrogacies.

6.1.2.5 Institute a Zero Tolerance for Gender Discrimination and Sexual Harassment: Review the SH policy to reflect the issues unearthed in the study. Ensure all Civil Servants sign Sexual Harassment Forms with HR. Every staff member should be made to sign an undertaking of good behaviour at the onboarding stage and for every promotion to the next stage. Make it a rule.

6.1.3 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

6.1.3.1 Strengthen Gender Responsive Policy and Strategy Formulation in the CS: Support MoGCSP in this regard.

6.1.3.2 Strengthen Training and Systems for Collecting Sex Disaggregated Data for Gender Statistics and Information: Organise training for data collection disaggregation and gendered data analysis and interpretation. Review data gathering and SDD analysis and gender information. Review and strengthen the collaborative arrangements.

6.1.3.3 Facilitate the Reinstitution of Gender Responsive Budgeting in the CS: Liaise and Work with the MoGCSP and the CD of Min of Finance (MOF) to revive the GRB initiative to have the CS ministries prepare gender-responsive plans and budgets.

6.1.3.4 Strengthen Gender Intra, and Inter-Coordination with the CS: Facilitate, and hold intra-departmental coordination meetings and inter-ministerial coordination meetings; intra and inter-ministerial coordination committees, and arrangement mechanisms.

6.1.3.5 Strengthen Gender Monitoring, Evaluation, and Reporting: Train all gender officers in the PPMED/RSIM on GE M&E. Work with the MoGCSP to review the APR reporting format to reflect gender responsiveness.

6.1.3.6 Strengthen Gender Communication in the CS: Ensure the CS buildings, websites, social media handles, etc. reflect gender-responsive content.

6.1.4 Place - Gender and the Work Environment

6.1.4.1 Ensure Gender Responsive Washrooms: Institute measures to ensure that: -

- Washrooms are neat and provide the utmost privacy.
- Also, provide handwashing soap to ensure that women can manage their menstrual hygiene. Provide hooks on the back of the toilet doors so they can also hang up their bags if they have to change their sanitary towels or materials.
- Renovate all the washrooms, increase the number of toilet cubicles for females
- Ensure regular water supply to ensure ministry area

6.1.4.2 Facilitate the Provision of Gender-Responsive Nursing and Childminding Spaces: This will assist young parents in catering to the needs of their babies and children whilst working. The Ministry could have a funding event targeting the Ghana Club 100 especially those that make products targeting women and children for sponsorship for these spaces.

6.1.5 Strengthen an Effective Organisational Development and Change Management for an Effective Gender Management System

This would require the following: -

1. Review the governance structures, systems, and strategies of OHCS (CD, Directors, GDO focal persons, and staff roles and mandates). OHCS has organisational systems and structures in place. No new structures may be required rather strengthening the existing ones and addressing the internal challenges will suffice.
2. Organise feedback sessions with CD and Directors in charge of gender on the OD and CM system needed for an effective GMS.
3. Build requisite soft skills and capacity for all staff in gender equality transformation and change management as follows: -
 - Identify and organise trainer of trainers (TOT) for change champions, change leaders change teams, and focal persons
 - Organise TOT for change champions, change leaders, change agents
 - Prepare a roadmap for GE change. Constitute change teams and train them.

6.1.6 Recommendations for OHCS, MoGCSP, and MoH improving Gender Communication, Mainstreaming Gender Equality facilitating OD, and Change Management Processes and Outcomes: -

1. Identify and select change champions, change leaders, gender desk officers, focal persons, and change management teams.
2. Harmonise and develop training materials, and toolkits for gender training and sensitisation.
3. Implement joint initiatives in gender mainstreaming.
4. Organise policy fairs on GE /skills fairs for change champions and leaders and exhibitions (change leaders and departmental heads, senior and junior staff.
5. Facilitate/ hold intra-departmental coordination and inter-ministerial coordination meetings

6.1.7 Recommendations for Organisation Development and Change Management across the CS, OHCS, MoGCSP, and MoH: -

1. Build readiness for change
2. Create gender awareness activities and sustain sensitization. Create awareness for change leadership
3. readiness and commitment. Form Gender change management teams. Identify and select change
4. champions, change leaders, gender desk officers/ focal persons change teams,
5. Increase intra and inter-communication
6. Create and sustain mentoring and coaching
7. Implement gender-sensitive support measures for enhancing outcomes on the people side of change
8. Monitor and Track Changes

6.2 Recommendations to the Ministry of Gender Children and Social Protection

6.2.1 Personnel - Gender Equality Capacity and Training

1. Strengthen Gender Training and Capacity Building: Develop a gender training manual to train all the staff of the ministry. This should include GE introductory modules on gender concepts; how to use SDD data and gender statistics how to undertake a gender analysis; gender budgeting; gender monitoring and evaluation; gender reporting in annual reports; gender and communication;

gender and policy advocacy, and gender transformative approaches, etc. Institute a gender training programme for all staff of the ministry as part of their orientation into the ministry when they are posted by OHCS into the ministry. This could be done in partnership with the Civil Service Training School. It could also be done through a Gender Equality Professional Learning Community (PLC) in the Ministry as part of the in-service training programme in the ministry. The DOG should come up with GE topics that could be prepared by staff or other GE specialists that can be discussed and learned in these PLC sessions. The MoGCSP could then invite and engage with GDOs in other sectors as GE specialists in those ministries and also contribute to building their capacities. This could be instituted into a GE coaching and mentoring.

2. Develop Gender Toolkits: Develop a gender toolkit and collect and source online material and others on how to undertake gender-specialized mainstreaming/integration based on the needs of and technicalities in each of the ministries/sectors in the country. MoGCSP could engage the GEST DPs to support this.

6.2.2 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

1. Ensure the National Gender Formulation Process is Consultative: Ensure the staff of the ministry are well versed in the national gender policies and the process of formulation.
2. Liaise with the Ministry of Finance to Revive Gender Responsive Budgeting: MoGCSP is encouraged to revamp the gender-responsive budgeting GRB initiative and do a trend analysis of the current budgetary allocations as against previous budgets it must find expression in the APR for OHCS and MOFEP. This could be done by the PPMED, DOG, and the Finance and Administrative (F&A) directorate to engage the new minister on GRB through the Chief Director and the Chief Director of MOFEP. This is because in the past the current CD of MOFEP has been a gender champion and ally for the ministry in its GRB initiative. Moving forward the CDs the heads of budget development and the budget teams in MOFEP need to be trained on GRB to sustain the initiative.
3. Strengthen Intra and Inter-Sectoral Gender Coordination: Learn lessons and complete the initiative to set an up inter-coordination mechanism and work with the DSP to institute it. MoGCSP could start with the development of a template to assist the OHCS with how to collect the GE issues and reports from the other ministries. Work with and complete the initiative begun with the OHCS to set up a GE M&E coordination mechanism. This was the same for a synthesis of the GE issues across the directorates. GE guidelines and M&E framework have to be issued from the MoGCSP through OHCS to the other ministries for their compliance.
4. Strengthen Gender Monitoring, Evaluation, and Reporting Capacity in Annual, Progress, and Performance Reports: Ensure GE reporting in annual, progress, and performance reports
5. Institute a consistent GE Information, Education, and Communication system for both the internal and external publics of the ministry.
6. Institute Mechanism to Galvanize and Amplifying Women's Voices and Agency for Gender Equality Policy Advocacy: Galvanise the relevant voices both within the ministry and without addressing GE. Revive the WOMM to galvanize women's voice and agency in policy advocacy.
7. Mitigate the Unintended Negative Consequences of Gender Equality Efforts: Ensure way of addressing unintended negative GE consequences

6.2.3 Practices and Procedures - Gender and Human Resource Management

1. Address Gender Gaps and Barriers in Onboarding, Recruitment, and Staff Placement: Onboarding must address the issue of sexual harassment uncovered in the findings, including those of third parties. It must also clarify misconceptions such women are not supposed to give birth within

- their first year of employment. It must also address issues of gender discrimination in the Ministry.
2. Address Gender Discrimination: A need for a counseling unit for the staff of MoGCSP and the CS. The Counselling unit could conform with the CS Counselling document and probably be located in the CSTS. Apart from work-related counseling, other GE issues are from home. The Counsellors in the Orange Support Centre are on a toll-free line for DV survivors and not for the CS staff. That is why there is a need to have a service that caters to civil servants. There is a need for a one-stop shop Counseling; legal services; CHRAJ and Legal Aid can only be accessed by indigent people.
 3. Institute Gender Mainstreaming as a Performance Indicator: Consider gender mainstreaming as a performance indicator in staff assessments.
 4. Address Gender Issues in Maternity and Leave: Address the new areas of women's fertility such as painful menstruations, difficult pregnancies, infertility challenges, in-vitro fertilisation (IVF), and surrogacies, etc. requiring expression in the maternity AI in policy advocacy with the Labour Commission.
 - i. Ensure that Paternity Leave is not voluntary.
 5. Ensure Transfers Address Gender Issues: Ensure women are supported to address their unpaid work obligations so they can transition into their new offices when they are transferred with stress.
- 6.2.4 Place - Gender and the Work Environment
1. Provide Gender Responsive Washrooms: Ensure that the washrooms provide privacy. Also, provide handwashing soap to ensure that women can manage their menstrual hygiene. Provide hooks on the back of the toilet doors so they can also hang up their bags if they have to change their sanitary towels or materials
 2. Provide Gender-Responsive Nursing / Childminding Spaces: Provide nursing, and childminding spaces, and assist young parents, especially mothers to cater to the needs of their babies and children whilst working. The ministry should facilitate the use of the abandoned creche in its former building for use by staff who work around the ministry. This can be done through a fundraising initiative for sponsorship spearheaded by the Ministry targeted at corporate Ghana, particularly those who manufacture products consumed by women and children.
 3. Ensure Gender and Disability Friendly, and Office Building Access: Address issues of gender and other intersectionalities e.g. disability as it affects access to the Ministry's building Introduce solar panels to ensure that the lifts can work in the event of blackouts so the PLWD can still use the lifts. Find ways of introducing plants to create green spaces in the Ministry to make it a green building so that in the event of power outages it can be a resilient building that can be worked in.
 4. Undertake Policy Advocacy on Gender Responsive Transportation Systems: The ministry should undertake policy advocacy with the Ministry of Transport in the country to address these issues.
- 6.2.5 Gender Management System, Organisational Development, and Change Management
1. Strengthen Leadership and Accountability for Gender Equality Results: The Chief Director should have overall responsibility for accounting for GE results in their respective ministry. GM must become a performance indicator in the CD performance agreement. It must be cascaded down as indicators in directors' appraisals and other senior staff, including GDOs and their associates who are designated to undertake GE work and they in turn account to the CD.
 2. Strengthen Institutional Mechanisms, and Gender Architecture: By undertaking the following:
 - i. The CD must decide which Director and directorate that has to be responsible for Gender oversight ought to be.
 - ii. The GDO must not be less than a Deputy director.
 - iii. Every directorate must have individuals who are designated i.e. the GFP or GDO

and trained to identify GE issues in their respective directorates. These GDOs or GFP must have designated assistants that they work with so that when they leave their positions there is institutional memory.

- iv. The OHCS should have a clear directive, guideline, etc. on how to report on GE in the APRs. DOG is responsible for inter-GE coordination. All the MDAs should be made aware to submit their reports e.g., in the case of procurement plans.
- v. Quarterly meetings must be instituted as part of the GE coordination mechanism for all MDAs to meet and discuss GE issues and report on them. This can be done virtually.

6.3 Recommendations for the Ministry of Health

6.3.1 Personnel - Gender Equality Capacity and Training

1. Ensure Gender Sensitivity Awareness Across the Board in MoH and its Sub-Sectors and Agencies: The Evaluation of the Health Sector Gender Policy – Final Report recommends the following as factors that would contribute towards successful gender mainstreaming: regular stakeholder engagement; exchange programmes to learn best practices on gender related policies; capacity building of gender focal persons; allocation of sufficient financial resources; dissemination, sensitisation and awareness creation on gender policy; regular monitoring and evaluation; and a designated gender focal person in each agency to enhance policy adoption.
 - a. Other strategies could include: - gender awareness, and sensitization; development of institutional guidelines and strategies; strengthening of the gender desk at MoH for improved policy monitoring and coordination; regular review and update of the gender policy; recognition, and incentive mechanisms to agencies that demonstrate exceptional commitment and progress in the policy implementation, and broadening of the scope of the policy to reflect gender trends in respect of broader social protection issues.
2. Institute In-House Gender Training for the Staff: Gender sensitivity training is required for all staff across the board in MoH and its agencies. In addition, technical training is required to enable directorates and agencies to incorporate gender in their work. Training is needed in gender analysis, gender budgeting, gender mainstreaming, gender policy formulation and advocacy, gender communication, gender monitoring and evaluation.
3. Address Staff Gender Imbalance: The over-concentration of women in lower positions with men occupying most positions of seniority and leadership is in stark contrast to the gender-mainstreamed organisation that MoH would like to achieve. Gender disaggregated data and data analysis are needed on positions throughout the health sector to reveal exactly where the imbalances are and the cause for them. Promotions need to be researched to determine who is being promoted, who is being left behind, and the reasons for the difference. Based on this information remedial measures can be taken to redress the skewing of male-to-female staffing.
 - a. It is important to be mindful of equity versus equality, as males and females are not necessarily on an equal footing and may need different forms of support measures and initiatives to redress the balance.

6.3.2 Practices and Procedures - Gender and Human Resource Management

1. Institute a Zero Tolerance Policy for Gender Discrimination, Sexual Harassment, and Bullying: A health sector-specific anti-sexual harassment and bullying policy needs to be developed with protection for whistle-blower confidentiality and a zero-tolerance approach towards all offenders, regardless of rank or seniority. The policy should cover sexual harassment as well as other forms of harassment that could be categorised as bullying.
 - a. Institute a Zero Tolerance Policy Anti-Discrimination: Policies need to be developed to protect against all forms of discrimination based on gender, religion, or race.

- b. Protection of All Categories – Staff, Health Workers, Patients, Students, Tutors: Anti-discrimination and anti-harassment policies should protect all stakeholders in the health sector including those on the supply as well as the demand side. Staff need to be made aware of the policies as part of their onboarding and sensitization needs to be carried out periodically. All patients including the most vulnerable and illiterate need to be made aware of their rights to protection and dignity while in the care of the health sector.
- c. Procurement and External Suppliers: External suppliers to the MoH need to be made aware of the anti-harassment policies and should sign them as part of their contractual processes.

6.3.3 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

Strengthen Gender Policy Formulation: The formulation of the gender and related policies needs to ‘reflect current gender trends in respect of broader social protection issues’ (Evaluation of the Health Sector Gender Policy - Final Report). This suggests the will to adhere to best practices in terms of gender and social protection. In view of this and the expectation for responsible organisations to follow ESG practices, it is recommended that a safeguarding policy should be developed for the explicit protection of women, children, and vulnerable adults. This would be in addition to anti-sexual harassment, bullying, and anti-discrimination policies recommended above.

Revive Gender Budgeting: Gender budgeting is recommended to ensure adequate allocation of resources for gender mainstreaming work and gender needs throughout the MoH and its sectors. Without this gender-related work will be categorised as non-priority and relegated to the backburner.

Strengthen Intra and Inter-Sectoral Gender Coordination: A policy is required on how gender work should be coordinated within the health sector and with outside sectors. This will be conducive to multisectoral gender collaboration.

- a. Strengthen the Synthesis of Gender Equality Issues within MoH: The Chief Director’s performance agreement with OHCS should include gender. Leading on from the new gender policy, each agency should develop a gender implementation plan that is informed by the goals and objectives of the policy. The results of the plan should be fed by the agency gender focal persons to the MoH Gender Desk and PPME to be included in reporting.

Strengthen Gender Monitoring, Evaluation, and Reporting: The MoH Annual Plan of Work should report on gender, include it in its action plan, and as a monitoring and evaluation indicator in its performance assessment framework. Each agency and each MoH directorate should have a gender person responsible for collating gender information and results and relaying it to the MoH gender desk.

Deepen Gender, Information, Education, and Communication: The Chief Director should be the key spokesperson for gender, whilst the PPME should be tasked with ensuring that gender issues and results are included in reporting. Gender and the importance attached to it by MoH should be apparent in communication with both internal and external stakeholders. Signage, promotional material, and literature that is displayed should reflect this.

Intensify Gender Responsive Policy Advocacy: The gender policy and all related policies including anti-sexual harassment, anti-bullying, and safeguarding of women, children, and vulnerable adults, should be well publicised by MoH and throughout all the sector agencies and institutions. Educational campaigns should be undertaken involving all internal and external stakeholders to obtain maximum coverage and impact. This should be a sustained effort that is undertaken periodically and not a once-off initiative. Collaboration with OHCS and MoGCSP is also recommended to obtain their support in publicising and creating awareness of gender and protection policies.

The voices of women employees, patients, contractors and all operating in and interfacing with the health sector can be captured by agency gender desks, directorate gender desks, health centre gender focal

persons, and training institution gender focal persons. Different options that may be offered to encourage the sharing of views could include dedicated phone and WhatsApp lines, personal reporting, suggestion boxes, emails, and websites.

Develop a Risk Management Tool to Mitigate Unintended Consequences of Gender Mainstreaming Efforts: The possible backlash from addressing gender issues should be mitigated by the formulation of zero-tolerance protective policies that give clear guidance on reporting channels, investigating, disciplinary procedures, and sanctions applicable, as well as the officials and departments that are responsible for implementation. The policies should apply to all staff levels and grades from the most senior downwards and should guarantee the protection of whistle-blowers and the confidentiality of reported cases. Policies should be accompanied by sensitization for all on the policies, and training for the departments and officials tasked with their implementation such as reporting, investigation, and disciplinary procedures.

6.3.4 Place - Gender and the Work Environment

Recommendations in this section are made to ensure that all are able to use office buildings, health facilities, and the spaces in them comfortably and without feeling vulnerable, ill at ease, or poorly catered for.

1. Put in Place a Disability, Friendly Building Access: It is recommended that buildings be made disabled-friendly through the addition of wheelchair access in the form of ramps and elevators, where these do not already exist. Where there are open staircases it is recommended that they be covered below and on the sides to protect women from feeling vulnerable when they climb them.
2. Maintain the Provision of Gender Responsive Office Furniture: It is recommended that desks and tables be covered in front be made available in all offices to prevent women from feeling vulnerable
3. Provide Gender Washrooms: Provide segregated washrooms for men and women and ensure that both cubicles and urinals are provided for men, and more cubicles are provided for women to compensate for not having the option of urinals. Hooks should be provided on cubicle doors or walls to enable women to hang their bags, which often contain intimate sanitary items used in the privacy of the cubicle. Washroom cubicles should be wide enough to accommodate wheelchairs or dedicated disabled cubicles should be provided.
4. Provide Nursing, and Childminding Spaces and Creches: Dedicated spaces should be provided for nursing mothers to be able to breastfeed and for parents, to be able to bring their children from school during the working day.

6.3.5 Gender Management System, Organisational Development and Change Management

1. Factors that would facilitate the gender mainstreaming process and successful implementation of gender action plans going forward include leadership commitment, advocacy, and awareness creation at the highest levels of the organisation. In addition, monitoring and evaluation, access to the correct tools, and proper gender analysis and planning are key to success.
2. Successful implementation could be jeopardized by losing sight of the implementation process and by leadership being gender neutral.

7.0 CONCLUSION

In conclusion, the Office of the Head of the Civil Service (OHCS), Ministry of Health (MoH), and Ministry of Gender Children and Social Protection (MoGCSP) in Ghana have significant gender disparities and inequalities that have been brought to light by the rapid institutional gender assessment carried out under the Public Sector Reform for Results Project (PSRRP). Significant gender gaps still exist, including low awareness of gender concepts, inadequate training opportunities, gender disparities in HR management practices, and a lack of gender-responsive work environments. This is despite some initiatives aimed at promoting gender equality, such as gender training programs and partial integration of gender considerations in policies and practices.

Comprehensive approaches are needed to address these issues; they include raising awareness, developing capacity, developing and implementing policies, and establishing gender-responsive work environments in all institutions. It is essential that OHCS, MoH, and MoGCSP give gender mainstreaming initiatives top priority and make a commitment to developing an inclusive gender culture within their respective institutions. These ministries can work toward achieving their goals of promoting gender equality and women's empowerment by putting the recommendations in this report—which include bolstering human capacity, improving policies and practices, and improving the work environment—into practice. This will help to improve the efficiency and effectiveness of public service delivery in Ghana.

It is anticipated that gender action plans will help in addressing the identified gender mainstreaming constraints in the CS. It is also expected that the scorecard developed will assist the CS track, monitor, and evaluate the implementation of the gender action plan that will enable the CS achieve sustainable gender development outcomes that will contribute to the nation's development.

5.1 SUMMARY OF KEY FINDINGS

5.4 Office of the Head of the Civil Service

5.4.1 Personnel – Gender Equality Capacity and Training

5. Low Level of Awareness, Knowledge, and Understanding of GE: Both male and female senior staff awareness and knowledge of gender equality, gender equity, gender empowerment, and gender integration into the OHCS work environment appeared low and limited to a few individual levels but not reflected at the group and organisational levels.
6. Limited Gender Training and Capacity Building: There are limited opportunities provided for gender training and capacity building for OHCS staff. The only opportunities for capacity building were organised by development partners, GIMPA, and the OHCS training institute. There is no long-term coordinated training and capacity building programme for staff in place or available.
7. Inadequate Gender Training Tools: No curriculum has been developed for training
8. Low Upscaling of Gender Training: There is no system for managing knowledge and upscaling the gender training that has been acquired by some of the staff.

5.4.2 Procedures and Practices – Gender and Human Resource Management

5. Lack of Addressing Gender Gaps and Barriers in Recruitment, Staff Placement, and Onboarding: Employee recruitment processes are not a thorough procedure. Many essential GE and HRM concerns are not covered, including women's capacity to take the CS exams.
6. Low Level of Gender Balance/Parity in Staff Strength/Numbers: There is no gender parity in the CS. This is despite an aspiration to have a quota for women's recruitment. It does not appear to be set uniformly across the board or monitored closely.
7. Existence of Gender Discrimination and Sexual Harassment: This exists however, it is insidious. Sexual Harassment (SH) channels for reporting are not utilised or underutilised. The reasons assigned include a lack of confidence and trust, the perception is that the perpetrators are mostly senior officers, not colleagues. Even though guidelines have recently been produced to guide it, it is still a difficult issue to address.
8. Gender Gaps and Barriers Exist in Maternity Leave Administrative Instructions: There are issues about loss of infants, grief, and postpartum depression that need to be addressed

5.4.3 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

6. Limited Use of Sex-Disaggregated Data to Identify Gender Barriers and Gaps in Gender Analysis: The generation and use of sex-aggregated data (SDD), gender statistics, and gender information is limited. Data captured and analysed in the Annual Progress Report indicated two weaknesses. First, some of the data presented were not sex-disaggregated and also lacked robust analysis to bring out the gender issues and differences. Consequently, the OHCS ability to undertake thorough gender analysis to identify gender barriers and gaps, and to inform evidence-based decision-making is weak.
Weak Intra and Inter-Sectoral Coordination: Individually and collectively the male and female officers acknowledged that collaboration and coordination within directorates and departments of OHCS on one hand, and the collaboration and coordination between OHCS and the other ministries and departments it oversees on the other were not strong. They argued that there is no common framework for promoting and coordinating gender equality and mainstreaming that into OHCS organisational and workplace culture. Each directorate is doing its own thing, these were revealed in the Policy, Planning, Monitoring, and Evaluation Directorate, (PPMED), RSIM, Career Management Directorate (CMD), Public Records Archives Administration Directorate (PRAAD), and Reform Coordinating Unit (RCU). In addition, organisational systems and structure are not aligned for that.
7. Gender Responsiveness is Not a Performance Indicator: Gender issues are not a priority and are not reflected in the CD performance targets. It is optional and could be reflected under innovation. Application of this is left to the CD's discretion.
8. Weak Gender Equality Information and Communication: Skills are needed to close the gap but also stimulate the inclusiveness of all stakeholders. Promoting gender equality requires a change of mindset, attitudes, and behaviours through awareness, communication, knowledge, capacity building, and resistance management. The key levers of change are awareness, effective communication, knowledge sharing, and capacity would help OHCS. Communication to sensitise and reinforce awareness leverage support and synergies.
9. Limited Gender Monitoring, Evaluation, and Reporting in Annual Reports: Even though some GE monitoring, evaluation is done, it can be improved with more sex-disaggregated

analysis and GE synthesized reporting.

10. Weak Capacity and Functionality of the Gender Desk Office and Officers: Due to low visibility, relatively low status, inadequate staff and logistics, no gender-specific budget for operation, and absence of operational guidelines and gender tool kits.

5.4.4 Place – Gender and the Work Environment

6. Disability Unfriendly Office Access: The OHCS is centrally located in the ministry enclave, and the office building is old. However, OHCS has no disability-friendly access and washrooms. The staircases are not covered at the sides and expose women in dresses or skirts when they are climbing.
7. Inadequate Office Space and Gender Responsive Work Furniture: The office spaces are inadequate. In addition, some of the furniture for the ladies has the front uncovered and is not comfortable for sitting.
8. Gender Unresponsive Washrooms: Females have issues and problems with the quantity, and quality of washrooms. Water flow to the OHCS and the entire ministry is problematic. It is irregular and so sometimes they have to buy water from tanker operators and water vendors. It hampers menstrual hygiene management.
9. Gender Unresponsive of Nursing and Childminding Spaces: Spaces are not available for nursing and childminding.
10. Gender Unfriendly Poor Transportation Access: Due to poor patronage the staff transport arrangement has been cancelled.

5.5 Ministry of Gender Children and Social Protection

5.5.1 Personnel – Gender Equality Capacity and Training

4. Mixed Understanding of Gender in Relation to Institutional Mandate: The MoGCSP acknowledged the knowledge and understanding of GE was critical to the achievement of their mandate as a ministry responsible for oversight of GE in the country. However, knowledge of gender was mixed within the ministry, whilst some staff had received some training others had not. Since not all the ministry staff have received GE training they would require it. This was the case for both the PPMED and even the Department of Gender, the department charged with intra and inter-sectoral GE coordination respectively in the ministry.
5. No Instituted In-House Gender Training and Capacity Building: There was no instituted GE training for staff to go through when they were onboarded into the ministry. This is an issue of concern for ensuring and sustaining staff capacity.
6. Limited Gender Integration Tools: Apart from a few gender training manuals there are no GE- specific tools compiled to assist the Department of Gender and the Ministry to institute GE training for their staff.

5.5.2 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

9. Limited Consultative National Gender Policy Formulation Process: The process of formulating the NGP is not very consultative and inclusive. In addition, its implementation was poor and not well coordinated, due to the DOG's limited GE capacity, staff, and resources.
10. Weak Gender Equality Intra and Inter-Sectoral Coordination: Intra and inter-sectoral GE

coordination processes are weak. Similarly, the ministry's GE technical backstopping support to other sectors for GE policy formulation, and strategic and action planning is also tenuous.

11. Limited Capacity in Using Gender Analysis to Identify Gender Barriers and Gaps, Using Sex- Disaggregated Data: The generation and use of sex-disaggregated data (SDD), gender statistics, and gender information is limited. Consequently, the ministry's ability to undertake gender analysis to identify gender barriers and gaps, and to inform evidence-based decision-making is weak. This is in spite of the fact that the ministry is part of the Gender Statistics Working Group of the Ghana Statistical Services.
 12. Stalled Gender Responsive Budgeting Initiative: The GRB initiative the ministry embarked on some time ago with the MOF has stalled.
 13. Weak Gender Equality Monitoring and Evaluation Capacity: Gender monitoring and evaluation is weak evidenced by a review of the ministry's annual progress and performance reports.
 14. Gender-Responsive Informative Education and Communication: This was found to be limited.
 15. Weak Gender Equality Policy Advocacy for Galvanizing and Amplifying Women's Voices and Agency: GE policy advocacy with the ministry and galvanizing and amplifying especially women's voices and agency is also weak.
 16. Need to Address or Mitigate Unintended Negative Consequences of Gender Equality: The staff needs to be trained on the need to be mindful of addressing or mitigating unintended negative gender equality consequences in their programming.
- 5.5.3 Practices and Procedures - Gender and Human Resource Management
4. Poor Gender Gaps and Barriers in, Recruitment, Staff Placement, and Onboarding: The process of onboarding staff was not comprehensive. It does not cover a lot of relevant GE and HRM issues such as gender discrimination and SH within it and with third parties. Gender discrimination and SH are issues but there is a culture of silence around it.
Need for Gender Mainstreaming as a Performance Indicator: Capacity in gender mainstreaming is not a performance indicator.
 5. Need to Address the Gender Issues around Leave, and Transfers: There are a lot of gender issues surrounding staff leave and transfers that need to be addressed through policy advocacy with the relevant agencies. Misconceptions exist about paternity leave and women getting pregnant during their first year of employment is one of them.
- 5.5.4 Place - Gender and the Work Environment
6. Gender, Disability Building Access, and Security: Disability access to the ministerial building can be compromised after the first floor in the event of a power failure as there is no renewable energy alternative. Security in the ministries areas was said to be poor.
 7. Gender-Responsive Office Spaces and Workstations: The office spaces and workstations are gender-responsive
 8. Non-existence of Disability and Gender-Responsive Washrooms: Washrooms are not gender- responsive.
 9. Non-Existence of Gender-Responsive Nursing, Childminding Spaces: No gender-responsive nursing/childminding spaces exist in the ministry. The creche in its previous building is not in use.
 10. Non- existence Gender-Sensitive Access to Transportation System: Transportation

systems are neither gender-responsive to the needs of women nor the other vulnerable groups.

5.6 Ministry of Health

5.6.1 Personnel - Gender Equality Capacity and Training

5.6.1.1 Low Level of Gender Training and Capacity Building: There is an understanding of the relevance of gender to healthcare, as well as the gender imbalances in the health sector, but no knowledge or training on how to incorporate gender mainstreaming in their work. Employees are not given gender training routinely but rather on an ad-hoc basis if it is relevant to their work. Only five focus group participants had received any form of gender training and only three had been trained while working for MoH. Gender training was gender policy formulation and gender mainstreaming organised by the World Health Organisation (WHO).

Sector-wide gender training is required for all staff and workers from the most senior grades and levels downwards. Training is needed on gender awareness, gender mainstreaming, gender budgeting, gender analysis, gender communication, gender monitoring and evaluation, and gender policy advocacy. In addition to training, there is a need for gender equality toolkits, guidelines, and training manuals.

5.6.2 Practices and Procedures - Gender and Human Resource Management

5.6.2.1 Low Level of Gender Parity, Gender Imbalance, and Career Development: This manifested in the following ways: -

1. There is a gender imbalance in staffing at MoH, with most women being found in the lower ranks and very few in positions of seniority and decision-making. Of the fifteen leaders named in the Patient's Charter, (a formal document issued by the government or an organisation, the Patient's Charter includes a number of patient's rights and responsibilities in addition to the medical staff's code of practice), only four are women.
2. The gender imbalance is not immediately apparent due to a lack of gender-disaggregated data on promotions.
3. Women are sometimes denied training opportunities because they are assumed to be overburdened by family responsibilities and some men perceive women's gender roles as having an impact on their work.

5.6.2.2 Existence of Gender Discrimination: These occur in the sector in the following instances: -

1. It occurs with third parties such as when male suppliers refuse to take instructions from female MoH officials, which can compromise their career prospects.
2. Male nurses are refused entry to midwifery training although there is no regulation against their entry. Interview panels for admission are gender imbalanced by being composed only of women.
3. Men are also denied access to Public Health Nursing certification because midwifery is a prerequisite for this qualification.
4. Men also bear an unfair burden of being responsible for all the heavy lifting in hospital wards and warehouses.
5. The use of appropriate lifting equipment in both settings would enable women to lift patients and also find work in warehouses.

5.6.2.3 Gender Unresponsive Paternity and Maternity Leave Practices and Procedures: These are: -

1. Men do not take paternity leave because most of them do not know of its existence.

2. Women have three months of maternity leave, but this does not align with the MoH recommendation of six months of exclusive breastfeeding for newborns.

5.6.2.4 Existence of Sexual Harassment: Sexual harassment exists in MoH and its sub-sectors but is shrouded by secrecy and a culture of silence.

1. It occurs in the MoH, training institutions, and also at health facilities and victims can be male or female.
2. Perpetrators are usually in a position of power relative to victims and this leads to fear of stigmatisation and reprisals.
3. Officers to whom cases have been reported did not approach the perpetrator because of the fear of aggravating matters for the victim as well as not having clear guidance on the procedures to follow.
4. In remote health centers, perpetrators may be key health personnel who may be considered too valuable to move. Victims in such settings are the most vulnerable and cannot afford to pursue justice due to the high cost and the threat of losing access to medical care by reporting the perpetrator.

The sexual harassment policy is for the whole Civil Service rather than being specific to MoH. It does not indicate zero-tolerance towards harassment and does not make it clear that the policy applies to all employees throughout the organisation, regardless of grade or level of seniority. There are no clear reporting and investigation procedures given and it does not outline any sanctions towards perpetrators or how they will be enforced. Further, the sexual harassment policy is not well known and a suggestion for sexual harassment training by a female officer was vetoed by male superiors.

5.6.3 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

5.6.3.1 Limited Capacity for Gender Analysis, Equality Policy Formulation, Implementation, and Gender Budgeting: These include: -

1. Sex disaggregated data and data analysis are not well featured in policy formulation. Although the old gender policy applied some sex-disaggregation, it is not used elsewhere.
2. Areas of policy formulation that would benefit from gender analysis include procurement policy, to ensure that there is a balance between male and female suppliers.

5.6.3.2 Weak Gender Responsive Gender Policy, Strategy Formulation, Planning, Budgeting, Monitoring, and Evaluation: The areas to pay attention to would include: -

1. Policy implementation would benefit from improved gender coordination, monitoring, and evaluation.
2. Revise the sector's annual performance reporting template to include gender.
3. Gender budgeting is not undertaken due to the absence of budgetary allocation for gender-related work.

5.6.3.3 Limited Gender Equality Coordination: This is because: -

1. Gender coordination is undertaken by the Gender desk under the supervision of the PPME directorate, but this is challenged by the lack of a policy to guide the coordination of the health sub-sectors.
2. It is planned that going forward the Chief Director performance agreement with OHCS will include gender and after the review of the old gender policy is completed, an

implementation plan will be developed based on which MoH agencies will be required to produce individual implementation plans. A technical committee of MoH agency GDOs will meet quarterly for updates on policy implementation.

5.6.3.4 Weak Monitoring and Evaluation, Synthesis and Reporting of Gender Equality Issues: The monitoring and implementation framework does not currently reflect gender considerations and there are no mechanisms for synthesizing and reporting gender equality results. Only broadly sex-disaggregated results are shown. There is no intentionality attached to gender reporting and this is done on an ad hoc basis as and when gender related information is received.

5.6.3.5 Poor Gender Equality Communication: Gender is not evident in MoH communication material such as the Client Service Charter, which names only four women out of a total of fifteen health sector leaders. Not much communication was done on the old gender policy. Staff communication is done via staff durbars, website, email, and WhatsApp channels. External communication uses press events in addition to the website, email, and WhatsApp. The Chief Director is the key voice for gender equality in MoH whilst the PPME ensures that experiences are relayed appropriately.

5.6.3.6 Weak Systems for Galvanizing and Amplifying Women's Voices and Agency for Gender Equality Policy Advocacy: Policy advocacy with the ministry happens in a bottom-up approach. Issues are collated through annual reports from the various regional, agencies and directorates within the ministry. Other avenues for policy advocacy are also from the sector's annual review meeting processes where other health sector development partners e.g. the faith-based and private sector health care providers; health-focused NGOs, CBOs, and donor partners also advocate on health policy issues. It was not evident that these processes have a conscious intent in place to capture gender issues to inform policy advocacy.

5.6.3.7 Unintended Negative Consequences of Gender Equality are a Possibility: Possible negative consequences of gender equality measures include reprisals against sexual harassment victims if they make a report. This could be mitigated by developing a clear zero-tolerance anti-sexual harassment policy with clear measures to protect whistle-blowers from reprisals. Male nurses should be protected from discrimination in the workplace from the blanket implementation of the strategy to ensure gender parity in health care workers for women and men. This strategy should be limited to situations that explicitly call for it.

5.6.4 Place - Gender and the Work Environment

5.6.4.1 Lack of Awareness of the Need for a Gender-Responsive Work Environment: Training is needed on gender sensitivity regarding workplace architecture, infrastructure, and amenities because many people are oblivious or insensitive to such needs. Much of the infrastructure at the MoH head office is appropriate but this is by default and because it is a modern building.

5.6.4.2 Existence of Gender, Disability-Friendly Building Access, and Security: The building is accessible to PLWDs and the disabled using a ramp leading to the main entrance and elevators on each floor. Public transport does not stop close to the building so employees without cars need to walk some distance. This raises security concerns as there have been attacks on female employees leaving the building early in the morning and in the evening.

5.6.4.3 Existence of Gender-Responsive Office Spaces and Workstations: Office furniture and staircases are gender appropriate as desks are covered in front and stairways on the sides, making

it possible for women to use them without being exposed.

5.6.4.4 Existence of Gender-Responsive Washrooms: Males have the same number of washroom cubicles as females, in addition to urinals. This means that men have more facilities to use than women, who must use the same number of cubicles for all their needs. In addition, there are no hooks on the walls or doors of female cubicles, which creates inconvenience for women, most of whom store intimate personal essentials in their handbags and need them for their washroom visits.

5.6.4.5 Non-functioning Gender-Responsive Nursing, and Childminding Spaces: The eighth floor is the unofficial childminding and breastfeeding space, but there are plans to make this official. This is needed to enable women to comply with the recommendation of six months of exclusive breastfeeding. It is also needed for both men and women to be able to fetch children from school and leave them there under supervision until they finish work.

6.1 RECOMMENDATIONS FOR THE WAY FORWARD

6.2. Recommendations for the Office of the Head of the Civil Service

6.2.1 Personnel - Gender Equality Capacity and Training

6.2.1.2 Strengthen Gender Training and Capacity Building: Sensitise all OHCS structures/ members, and staff (Civil Service Council, Leadership/Management, senior and junior staff on gender equality what needs change, and how it is changing on the following: -

- GE concepts and mandates Legal status/frameworks local/international
- Facilitate awareness creation on gender equality issues
- Organise gender skills training in the areas where gaps have been identified
- Prepare composite coaching and capacity-building training plan.
- Develop training materials, and a toolkit for gender training and sensitisation, and also organise skills fairs for change champions and leaders.

6.2.2 Procedures and Practices - Gender and Human Resource Management

6.1.2.3 Strengthen Procedures and Practices to be Gender Responsive: Ensure HRM procedures and practices do the following: -

6.1.2.4 Gender Responsive Onboarding: Instill a gender-responsive attitudinal, and behaviour. Minimise GE resistance during onboarding.

- Awareness, new knowledge, new mindset, new capacities, and competencies that will drive and support the planned gender mainstreaming changes and transformation.
- Building an effective gender-responsive organisational culture requires working on seven critical areas. namely - systems, structures, and strategy (the hard skills) on one hand. and staff, skills, shared values and styles (the soft skills) on the other, as well as the synergies amongst them.
- Consolidate all the legal ACTSs on GE Empowerment and integration legal framework

6.1.2.2 Institute Gender Responsive Training, Career Development, and Advancement for Particularly Women through HR Policies Reviews as follows:

- Set up coaching and mentoring centres/teams for career advancement for all staff, especially women. Pay particular attention to those who might experience minimisation and backlash for their partners at home
- Discuss the change - new roles, procedures, etc., opportunities, and benefit
- Update and or introduce gender equality issues into the annual performance appraisal system e appraisal with support measures and interventions
- Support Counselling Services for male and female staff in OHCS and its agencies.

6.1.2.4 Address Gender Equality Issues in the Leave Systems: Initiate dialogue with the Labour Commission to ensure that their AI addresses the areas identified in the assessment, namely: - women's fertility such as painful menstruations, difficult pregnancies, infertility challenges, in-vitro fertilisation (IVF), and surrogacies.

6.1.2.5 Institute a Zero Tolerance for Gender Discrimination and Sexual Harassment: Review the SH policy to reflect the issues unearthed in the study. Ensure all Civil Servants sign Sexual Harassment Forms with HR. Every staff member should be made to sign an undertaking of good behaviour at the onboarding stage and for every promotion to the next stage. Make it a rule.

6.2.3 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

6.1.3.7 Strengthen Gender Responsive Policy and Strategy Formulation in the CS: Support MoGCSP in this regard.

6.1.3.8 Strengthen Training and Systems for Collecting Sex Disaggregated Data for Gender Statistics and Information: Organise training for data collection disaggregation and gendered data analysis and interpretation. Review data gathering and SDD analysis and gender information. Review and strengthen the collaborative arrangements.

6.1.3.9 Facilitate the Reinstitution of Gender Responsive Budgeting in the CS: Liaise and Work with the MoGCSP and the CD of Min of Finance (MOF) to revive the GRB initiative to have the CS ministries prepare gender-responsive plans and budgets.

6.1.3.10 Strengthen Gender Intra, and Inter-Coordination with the CS: Facilitate, and hold intra- departmental coordination meetings and inter-ministerial coordination meetings; intra and inter- ministerial coordination committees, and arrangement mechanisms.

6.1.3.11 Strengthen Gender Monitoring, Evaluation, and Reporting: Train all gender officers in the PPMED/RSIM on GE M&E. Work with the MoGCSP to review the APR reporting format to reflect gender responsiveness.

6.1.3.12 Strengthen Gender Communication in the CS: Ensure the CS buildings, websites, social media handles, etc. reflect gender-responsive content.

6.2.4 Place - Gender and the Work Environment

6.1.4.3 Ensure Gender Responsive Washrooms: Institute measures to ensure that: -

- Washrooms are neat and provide the utmost privacy.
- Also, provide handwashing soap to ensure that women can manage their menstrual hygiene. Provide hooks on the back of the toilet doors so they can also hang up their bags if they have to change their sanitary towels or materials.
- Renovate all the washrooms, increase the number of toilet cubicles for females
- Ensure regular water supply to ensure ministry area

6.1.4.4 Facilitate the Provision of Gender-Responsive Nursing and Childminding Spaces: This will assist young parents in catering to the needs of their babies and children whilst working. The Ministry could have a funding event targeting the Ghana Club 100 especially those that make products targeting women and children for sponsorship for these spaces.

6.2.5 Strengthen an Effective Organisational Development and Change Management for an Effective Gender Management System

This would require the following: -

4. Review the governance structures, systems, and strategies of OHCS (CD, Directors, GDO focal persons, and staff roles and mandates). OHCS has organisational systems and structures in place. No new structures may be required rather strengthening the existing ones and addressing the internal challenges will suffice.
5. Organise feedback sessions with CD and Directors in charge of gender on the OD and CM system needed for an effective GMS.
6. Build requisite soft skills and capacity for all staff in gender equality transformation and change management as follows: -
 - Identify and organise trainer of trainers (TOT) for change champions, change leaders change teams, and focal persons
 - Organise TOT for change champions, change leaders, change agents
 - Prepare a roadmap for GE change. Constitute change teams and train them.

6.2.6 Recommendations for OHCS, MoGCSP, and MoH improving Gender Communication, Mainstreaming Gender Equality facilitating OD, and Change Management Processes and Outcomes: -

7. Identify and select change champions, change leaders, gender desk officers, focal persons, and change management teams.
8. Harmonise and develop training materials, and toolkits for gender training and sensitisation.
9. Implement joint initiatives in gender mainstreaming.
10. Organise policy fairs on GE /skills fairs for change champions and leaders and exhibitions (change
11. leaders and departmental heads, senior and junior staff.
12. Facilitate/ hold intra-departmental coordination and inter-ministerial coordination meetings

6.2.7 Recommendations for Organisation Development and Change Management across the CS, OHCS, MoGCSP, and MoH: -

9. Build readiness for change
10. Create gender awareness activities and sustain sensitization. Create awareness for

- change leadership
- 11. readiness and commitment. Form Gender change management teams. Identify and select change
- 12. champions, change leaders, gender desk officers/ focal persons change teams,
- 13. Increase intra and inter-communication
- 14. Create and sustain mentoring and coaching
- 15. Implement gender-sensitive support measures for enhancing outcomes on the people side of change
- 16. Monitor and Track Changes

6.4 Recommendations to the Ministry of Gender Children and Social Protection

6.4.1 Personnel - Gender Equality Capacity and Training

1. Strengthen Gender Training and Capacity Building: Develop a gender training manual to train all the staff of the ministry. This should include GE introductory modules on gender concepts; how to use SDD data and gender statistics how to undertake a gender analysis; gender budgeting; gender monitoring and evaluation; gender reporting in annual reports; gender and communication; gender and policy advocacy, and gender transformative approaches, etc. Institute a gender training programme for all staff of the ministry as part of their orientation into the ministry when they are posted by OHCS into the ministry. This could be done in partnership with the Civil Service Training School. It could also be done through a Gender Equality Professional Learning Community (PLC) in the Ministry as part of the in-service training programme in the ministry. The DOG should come up with GE topics that could be prepared by staff or other GE specialists that can be discussed and learned in these PLC sessions. The MoGCSP could then invite and engage with GDOs in other sectors as GE specialists in those ministries and also contribute to building their capacities. This could be instituted into a GE coaching and mentoring.
2. Develop Gender Toolkits: Develop a gender toolkit and collect and source online material and others on how to undertake gender-specialized mainstreaming/integration based on the needs of and technicalities in each of the ministries/sectors in the country. MoGCSP could engage the GEST DPs to support this.

6.4.2 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

1. Ensure the National Gender Formulation Process is Consultative: Ensure the staff of the ministry are well versed in the national gender policies and the process of formulation.
2. Liaise with the Ministry of Finance to Revive Gender Responsive Budgeting: MoGCSP is encouraged to revamp the gender-responsive budgeting GRB initiative and do a trend analysis of the current budgetary allocations as against previous budgets it must find expression in the APR for OHCS and MOFEP. This could be done by the PPMED, DOG, and the Finance and Administrative (F&A) directorate to engage the new minister on GRB through the Chief Director and the Chief Director of MOFEP. This is because in the past the current CD of MOFEP has been a gender champion and ally for the ministry in its GRB initiative. Moving forward the CDs the heads of budget development and the budget teams in MOFEP need to be trained on GRB to sustain the initiative.
3. Strengthen Intra and Inter-Sectoral Gender Coordination: Learn lessons and complete the

initiative to set up an inter-coordination mechanism and work with the DSP to institute it. MoGCSP could start with the development of a template to assist the OHCS with how to collect the GE issues and reports from the other ministries. Work with and complete the initiative begun with the OHCS to set up a GE M&E coordination mechanism. This was the same for a synthesis of the GE issues across the directorates. GE guidelines and M&E framework have to be issued from the MoGCSP through OHCS to the other ministries for their compliance.

4. Strengthen Gender Monitoring, Evaluation, and Reporting Capacity in Annual, Progress, and Performance Reports: Ensure GE reporting in annual, progress, and performance reports
5. Institute a consistent GE Information, Education, and Communication system for both the internal and external publics of the ministry.
6. Institute Mechanism to Galvanize and Amplifying Women's Voices and Agency for Gender Equality Policy Advocacy: Galvanize the relevant voices both within the ministry and without addressing GE. Revive the WOMM to galvanize women's voice and agency in policy advocacy.
7. Mitigate the Unintended Negative Consequences of Gender Equality Efforts: Ensure way of addressing unintended negative GE consequences

6.4.3 Practices and Procedures - Gender and Human Resource Management

1. Address Gender Gaps and Barriers in Onboarding, Recruitment, and Staff Placement: Onboarding must address the issue of sexual harassment uncovered in the findings, including those of third parties. It must also clarify misconceptions such as women are not supposed to give birth within their first year of employment. It must also address issues of gender discrimination in the Ministry.
2. Address Gender Discrimination: A need for a counseling unit for the staff of MoGCSP and the CS. The Counselling unit could conform with the CS Counselling document and probably be located in the CSTS. Apart from work-related counseling, other GE issues are from home. The Counsellors in the Orange Support Centre are on a toll-free line for DV survivors and not for the CS staff. That is why there is a need to have a service that caters to civil servants. There is a need for a one-stop shop Counseling; legal services; CHRAJ and Legal Aid can only be accessed by indigent people.
3. Institute Gender Mainstreaming as a Performance Indicator: Consider gender mainstreaming as a performance indicator in staff assessments.
4. Address Gender Issues in Maternity and Leave: Address the new areas of women's fertility such as painful menstruations, difficult pregnancies, infertility challenges, in-vitro fertilisation (IVF), and surrogacies, etc. requiring expression in the maternity AI in policy advocacy with the Labour Commission.
 - i. Ensure that Paternity Leave is not voluntary.
5. Ensure Transfers Address Gender Issues: Ensure women are supported to address their unpaid work obligations so they can transition into their new offices when they are transferred with stress.

6.4.4 Place - Gender and the Work Environment

1. Provide Gender Responsive Washrooms: Ensure that the washrooms provide privacy.

Also, provide handwashing soap to ensure that women can manage their menstrual hygiene. Provide hooks on the back of the toilet doors so they can also hang up their bags if they have to change their sanitary towels or materials

2. Provide Gender-Responsive Nursing / Childminding Spaces: Provide nursing, and childminding spaces, and assist young parents, especially mothers to cater to the needs of their babies and children whilst working. The ministry should facilitate the use of the abandoned creche in its former building for use by staff who work around the ministry. This can be done through a fundraising initiative for sponsorship spearheaded by the Ministry targeted at corporate Ghana, particularly those who manufacture products consumed by women and children.
3. Ensure Gender and Disability Friendly, and Office Building Access: Address issues of gender and other intersectionalities e.g. disability as it affects access to the Ministry's building. Introduce solar panels to ensure that the lifts can work in the event of blackouts so the PLWD can still use the lifts. Find ways of introducing plants to create green spaces in the Ministry to make it a green building so that in the event of power outages it can be a resilient building that can be worked in.
4. Undertake Policy Advocacy on Gender Responsive Transportation Systems: The ministry should undertake policy advocacy with the Ministry of Transport in the country to address these issues.

6.4.5 Gender Management System, Organisational Development, and Change Management

1. **Strengthen Leadership and Accountability for Gender Equality Results:** The Chief Director should have overall responsibility for accounting for GE results in their respective ministry. GM must become a performance indicator in the CD performance agreement. It must be cascaded down as indicators in directors' appraisals and other senior staff, including GDOs and their associates who are designated to undertake GE work and they in turn account to the CD.
2. **Strengthen Institutional Mechanisms, and Gender Architecture:** By undertaking the following:
 - i. The CD must decide which Director and directorate that has to be responsible for Gender oversight ought to be.
 - ii. The GDO must not be less than a Deputy director.
 - iii. Every directorate must have individuals who are designated i.e. the GFP or GDO and trained to identify GE issues in their respective directorates. These GDOs or GFP must have designated assistants that they work with so that when they leave their positions there is institutional memory.
 - iv. The OHCS should have a clear directive, guideline, etc. on how to report on GE in the APRs. DOG is responsible for inter-GE coordination. All the MDAs should be made aware to submit their reports e.g., in the case of procurement plans.
 - v. Quarterly meetings must be instituted as part of the GE coordination mechanism for all MDAs to meet and discuss GE issues and report on them. This can be done virtually.

6.5 Recommendations for the Ministry of Health

6.5.1 Personnel - Gender Equality Capacity and Training

1. Ensure Gender Sensitivity Awareness Across the Board in MoH and its Sub-Sectors and

Agencies: The Evaluation of the Health Sector Gender Policy – Final Report recommends the following as factors that would contribute towards successful gender mainstreaming: regular stakeholder engagement; exchange programmes to learn best practices on gender related policies; capacity building of gender focal persons; allocation of sufficient financial resources; dissemination, sensitisation and awareness creation on gender policy; regular monitoring and evaluation; and a designated gender focal person in each agency to enhance policy adoption.

- a. Other strategies could include: - gender awareness, and sensitization; development of institutional guidelines and strategies; strengthening of the gender desk at MoH for improved policy monitoring and coordination; regular review and update of the gender policy; recognition, and incentive mechanisms to agencies that demonstrate exceptional commitment and progress in the policy implementation, and broadening of the scope of the policy to reflect gender trends in respect of broader social protection issues.
2. Institute In-House Gender Training for the Staff: Gender sensitivity training is required for all staff across the board in MoH and its agencies. In addition, technical training is required to enable directorates and agencies to incorporate gender in their work. Training is needed in gender analysis, gender budgeting, gender mainstreaming, gender policy formulation and advocacy, gender communication, gender monitoring and evaluation.
3. Address Staff Gender Imbalance: The over-concentration of women in lower positions with men occupying most positions of seniority and leadership is in stark contrast to the gender- mainstreamed organisation that MoH would like to achieve. Gender disaggregated data and data analysis are needed on positions throughout the health sector to reveal exactly where the imbalances are and the cause for them. Promotions need to be researched to determine who is being promoted, who is being left behind, and the reasons for the difference. Based on this information remedial measures can be taken to redress the skewing of male-to-female staffing.
 - a. It is important to be mindful of equity versus equality, as males and females are not necessarily on an equal footing and may need different forms of support measures and initiatives to redress the balance.

6.5.2 Practices and Procedures - Gender and Human Resource Management

1. Institute a Zero Tolerance Policy for Gender Discrimination, Sexual Harassment, and Bullying: A health sector-specific anti-sexual harassment and bullying policy needs to be developed with protection for whistle-blower confidentiality and a zero-tolerance approach towards all offenders, regardless of rank or seniority. The policy should cover sexual harassment as well as other forms of harassment that could be categorised as bullying.
 - d. Institute a Zero Tolerance Policy Anti-Discrimination: Policies need to be developed to protect against all forms of discrimination based on gender, religion, or race.
 - e. Protection of All Categories – Staff, Health Workers, Patients, Students, Tutors: Anti- discrimination and anti-harassment policies should protect all stakeholders in the health sector including those on the supply as well as the demand side. Staff need to be made aware of the policies as part of their onboarding and sensitization needs to be carried out periodically. All patients including the most vulnerable and illiterate need to be made aware of their rights to protection and dignity while in the care of the health sector.
 - f. Procurement and External Suppliers: External suppliers to the MoH need to be

made aware of the anti-harassment policies and should sign them as part of their contractual processes.

6.5.3 Policies - Gender Equality Policy, Strategy, Action Plan Formulation, Budgeting, Implementation, Coordination, Monitoring, Evaluation, Reporting, Communication and Advocacy

Strengthen Gender Policy Formulation: The formulation of the gender and related policies needs to 'reflect current gender trends in respect of broader social protection issues' (Evaluation of the Health Sector Gender Policy - Final Report). This suggests the will to adhere to best practices in terms of gender and social protection. In view of this and the expectation for responsible organisations to follow ESG practices, it is recommended that a safeguarding policy should be developed for the explicit protection of women, children, and vulnerable adults. This would be in addition to anti-sexual harassment, bullying, and anti-discrimination policies recommended above.

Revive Gender Budgeting: Gender budgeting is recommended to ensure adequate allocation of resources for gender mainstreaming work and gender needs throughout the MoH and its sectors. Without this gender-related work will be categorised as non-priority and relegated to the backburner.

Strengthen Intra and Inter-Sectoral Gender Coordination: A policy is required on how gender work should be coordinated within the health sector and with outside sectors. This will be conducive to multisectoral gender collaboration.

- b. Strengthen the Synthesis of Gender Equality Issues within MoH: The Chief Director's performance agreement with OHCS should include gender. Leading on from the new gender policy, each agency should develop a gender implementation plan that is informed by the goals and objectives of the policy. The results of the plan should be fed by the agency gender focal persons to the MoH Gender Desk and PPME to be included in reporting.

Strengthen Gender Monitoring, Evaluation, and Reporting: The MoH Annual Plan of Work should report on gender, include it in its action plan, and as a monitoring and evaluation indicator in its performance assessment framework. Each agency and each MoH directorate should have a gender person responsible for collating gender information and results and relaying it to the MoH gender desk.

Deepen Gender, Information, Education, and Communication: The Chief Director should be the key spokesperson for gender, whilst the PPME should be tasked with ensuring that gender issues and results are included in reporting. Gender and the importance attached to it by MoH should be apparent in communication with both internal and external stakeholders. Signage, promotional material, and literature that is displayed should reflect this.

Intensify Gender Responsive Policy Advocacy: The gender policy and all related policies including anti-sexual harassment, anti-bullying, and safeguarding of women, children, and vulnerable adults, should be well publicised by MoH and throughout all the sector agencies and institutions. Educational campaigns should be undertaken involving all internal and external stakeholders to obtain maximum coverage and impact. This should be a sustained effort that is undertaken periodically and not a once-off initiative. Collaboration with OHCS and MoGCSP is also recommended to obtain their support in publicising and creating awareness of gender and protection policies.

The voices of women employees, patients, contractors and all operating in and interfacing with the health sector can be captured by agency gender desks, directorate gender desks, health centre gender focal persons, and training institution gender focal persons. Different options that may be offered to encourage the sharing of views could include dedicated phone and WhatsApp lines, personal reporting, suggestion boxes, emails, and websites.

Develop a Risk Management Tool to Mitigate Unintended Consequences of Gender Mainstreaming Efforts: The possible backlash from addressing gender issues should be mitigated by the formulation of zero-tolerance protective policies that give clear guidance on reporting channels, investigating, disciplinary procedures, and sanctions applicable, as well as the officials and departments that are responsible for implementation. The policies should apply to all staff levels and grades from the most senior downwards and should guarantee the protection of whistle-blowers and the confidentiality of

reported cases. Policies should be accompanied by sensitization for all on the policies, and training for the departments and officials tasked with their implementation such as reporting, investigation, and disciplinary procedures.

6.5.4 Place - Gender and the Work Environment

Recommendations in this section are made to ensure that all are able to use office buildings, health facilities, and the spaces in them comfortably and without feeling vulnerable, ill at ease, or poorly catered for.

1. Put in Place a Disability, Friendly Building Access: It is recommended that buildings be made disabled-friendly through the addition of wheelchair access in the form of ramps and elevators, where these do not already exist. Where there are open staircases it is recommended that they be covered below and on the sides to protect women from feeling vulnerable when they climb them.
2. Maintain the Provision of Gender Responsive Office Furniture: It is recommended that desks and tables be covered in front be made available in all offices to prevent women from feeling vulnerable
3. Provide Gender Washrooms: Provide segregated washrooms for men and women and ensure that both cubicles and urinals are provided for men, and more cubicles are provided for women to compensate for not having the option of urinals. Hooks should be provided on cubicle doors or walls to enable women to hang their bags, which often contain intimate sanitary items used in the privacy of the cubicle. Washroom cubicles should be wide enough to accommodate wheelchairs or dedicated disabled cubicles should be provided.
4. Provide Nursing, and Childminding Spaces and Creches: Dedicated spaces should be provided for nursing mothers to be able to breastfeed and for parents, to be able to bring their children from school during the working day.

6.5.5 Gender Management System, Organisational Development and Change Management

1. Factors that would facilitate the gender mainstreaming process and successful implementation of gender action plans going forward include leadership commitment, advocacy, and awareness creation at the highest levels of the organisation. In addition, monitoring and evaluation, access to the correct tools, and proper gender analysis and

- planning are key to success.
2. Successful implementation could be jeopardized by losing sight of the implementation process and by leadership being gender neutral.

7.1 CONCLUSION

In conclusion, the Office of the Head of the Civil Service (OHCS), Ministry of Health (MoH), and Ministry of Gender Children and Social Protection (MoGCSP) in Ghana have significant gender disparities and inequalities that have been brought to light by the rapid institutional gender assessment carried out under the Public Sector Reform for Results Project (PSRRP). Significant gender gaps still exist, including low awareness of gender concepts, inadequate training opportunities, gender disparities in HR management practices, and a lack of gender-responsive work environments. This is despite some initiatives aimed at promoting gender equality, such as gender training programs and partial integration of gender considerations in policies and practices.

Comprehensive approaches are needed to address these issues; they include raising awareness, developing capacity, developing and implementing policies, and establishing gender-responsive work environments in all institutions. It is essential that OHCS, MoH, and MoGCSP give gender mainstreaming initiatives top priority and make a commitment to developing an inclusive gender culture within their respective institutions. These ministries can work toward achieving their goals of promoting gender equality and women's empowerment by putting the recommendations in this report—which include bolstering human capacity, improving policies and practices, and improving the work environment—into practice. This will help to improve the efficiency and effectiveness of public service delivery in Ghana.

It is anticipated that gender action plans will help in addressing the identified gender mainstreaming constraints in the CS. It is also expected that the scorecard developed will assist the CS track, monitor, and evaluate the implementation of the gender action plan that will enable the CS achieve sustainable gender development outcomes that will contribute to the nation's development.