Gender Empowerment and WASH Outcomes:

Summary of Midterm Evaluation of CARE Ghana's Gender Empowerment Approach in the West Africa Water Supply, Sanitation & Hygiene Program

By Zimo Banta December 2014

Introduction:

In Ghana, an estimated 35% of the rural population lacks sustainable access to a safe drinking water source.[1] The role of collecting water traditionally falls on women and girls. When community water sources do not exist or are not functioning, women and girls spend disproportionately more time and resources on obtaining water, resulting in missed school and less participation in income-generating activities.[2] More equitable participation among men and women in water use and management has the potential to improve long-term functionality and sustainability of water points.[3] CARE is using gender mainstreaming in its work in the Upper West Region of Ghana through the four-year USAID West Africa Water Supply, Sanitation & Hygiene (WA-WASH) program.

A baseline evaluation of gender equity and water scheme functionality and governance was performed in summer 2013 in the WA-WASH communities. In spring of 2014, CARE implemented gender empowerment programming in all 20 WA-WASH communities as well as more extensive gender empowerment activities (the "intervention" in this midterm evaluation) in 10 of the communities. We performed a midterm impact evaluation and a process evaluation during the summer of 2014 to assess the effect of CARE Ghana's gender empowerment approach on gender equity and WASH outcomes. This report summarizes the findings of the midterm evaluations.

Methods:

Study Intervention:

The gender empowerment activities that all WA-WASH communities received included Male Gender Champions and engagement traditional leaders. The more extensive gender empowerment activities that the intervention communities received included drama clubs and community training sessions. CARE also planned to implement leadership training for female executives of each community's WASH committee, but had not yet done so at the time of the midterm evaluation.

Study Design:

The midterm evaluation involved 10 "intervention" communities and five control communities. Out of the 10 communities that did not receive the more extensive gender empowerment activities, five were selected as control based on location convenience and to ensure geographical coverage.

For the process evaluation, we interviewed CARE staff and community participants to understand the intended intervention plan as well as actual execution.

The impact evaluation was a mixed methods study that used three main tools: 1) Gender Analysis Snapshot (GAS): A household-level survey measuring gender equity in communities that also included a Most Significant Change (MSC) section, which captured qualitatively any unexpected or unintended outcomes by asking about the most significant change that had occurred in the respondent's life due to his or her involvement in CARE activities. Twenty (20) households were randomly sampled from each community's household census. One person from each household was randomly selected to participate; 2) Governance-into-Functionality Tool (GiFT): A survey completed by a group of WASH committee members and community members to measure governance of WASH schemes and functionality. Each community completed one GiFT; and 3) Focus Group Discussions (FGD): A community-level discussion about WASH and gender roles to provide cultural context for

[1] Ministry of Water Resources, Works and Housing (2014). Medium term expenditure framework for 2014 – 2016. Accra, Republic of Ghana.
[2] Khosla, P., Van Wijk, C., Verhagen, J., & James, V. (2004). Gender and Water. *Thematic Overview Paper (TOP)*. IRC International Water and Sanitation Centre.
[3] Ibid.

the quantitative data. A total of 16 FGDs were conducted: one male-only and one female-only FGD in five intervention communities and three control communities.

Analysis:
Two-sample t-tests were performed to determine whether GAS scores, GiFT scores, and proportion female representation on WASH committees differed significantly between the intervention and control communities. Simple linear regression (SLR) was used to assess the relationship between proportion of females on WASH committees and GiFT scores to see whether greater female representation was related to better WASH outcomes. SLR was also performed to assess the relationship between total GAS score and total GiFT score to see whether greater gender equity was related to better WASH outcomes. All tests were evaluated at $\alpha = 0.05$. Qualitative data were analyzed using SAS 9.4 (Cary, NC). FGD data were analyzed using grounded theory and MAXQDA.

Results:

A total of 271 respondents completed the GAS, 51% of whom were male. The average total GAS score was slightly higher among intervention communities than control communities but not significantly (56.7 vs. 56.5 respectively, p=0.853, Table 2). The average total GiFT score was higher, but not significantly, among intervention communities than control communities (58.6 vs. 57.0 respectively, p=0.462). The intervention communities had a higher average proportion of women on WASH committees (46% women) than control communities (35% women) but not significantly (p=0.097). There was no linear relationship between proportion of female WASH committee members and overall GiFT score (p=0.373, $R^2_{adj} = -0.01$). There was no linear relationship between average community GiFT and GAS scores (p=0.842, $R^2_{adj} = -0.09$).

Respondents most commonly reported access to financial resources through Village Savings and Loans Associations (VSLA) and access to latrines as their most significant change due to CARE. In FGDs, people conceptualized money as a major form of empowerment. Women with money were able to travel without their husbands' permission, but often with negative consequences like violence from the husband. Women perceived being confined to the home as a root of their poverty, since most income-generating opportunities were outside the home. Men believed that a woman with money lost respect for her husband and could pay the dowry back to him and "be free." At the heart of both men and women's conceptualization of a woman having money was that power and control within the marriage would shift away from the husband and towards the wife. Men perceived this change in power dynamics as a threat to their identity as husband and to society's perception of their ability to fulfill their role as primary provider for the family.

Discussion:

Although the gender empowerment intervention did not significantly impact gender equity and WASH outcomes, both GAS and GiFT scores were slightly higher in the intervention communities. Communities with higher GAS scores did not tend to have higher GiFT scores, and communities with greater female representation in the WASH committee did not tend to have higher GiFT scores.

Both the intervention and control communities received some gender empowerment activities, so the difference in activities between intervention and control may not have been great enough to observe a statistical effect. Another reason for lack of statistical significance could be that many of the activities had been in effect only for a few months when the midterm evaluation occurred. The fact that female WASH committee leadership training had not yet begun could have contributed to the lack of relationship between female representation in WASH committees and GiFT scores. Had the midterm evaluation been done at a later date, perhaps a greater impact would have been observed.

As CARE Ghana continues to train more women in leadership skills and more men on the importance of including women in decision-making and to create safe spaces for community members to voice, explore, and resolve their fears about changes in marital power dynamics, then with time, we could expect greater gender equity and improved WASH outcomes in these communities.