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Gender, Food Security and Livelihoods: The Case of Plan Ghana And Sissala

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Abstract

The study was used by Plan International to formulate a common Nutrition Action Plan for its food and nutrition security interventions in developing countries. The aim was to get insight into the food and nutrition security as well as livelihoods status at the household and community level of the people of Sissala. Specifically the study focused on the contribution made by Plan interventions to improve livelihoods, the food and nutrition security of households and communities, the impact on gender and to identify indicators for monitoring and evaluation. The survey was carried out in three centrally placed communities selected to ensure an even coverage of Plan Ghana activities in the Sissala West District of Ghana. Data was collected at community and individual levels using Participatory Rapid Appraisal (PRA) procedures consisting of focus group discussions, seasonal calendars, preference ranking, and matrix scoring and ranking together with limited questionnaire administration, observation and photography. Results indicated the provision of health, education, economic, social and environmental conservation activities in the form of microfinance, awareness creation, collective services and structural placements. Found to be broad based, the services relate to and benefit women, men, the youth and children at household and community levels. The study revealed the need for the intensification of efforts, additional strategies and programmes, a wider area of coverage and recruitment of more hands to overcome the acute deprivations in Sissala

Keywords: Food security, Ghana, livelihoods, Nutrition,

Background

Like the rest of the Upper West Region, the Sissala districts have a high potential for Millet, sorghum, cowpea, groundnuts and cotton production. Cotton is grown extensively as a commercial crop. The potential for increased production is greatest for millet and sorghum. A major constraint to production, however, is the short rainy season (4-5 months) and a prolonged dry season which has rendered the area very deprived and the people poor.

Many among the male population, and of late young women, migrate to urban or farming areas in southern Ghana in search of jobs.

The migration which is of two forms consist of seasonal migration where migrants return each year during the farming season and permanent migration where migrants settle permanently in their new found homes and only return for occasional visits. Plan Ghana projects are therefore community-based and aimed at improving household food and nutrition security (World Food Summit, 1996) and the alleviation of poverty through livelihoods generation (Karel C. and Bernd S., 2003).

Research methodology

Research design

To emphasize the multi-sectoral nature of food and nutrition issues in Sissala, the survey was carried out in 3 communities selected to ensure an even coverage of Plan activities in the district (Plan International, 2006), the team was composed of 8 members consisting of 5 Plan Ghana staff (the Micro Enterprises Development Coordinator and 4 Community Facilitators), one staff of an associated NGO (TUDRIDEP) and a staff each from the Ministry of Food and Agriculture (MoFA) and the Agricultural Economics and Extension Department of the University for Development Studies. Primary data were collected from communities on intervention services of Plan Ghana and their perceived impact as well as community and household food security and livelihoods.

Research tools

Mainly Participatory Rapid Appraisal (PRA) procedures were employed with limited questionnaire administration where necessary. The specific tools included focus group discussions, seasonal calendar, preference ranking, matrix scoring and ranking in

addition to observation, measurement and photography.

Survey coverage

The survey coverage comprises a total of 266 people from 3 communities in Sissala West District, namely, Dasima, Kupulima and Pulima. Approximately 54% of the total participants were women.

Findings and Discussions

The interventions of Plan Ghana in Sissala were categorized in the areas of Health, Education, Economic, Social, and Environmental Conservation. Table 1 shows the project categories and details of services being provided by Plan Ghana in Sissala. In spite of the different operational levels (Fig. 1), study results for all communities showed that:

- The different activities of Plan Ghana relate to their Food and Nutrition Security
- The importance of activity categories followed a similar order; starting with Health, Education, Economic, Environmental and lastly Social services.
- Interventions like School support activities comprising learning and playing equipment, school blocks, furniture, library, drug store, community and school toilet facilities, anti-bushfire campaigns,

- tree planting, composting, child care education were not gender biased and has potential benefits for the whole community.

The rising percentage of school going children in communities resulting from school support facilities like free lunch, bicycles, school uniforms and the like is said to be causing labour shortage. Respondents suggested animal traction provision to enhance farm work. At Pulima the only community practicing “the Rights of Children” program among the 3 selected communities, respondents complained of tensions in homes created by a rising child insubordination. Communities however described Plan activities as diverse and linked to livelihoods, food and nutrition security as well as gender; involving the youth, men and women. The income related economic activities enhance income generation for food purchases in times of need, give capital for trading and other micro enterprises and, the capacity for paying school fees and household expenses. The education given by Plan for child care and survival constitutes a long term measure towards food and nutrition security for the communities. The Kupulima community, which is a beneficiary of 1 of 8 dams under construction by Plan Ghana for Sissala, believes the cycle of poverty and famine, as well as preventive food related diseases like night blindness may soon be over. Their concern at the time of the assessment was how to put in place the right arrangements for effective marketing of dry

Table 1. Plan Ghana food and nutrition security services in study areas

Health	Education	Economic	Social	Environmental Conservation
Bore-holes	School construction	Agric. price dissemination	Rights of children (Pulima)	Anti-bushfire campaign
School and household latrines	School library (Pulima)	Micro-finance for women	Gender sensitisation	Tree planting
Training of Traditional Birth Attendants and other health assistants	School furniture	Bee Keeping	Trained unit committees	Environmental cleanliness
Provision of micro-nutrients	Play equipment	Composting		
School health and general health education programs	Teaching and leaning materials	Improved seed provision		
Water and sanitation education and committees training	Teachers' support	Dam (Kupulima)		
Growth monitoring				
Bed nets provision and preventive health education program				
Community drug store				

season vegetables.

Workloads by gender

In addition to their reproductive household duties which they scored as permanent and constant, women also ranked by scoring the productive/economic work

which they perform for their families and for themselves along the annual calendar (Fig 3). The total annual work trend, comprise a sum of the reproductive and productive work simultaneously performed by women

After satisfying family labour women instead of resting as the men do from December to March (Fig. 3), engage in farm labour as harvesters and food processes for large scale farmers and receive food as payment according to quantities harvested or processed. Food earned by this means are mainly stored for children in case of famine or later sold.

From December to May the women get engaged in personal economic activities until April/May when active farm work commences once more. The prevailing economic activities listed were sheanut picking and processing, fuel wood gathering, charcoal burning, sale of water to builders, cracking of stones, petty trading, groundnut oil extraction and pottery.

Food Availability and Disease Trend

Though food is normally in relative abundance from September, the greater proportion is used up on competitive funerals by February. The common diseases named by respondents and their months of appearance are presented in Table 2.

The long period of food shortage, lasting from March to August (Fig. 3) compel community members to institute strategies for coping with food shortages. The methods of coping strategies employed by the male and female members of households, presented in figures 4 and 5 are indicative of women bearing the larger burden of combating hunger in households.

Conclusions and Recommendation

Due to the long drought, food crop production was favoured over cash crop and livestock production which served as secondary sources of income. Men were the custodians of food storage and could secretly sell food for personal interest. Women and children are the main victims of low food supply in households and could serve as important implementers of food

banking strategies. Higher income derived from Plan activities helped increase food cultivation through capacities to hired needed labour and also served to cushion the sale of food to resolve household expenses.

The following recommendations are suggested for consideration.

- Awareness creation against excessive food usage at funerals and festivities.
- Creation of food banks under the care of women.
- Increased animal traction to supplement farm labour.
- The need for cheaper and simpler irrigation technologies for more communities.
- Sensitization for the growing of forest plantations especially fruit trees.
- Introduction of soil fertility and natural resource management programmes.
- Modify micro-finance into community banking systems and include men.
- Increased health interventions (bore holes, latrines, composting, drug stores etc.)
- Focus on remote and inaccessible communities and work towards bigger towns
- Information Communication Technology (ICT) micro equipments including video or cinema for education.

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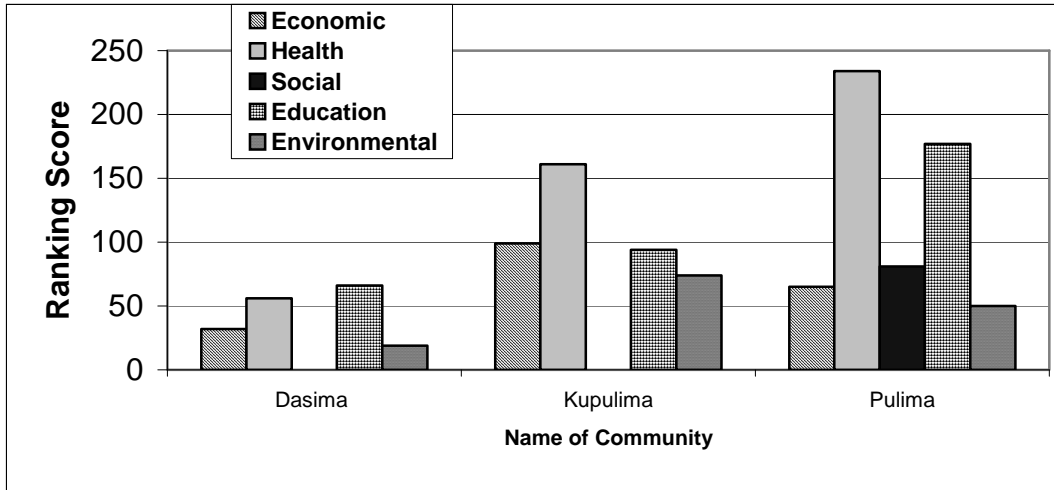


Figure 1: Importance and community exposure to Interventions

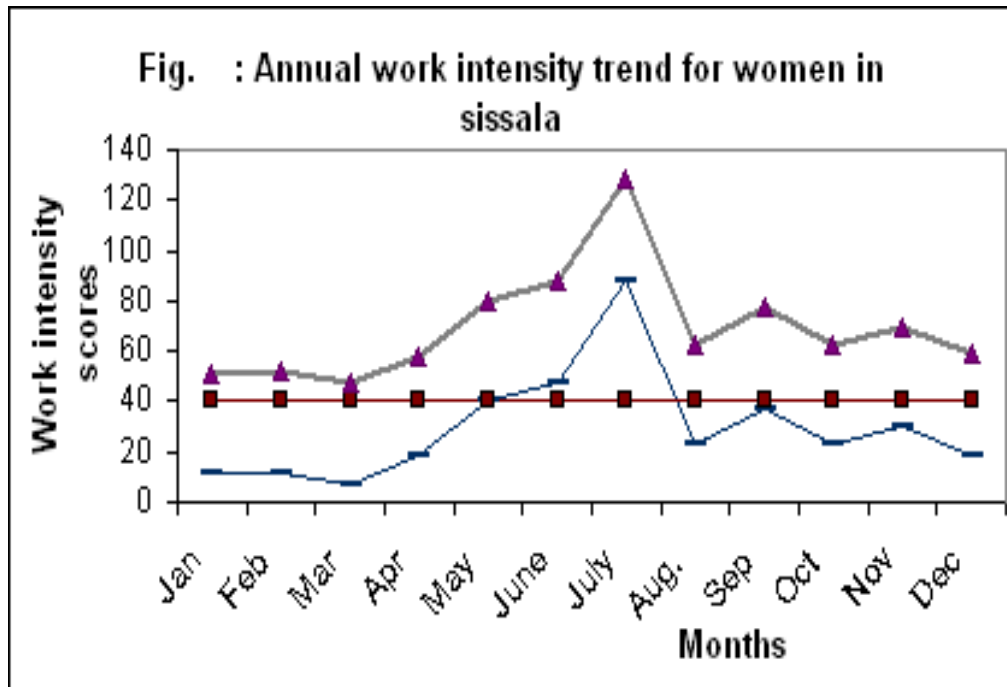


Figure 2: Monthly Work Intensity Calendar for Women

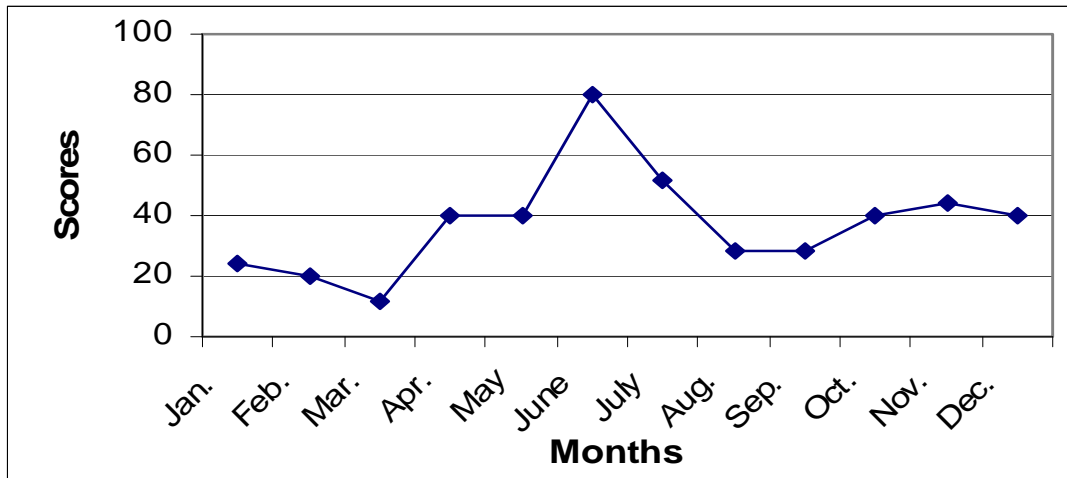


Figure 3: Work Intensity of Men in rural Sissala

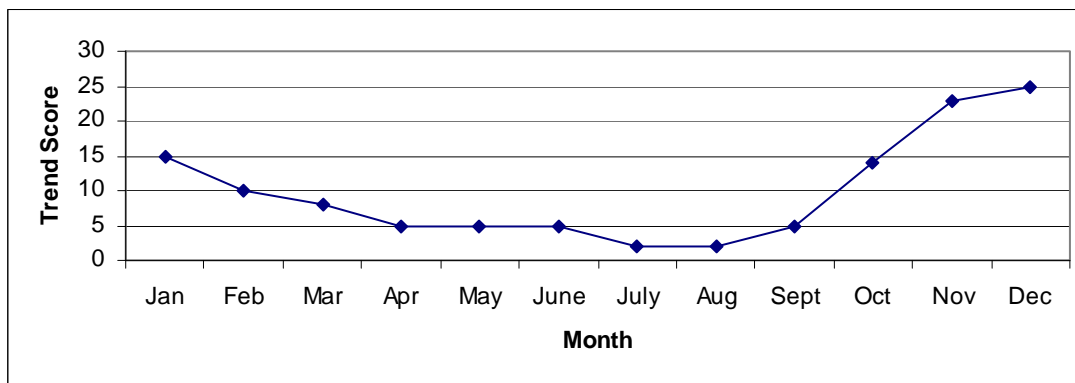


Figure 4: Annual food availability trend

Table 2. Annual disease flow in Sissala

Month	Common diseases
Jan	Chest pains, headaches, coughs, catarrh
Feb	Chest pains, headaches, coughs, catarrh
Mar	Painful urination, malaria, high temperature
Apr	Cerebrospinal meningitis, headaches, high temperature
May	Cerebrospinal meningitis, high temperature and measles
June	Snake bites, pneumonia, boils
July	Sores, diarrhea, pneumonia, boils
Aug	Diarrhea, malaria, pneumonia, headaches
Sept	Malaria, headaches, jaundice
Oct	Scorpion bites, snakebites, pneumonia,
Nov	Malaria, scorpion bites, snakebites, headaches
Dec	Chest pains, headaches, coughs, catarrh

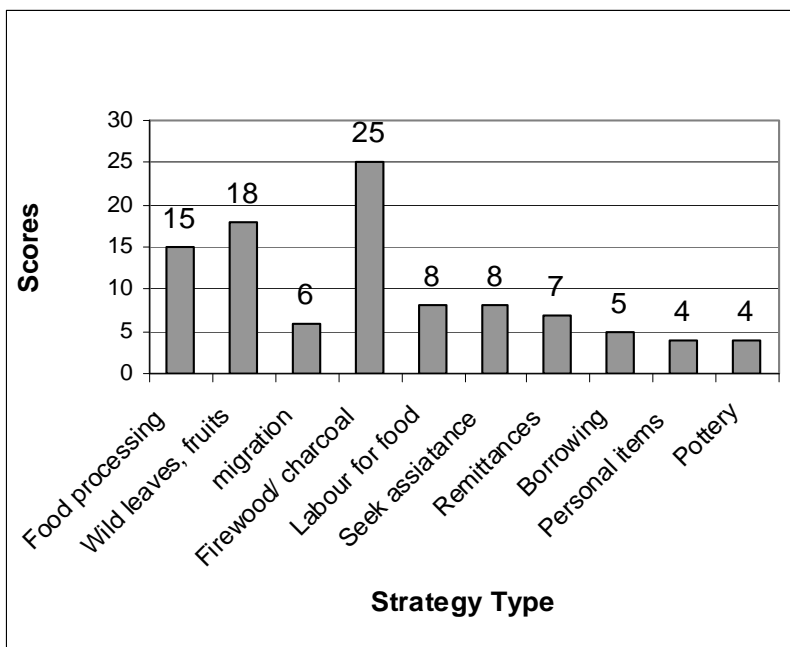


Figure 5: Famine Coping Strategies of Women

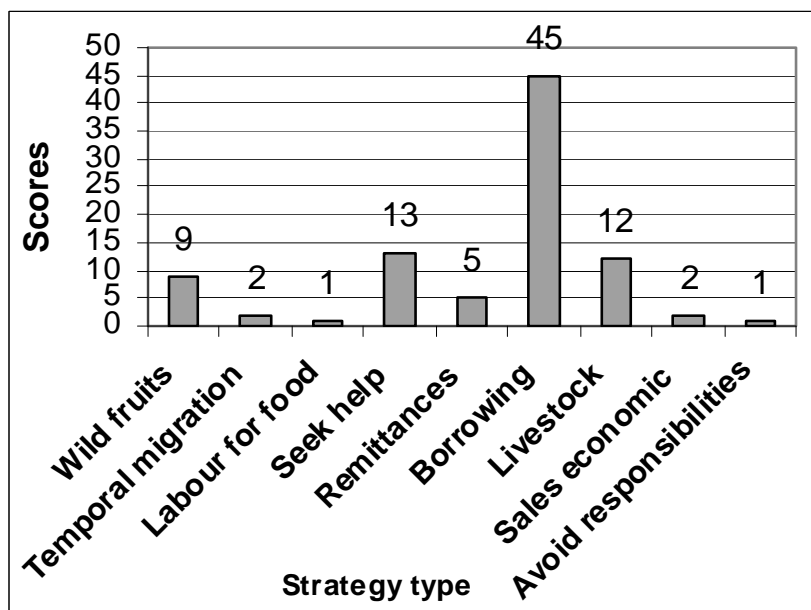


Figure 6: Famine Coping Strategies of Men