

UNIVERSITY OF GHANA

LEGON CENTRE FOR INTERNATIONAL AFFAIRS AND DIPLOMACY



**THE ROLE OF INTERNATIONAL ORGANIZATIONS IN ADDRESSING GENDER-
BASED VIOLENCE DURING COVID-19: A CASE OF UNITED NATION'S
POPULATION FUND IN GHANA**

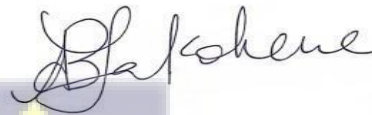
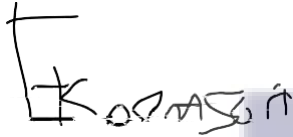
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DECLARATION

I, Ethel Koomson, hereby declare that this dissertation is the result of an original and independent research which I conducted under the supervision of Dr. Afua Boatemaa Yakohene. I further declare that with the exception of the references and quotations which have duly been acknowledged, this work has never been submitted either in part or whole for the award of any degree anywhere.



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DEDICATION

I dedicate this work to my entire family especially my husband and children (Prince Addo Larbi, Nyamekye Larbi and Cyrus Addo Larbi).



ACKNOWLEDGEMENTS

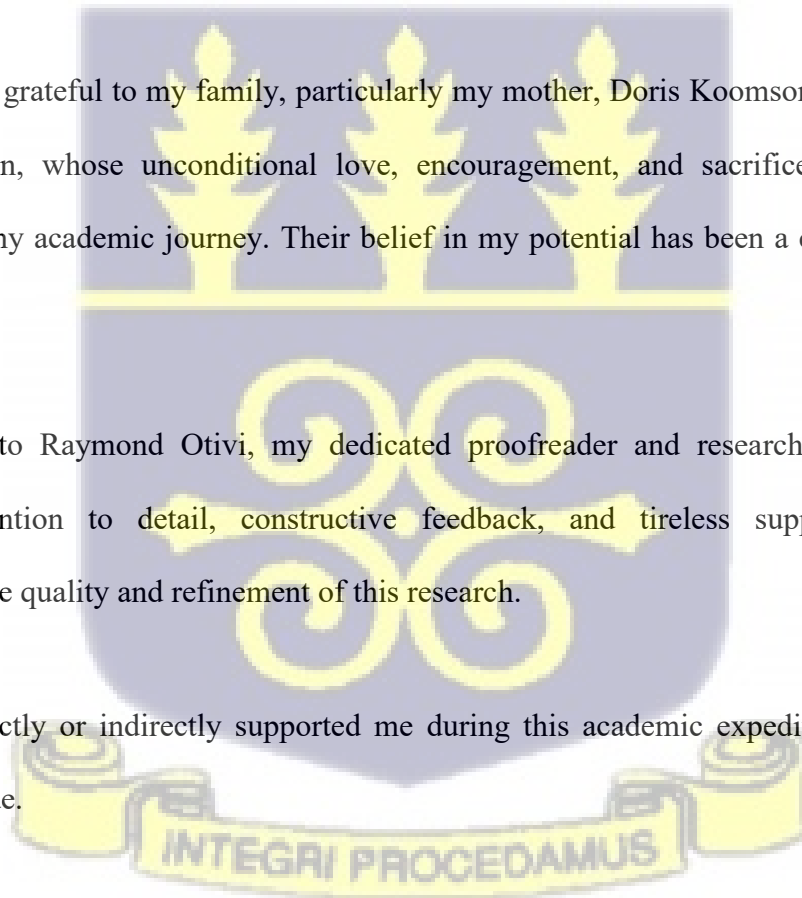
I extend my profound gratitude to the Almighty God for His divine guidance, wisdom, and strength throughout this research journey, enabling me to complete this academic endeavor successfully.

My deepest appreciation goes to Dr. Afua Boatemaa Yakohene, my supervisor, whose invaluable guidance, scholarly insights, constructive criticisms, and unwavering support were instrumental in shaping this research work. Her mentorship was a beacon of inspiration throughout this academic pursuit.

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Special thanks to Raymond Otivi, my dedicated proofreader and research assistant, whose meticulous attention to detail, constructive feedback, and tireless support significantly contributed to the quality and refinement of this research.

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LIST OF ABBREVIATIONS

ABBREVIATION	FULL MEANING
UNFPA	United Nations Population Fund
GBV	Gender-Based Violence
MoGCSP	Ministry of Gender, Children and Social Protection
DOVVSU	Domestic Violence and Victim Support Unit
NGO	Non-Governmental Organization
CBO	Community-Based Organization
UN	United Nations
SMS	Short Message Service
SLA	Service Level Agreement
FM	Frequency Modulation (Radio)
WISE	Women's Intervention Support Enterprise (Shelter Name)
WHO	World Health Organization
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
SDG's	Sustainable Development Goals
MDGs	Millennium Development Goals
IPV	Intimate Partner Violence
OSC	Orange Support Centre
CHRAJ	Commission on Human Rights and Administrative Justice
IRC	International Rescue Committee

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ABSTRACT

The COVID-19 pandemic has intensified gender-based violence (GBV) globally, particularly in developing nations where existing gender inequalities and socioeconomic vulnerabilities have been exacerbated. This study examines the effectiveness of the United Nations Population Fund's (UNFPA) interventions in addressing GBV in Ghana during the pandemic period, positing that UNFPA's intervention strategies were effective in mitigating increased GBV risks and providing essential support services to survivors, despite facing contextual challenges and resource constraints. Drawing on feminist institutional theory and the social ecological model to analyze how institutional responses to GBV are shaped by gender power dynamics and multiple societal levels of influence, the research utilizes a mixed-methods approach, combining qualitative and quantitative techniques. Using purposive sampling, the study engaged 150 respondents through surveys, semi-structured in-depth interviews, and focus group discussions, with data analysis employing NVivo software for qualitative thematic analysis and statistical tools for quantitative data. Key findings reveal that the pandemic significantly increased GBV prevalence, with 78% of respondents reporting higher incidents, particularly in domestic violence (65%), emotional abuse (55%), and economic violence (48%). UNFPA's response demonstrated substantial impact, with helpline usage increasing by 75% and online counseling services growing by 150%. The organization's culturally sensitive approach was validated by 78% of respondents, while their digital initiatives reached significant populations, including 50,000 mobile app downloads. The study concludes that UNFPA's multi-faceted intervention strategy effectively adapted to pandemic-related challenges through technological innovation and cultural sensitivity, though geographic disparities in service accessibility persisted. Recommendations include strengthening rural service delivery mechanisms, developing sustainable funding models for long-term program viability, and expanding digital support services while maintaining traditional access points. The findings have significant policy implications, contributing to three new national policies and increased budget allocations for GBV programs in Ghana, while providing a framework for international organizations responding to GBV during crisis periods.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Ghana boasts a rich history of endemic gender-based violence (GBV), whose root inequalities were further exacerbated by the COVID-19 pandemic which began to affect the country in March 2020. When on March 12, 2020, Ghana announced its first two cases of COVID-19, the nation set out on a challenging course that would reveal and heighten deep-seated gender inequalities, particularly through a dramatic rise in violence against women and girls. Even before the pandemic, Ghana had a severe problem of gender-based violence in many different forms. In 2017-2018, 27% of women between 15 and 49 years of age reported physical violence since the age of 15, and 15% reported sexual violence (Ghana Statistical Service, 2019). It was found that domestic violence was a major concern since 23% of married women aged 15-49 told the GDHS in 2014 that they had been abused by their partners or husbands (Ghana Statistical Service et al., 2015). DOVVSU from the Ghana Police Service showed that 3,994 incidents of domestic violence took place in 2019, although it is believed that many more occurred because of cultural challenges, strong stigma, and the limited number of places where people can share their stories (Ghana Police Service, 2020). Rural areas exhibited higher prevalence rates with more normalized patterns of violence against women resulting from customary practices and limited access to support services.

Economic limitations dominated GBV trends in pre-pandemic Ghana, where poor economic independence among women brought them to the forefront as abusable. The Ghana Living Standards Survey Round 7 (2017) confirmed that only 58% of women between the ages of 15-49 were working for remuneration, while 79% of men were, entering dependency ties that

ultimately ensnared women in abusive relationships (Ghana Statistical Service, 2018). The COVID-19 pandemic created an ideal storm that escalated gender-based violence in Ghana to unprecedented levels. The government-enforced lockdown beginning March 30, 2020, in Greater Accra, Kumasi, and Kasoa, later spread throughout the nation, trapped families indoors while simultaneously increasing economic stress and limiting access to social services. This situation made it possible for violence to grow out of control. It caused huge and rapid destruction. Facts from the University of Ghana indicate that during the first lockdown, domestic violence was up by more than 500% compared to the same months in 2019 (Tenkorang, 2021). From March to May 2020, DOVVSU reported 1,837 cases of domestic violence which is almost six times more than the 306 cases recorded in the corresponding months the year before. There was more demand for hotline services than ever before. The number of calls to the ARK Foundation domestic violence hotline rose 300% during the first lockdown phase and the majority of callers explained that lockdowns had trapped them in relationships where they were being abused (ARK Foundation Ghana, 2021). They also saw a 250% increase in the number of cases related to domestic violence compared to numbers before the pandemic (Legal Aid Commission Ghana, 2021).

The impact of the pandemic on GBV in Ghana assumed diverse characteristic trends. Economic distress emerged as a primary driver, and unemployment grew from 4.2% in 2019 to 13.4% in 2020, widely affecting women who constituted the largest chunk of the informal sector (Ghana Statistical Service, 2021). The economic distress increased the dependency of women on potentially abusive partners and lessened their capacity to leave abusive relationships. Access to health care was hard hit. A study by the Ghana Health Service established that 67% of health facilities had reduced capacity to provide GBV-related services at the peaks of COVID-19, such

as reduced access to post-exposure prophylaxis for victims of sexual violence and reduced mental health support services (Ghana Health Service, 2021). Rural areas were most affected, with some areas having total disruption of GBV support services for months.

Educational disruptions had a long-term impact on young girls. School closures between March and October 2020 increased girls' exposure to all types of violence, including forced marriage and sexual exploitation. The Ghana Education Service reported a 15% increase in teen pregnancies in 2020, with the majority taking place as a result of sexual violence or coercion during lockdown (Ghana Education Service, 2021). Ghana's patriarchal social structures, rooted in cultural and customary practices, added to the impact of the pandemic on GBV. Cultural beliefs predisposing towards naturalizing men's dominance and women's subordination found expression in environments where violence was tolerated and overlooked and intensified during the crisis (Krah & Avortri, 2022). The mechanisms of resolving traditional conflicts, traditionally favoring reconciliation at the family level over survivor justice, further increased as formal legal systems grappled with COVID-19 blemishes.

The pandemic exposed critical gaps in the GBV response system in Ghana. While the Domestic Violence Act of 2007 put a legal framework into place to respond to violence, implementation shortcomings became increasingly apparent during COVID-19. Court closure limited access to protection orders for survivors, and budget constraints reduced funding for shelter services and support initiatives. In response to the crisis, global agencies like the United Nations Population Fund (UNFPA), UN Women, and the World Health Organization (WHO) collaborated with the government of Ghana and local non-governmental organizations to address the heightened GBV. In doing so, they established emergency safe spaces, dignity kits, and frontline service support,

and adjusted service delivery channels to provide services under COVID-19 constraints (UNFPA Ghana, 2022).

However, the effectiveness and endurance of such international interventions in Ghana's unique circumstances have not yet been fully evaluated. While global studies register variable success rates among similar interventions elsewhere, Ghana's unique cultural, economic, and social conditions must be framed within an examination of what worked, what did not work, and why. The gravity of this crisis cannot be overemphasized. As Ghana goes on to experience the continued impacts of the pandemic and plan for impending emergencies, insight into the function and effectiveness of international actors in the response to GBV is key to the creation of more effective, culturally sensitive, and sustainable protection systems for women and girls. This is necessary not just for Ghana's recovery but also for global best practices in emergency GBV response within the same socio-cultural environment.

1.2 Statement of the Research Problem

Apart from being a worldwide health emergency, COVID-19 has sharply increased gender inequality, mostly due to the significant rise in violence against women and girls everywhere. Gender-based violence (GBV) can be defined as an assortment of various forms of violence and abuse, such as physical, sexual, emotional, economic, and psychological violence, perpetrated against an individual or group based on their gender (UN Women, 2022). Previous studies have documented the gendered impact of the pandemic across various settings. Peterman et al. (2020) were able to carry out a worldwide analysis that demonstrated lockdowns created perfect storm conditions for domestic violence to increase, while Bradbury-Jones and Isham (2020) explained how social isolation and economic hardship exacerbated pre-morbid vulnerabilities. In the African context, Yeboah-Asiamah et al. (2021) explored the intersection of COVID-19 and GBV in some

of the sub-Saharan African countries and placed blame on patriarchal systems to sustain violence even in crisis. At the international intervention level, studies by Menendez et al. (2021) and Sardinha et al. (2022) have evaluated global response processes but focused mostly on policy frameworks and not the efficiency of implementation at the national level.

In Ghana, recent studies have only recently begun documenting the effect of the pandemic on GBV. Tenkorang (2021) provided us with crucial baseline data on rising cases of domestic violence, whereas Sabblah et al. (2022) investigated service use patterns through the lockdown. Krah and Avortri (2022) compared the socio-cultural factors of increased violence across the pandemic era. The studies in these publications have primarily focused on documenting the issue, rather than evaluating intervention responses.

Against this growing body of literature, little is known about how international actors operationalize their GBV prevention and response interventions in real-world national contexts in the midst of health emergencies. Whereas policy architectures at the international level have been dissected and the scope of the problem established, there is insufficient critical examination of the implementation processes themselves and their effectiveness and contextualization by international actors. Particularly, there has been little systematic examination of how institutions such as UNFPA implement global GBV prevention strategies in a country-specific intervention in states such as Ghana, nor of the barriers and facilitators affecting intervention results.

Furthermore, previous studies have also failed to delve deeply enough into the coordination mechanisms of international organizations with local stakeholders, the emergency responses' long-term viability, and the extent to which these interventions truly reach GBV's root causes rather than merely its symptoms. All these are particularly significant given the unique socio-economic and cultural contexts under which international interventions are carried out in Ghana.

With the compounding effect of the pandemic on GBV posing critical challenges, international organizations' contribution to mitigating and managing such a crisis in various national and regional settings needs to be critically assessed. By assessing intervention approaches used by international organizations, especially the UNFPA, to halt the surge in GBV during the COVID-19 pandemic, this research endeavors to fill this knowledge gap. It achieves this by carrying out a critical case study analysis in Ghana.

This study therefore tries to bridge the aforementioned research gap by engaging in a critical analysis of how international agencies, and UNFPA in particular, evolved, executed, and adapted their GBV interventions in Ghana during the COVID-19 pandemic. Through analysis of empirical data in the particular Ghanaian context, this study seeks to add relevant information to the wider discourse on how international agencies can help prevent GBV during health emergencies worldwide. The results can guide future practice, policy, and intervention options to guarantee an efficient, context-specific, and sustainable response to safeguard the safety, rights, and dignity of women and girls in emergencies.

1.3 Research Objectives

1. To assess the nature and patterns of GBV against women in Ghana during the COVID-19 pandemic.
2. To critically analyze the intervention strategies implemented by international organizations particularly the UNFPA to address GBV during the COVID-19 pandemic in Ghana and beyond.
3. To examine the relevance or otherwise of UNFPA's contributions in addressing GBV during the COVID-19 pandemic in Ghana and beyond.

1.4 Research Questions

1. What is the nature and patterns of GBV against women in Africa and Ghana during the COVID-19 pandemic?
2. What are the intervention strategies implemented by international organizations particularly the UNFPA to address GBV during the COVID-19 pandemic in Ghana and beyond?
3. What is the effectiveness or otherwise of UNFPA's contributions in addressing GBV during the COVID-19 pandemic in Ghana and beyond?

1.5 Scope of the Study

This dissertation will utilize an in-depth qualitative case study approach to investigate the role of international organizations in addressing increased gender-based violence (GBV) in Ghana during the COVID-19 pandemic.

The scope of the study was limited to examining interventions and responses by international actors, particularly intergovernmental organizations such as the United Nations and its affiliated agencies operating in Ghana. The UN agencies of primary focus will include UN Women, UNFPA, UNICEF, and WHO due to their work on gender equality and GBV issues. The temporal scope of the study encompasses the initial two years of the COVID-19 pandemic, from early 2020 when Ghana implemented its first lockdown measures, to December 2023. This time frame will enable analysis of early interventions as rates of GBV spiked, as well as longer-term strategies still underway.

The study was geographically bounded to Ghana, providing an in-depth single country case study.

Ghana provides an illuminating case as it has seen a major surge in GBV under pandemic

conditions comparable to global trends. Findings may offer transferable insights for international organizations' work on GBV in other developing country contexts.

In terms of topical scope, the study focused on interventions aimed at addressing forms of GBV exacerbated under COVID-19, including domestic violence, intimate partner violence, sexual violence, child marriage, and femicide. Analysis encompassed interventions across the spectrum, from prevention to response to services for survivors.

1.6 Rationale of the Study

Women's vulnerability has been brought to light by the COVID-19 pandemic, especially about gender-based violence (GBV). It is crucial to comprehend how international organizations can address and mitigate gender-based violence during pandemics since the global crisis is exacerbating already-existing gender disparities. This dissertation uses Ghana as a case study to give readers a deeper understanding of the unique opportunities and challenges faced in the context of developing nations.

Women's vulnerability has been highlighted by the COVID-19 pandemic, especially about gender-based violence (GBV). Understanding the role of international organizations in addressing and mitigating gender-based violence during pandemics is crucial, as the global crisis has made already-existing gender inequities worse. To offer a comprehensive grasp of the unique opportunities and challenges encountered in the setting of emerging nations, this dissertation focuses on the case study of Ghana. Empirical data showing a considerable rise in gender-based violence during the pandemic, as reported by the United Nations (UN) (2020), emphasizes the significance of this study. The surge of violence against women has been facilitated by lockdowns, economic uncertainty, and pandemic-related pressures, underscoring the necessity of

effective intervention techniques (UN Women, 2020). Since international organizations are essential to the development and application of such initiatives, a critical evaluation of their effects is necessary.

Existing research emphasizes the complexity of gender-based violence and the necessity of context-specific responses, as seen by works like WHO (2020) and Heise (1998). The effectiveness of these therapies during pandemics, especially in a developing country like Ghana, is not well understood, nevertheless. By concentrating on Ghana, this research seeks to add to the body of knowledge by shedding light on the distinct sociocultural and economic elements affecting the efficacy of intervention tactics used by international organizations.

Given Ghana's historical gender inequality and the unique difficulties brought on by the pandemic, the country was specifically chosen as a case study. The Ghanaian environment provided a chance to investigate how international organizations deal with gender-based violence in a situation where sociocultural elements, like traditional gender roles, collide with financial difficulties. The case study's lessons can greatly aid in the creation of more focused and contextually aware intervention techniques around the world.

Using Ghana as a case study, this dissertation aimed to close a significant gap in the literature by offering a thorough examination of the function of international organizations in combating gender-based violence during the COVID-19 pandemic. To create a safer and more just society for women in times of global health emergencies, the research was motivated by a desire to provide insightful information that could guide future policies and procedures.

1.7 Thesis Statement

The intervention strategies implemented by the UNFPA in Ghana during the COVID-19 pandemic were effective in mitigating the increased risk of gender-based violence and providing essential support and services to survivors, despite facing contextual challenges and resource constraints.

1.8 Theoretical Framework

Different theories exist that can be used to analyse the role of international organizations in addressing gender-based violence. Some of these theories include; constructivist theory, feminist theory, human rights-based approach, ecological theory, intersectional theory among others. However, this study used the constructivist theory and the feminist theory as the main theoretical framework.

1.8.1 Constructivist Theory

Human interaction and interpretation shape social reality, according to constructivist theory (Berger & Luckmann, 1966). According to this concept, international organizations are socially created and both influence and are influenced by the identities, norms, and values of both its members and the larger international society (Barnett & Finnemore, 1999). In international relations, Alexander Wendt is a proponent of constructivist theory, contending that "anarchy is what states make of it" (Wendt, 1992). Therefore, the shared understandings and subjective meanings that nations and international organizations assign to their relationships also influence their behavior, in addition to material causes. The constructivist method makes the assumption that concepts, standards, and identities are essential to comprehending international relations and how international organizations behave. It contends that power relations and state interests are socially constructed and subject to change over time as a result of interactions and speech,

challenging the idea that they are set in stone or predestined (Checkel, 1998). This viewpoint places a strong emphasis on how language, symbols, and common knowledge influence international politics and the decisions made by international organizations.

Constructivism contends that in addition to responding to global concerns, international organizations such as the UNFPA are vital in defining and articulating them. They help establish and disseminate standards and norms that affect how states and other actors view and address issues like gender-based violence (Barnett & Finnemore, 2004). International organizations contribute to the creation of the social reality that governments function in by their policies, initiatives, and lobbying. By using constructivist theory to analyze the UNFPA's role in combating gender-based violence during COVID-19 in Ghana, one may contend that the norms, values, and identities the organization has built around gender equality and the defense of women's rights influence its priorities and actions. UNFPA's commitment to resolving GBV and its mandate to promote reproductive health and rights are socially constructed realities that shape its work and how it engages with member nations like Ghana.

Furthermore, the constructivist lens allows us to examine how the UNFPA's understanding of GBV as a "shadow pandemic" during COVID-19 has been socially constructed through interactions with various stakeholders, including governments, NGOs, and affected communities. This framing of GBV as a critical issue intertwined with the global health crisis has likely influenced the organization's response strategies and its efforts to mobilize resources and attention. The theory also suggests that the UNFPA's interventions in Ghana are not merely technical solutions but are imbued with normative content that can potentially reshape local understandings of gender relations and violence. As the UNFPA engages with Ghanaian institutions and civil society, it may contribute to the construction of new norms and practices

around GBV prevention and response, potentially challenging or reinforcing existing social constructs.

Moreover, constructivism highlights the potential for mutual constitution between the UNFPA and the contexts in which it operates. While the organization brings its globally constructed norms and practices to Ghana, its experiences and interactions in the country may also feed back into its overall approach, potentially reshaping its understanding of GBV in the context of global health crises. The theory also draws attention to the role of agency and the potential for change. It suggests that while the UNFPA's actions are guided by established norms and identities, there is also room for innovation and transformation in response to new challenges like the COVID-19 pandemic. This perspective encourages an examination of how the organization may be adapting its approaches and potentially constructing new norms around crisis response and gender equality.

Lastly, constructivism invites us to consider the inter subjective nature of the UNFPA's work in Ghana. The effectiveness and legitimacy of its interventions are likely to depend not just on material resources or formal mandates, but on the shared understandings and meanings negotiated between the organization, the Ghanaian government, local communities, and other stakeholders. This emphasis on inter subjectivity underscores the importance of studying how different actors interpret and engage with the UNFPA's efforts to address GBV during the pandemic. By applying these constructivist insights, we can develop a more nuanced understanding of the UNFPA's role in addressing GBV during COVID-19 in Ghana, one that goes beyond material factors to consider the complex social processes that shape international interventions and their impacts.

1.8.1.1 Criticisms of Constructivist Theory

Despite its valuable contributions, constructivist theory has faced criticisms from other theoretical perspectives. One of the main criticisms comes from realist theory, which emphasizes the primacy of state power and national interests in international relations (Mearsheimer, 2001). Realists argue that constructivist theory overemphasizes the role of norms and ideas, while downplaying the material factors that shape state behaviour, such as military capabilities and economic resources.

Another criticism of constructivist theory comes from postcolonial and critical theory perspectives, which argue that constructivist approaches often fail to address the power imbalances and structural inequalities that exist within the international system (Tickner, 2005; Sylvester, 1994). These perspectives highlight the need to examine how international organizations and their norms and values may be shaped by Western-centric and Eurocentric worldviews, potentially marginalizing or overlooking the experiences and perspectives of non-western societies.

1.8.1.2 Relevance of Constructivist Theory

Despite these criticisms, constructivist theory remains relevant to the study of the UNFPA's role in addressing GBV during COVID-19 in Ghana. The theory's emphasis on the socially constructed nature of international organizations and their norms and values provides valuable insights into how the UNFPA's mandate and actions are shaped by shared understandings and intersubjective meanings around gender equality and women's rights. Furthermore, constructivist theory can shed light on how the UNFPA's interactions with Ghana, and its ability to influence policies and practices related to GBV, are shaped by the norms and identities constructed within the organization and within the broader international community. By examining the UNFPA's

actions through a constructivist lens, researchers can gain a deeper understanding of the complex interplay between norms, values, and identities in shaping the organization's responses to GBV during the COVID-19 pandemic.

1.8.2 Feminist Theory

A critical viewpoint on gender-based violence and the function of international organizations in combating it is provided by feminist theory. This theory promotes women's empowerment and the advancement of gender equality by contesting the conventional patriarchal systems and power disparities that sustain gender-based violence (hooks, 2000; Crenshaw, 1991). The personal is international and the international is personal, according to Cynthia Enloe, one of the leading proponents of feminist theory in international relations (Enloe, 2014). This indicates that women's individual experiences, such as those involving oppression and violence—are intricately entwined with and influenced by global institutions and power relations.

According to feminist theory, gender is a socially constructed concept that influences social, political, and economic interactions on all scales, ranging from the individual to the global. It asserts that power disparities that consistently disadvantage women and other oppressed genders are what define these gendered relations (Butler, 1990). Feminist theory contends that violence against women is a systematic problem with roots in patriarchal power structures and social conventions that subjugate women, rather than just a collection of isolated incidents (Walby, 1990). According to Kimberlé Crenshaw's (1989) intersectional approach to feminist theory, women's experiences of oppression and violence are influenced not only by gender but also by other intersecting social categories like race, class, sexual orientation, and nationality. This viewpoint emphasizes the necessity for varied, context-specific approaches that take into consideration various types of marginalization and discrimination, which is essential for analyzing the function of international organizations like the UNFPA in diverse contexts like

Ghana. These findings are expanded to the global level by feminist international relations theory, which was developed by academics such as Christine Sylvester (1994) and J. Ann Tickner (1992). It argues for the inclusion of women's experiences and perspectives in understanding global politics and criticizes standard IR theories for their male-centric viewpoints. By emphasizing how state policy and foreign relations are gendered processes that frequently reflect and reinforce patriarchal power structures, this approach undermines the idea of the state as a unitary actor. One could argue that a feminist understanding of gender-based violence as an expression of deeply ingrained patriarchal structures and power imbalances influences and should direct the UNFPA's actions when it comes to addressing GBV during COVID-19 in Ghana. In order to effectively prevent GBV, the UNFPA should address the structural and cultural issues that lead to the continuation of violence against women, rather than just responding to urgent crises.

The UNFPA's initiatives, according to this theoretical framework, should aim to change the power structures and societal norms that permit this kind of violence in addition to offering assistance to GBV survivors. According to Htun and Weldon (2012), this might entail encouraging women's leadership and decision-making authority, supporting regional women's organizations, and involving men and boys in initiatives to question damaging gender stereotypes. Feminist theory would also emphasize the importance of centering the voices and experiences of Ghanaian women in the design and implementation of GBV interventions. It would critique top-down approaches that may inadvertently reinforce colonial or neo-colonial power dynamics, instead advocating for participatory and empowering approaches that recognize the agency and expertise of local women (Mohanty, 2003). Moreover, a feminist perspective would encourage the UNFPA to examine how its own organizational structure and practices may reflect or

challenge gender inequalities. This could involve ensuring gender parity in leadership positions, implementing gender-responsive budgeting, and critically examining the organization's policies and programs through a gender lens (Acker, 1990).

The theory also highlights the interconnectedness of various forms of oppression and violence. In the context of the COVID-19 pandemic, a feminist approach would encourage the UNFPA to consider how the health crisis intersects with and exacerbates existing gender inequalities and forms of violence. This could involve addressing not only direct forms of physical violence but also economic violence, psychological abuse, and the increased burden of unpaid care work on women during lockdowns (Wenham et al., 2020). Furthermore, feminist theory would push the UNFPA to consider how its interventions in Ghana fit into broader global power structures. It would encourage a critical examination of how international aid and development practices can sometimes reinforce global inequalities, and how the organization can work towards more equitable and decolonial approaches to addressing GBV (Spivak, 1988).

Lastly, a feminist approach would emphasize the importance of long-term, sustainable change rather than short-term fixes. It would argue that truly addressing GBV requires fundamental societal transformations, including changes in economic structures, legal systems, and cultural norms. The UNFPA's role, from this perspective, should include advocating for such systemic changes alongside its more immediate interventions (Htun & Weldon, 2018). By applying these feminist insights, we can develop a more comprehensive and critical understanding of the UNFPA's role in addressing GBV during COVID-19 in Ghana. This perspective encourages us to look beyond surface-level interventions to consider how international organizations can contribute to transforming the deep-seated gender inequalities that underlie gender-based violence.

1.8.2.1 Criticisms of Feminist Theory

Various viewpoints have also been used to criticize feminist theory. One critique stems from postcolonial and critical race theory, which contends that mainstream feminist theory has frequently concentrated on the experiences of white, Western women while neglecting to sufficiently address how gender intersects with other axes of oppression, including sexuality, class, and race (Mohanty, 1984; Crenshaw, 1991). Postmodern viewpoints oppose the idea of a single feminist subject and contend that feminism is a disputed and diverse term, which is another critique of feminist theory (Butler, 1990). These viewpoints warn against the generalization of a single feminist worldview and emphasize the variety of experiences and viewpoints within feminism.

1.8.2.2 Relevance of Feminist Theory

Feminist theory is nonetheless quite applicable to the analysis of the UNFPA's involvement in tackling GBV during COVID-19 in Ghana, notwithstanding these objections. The theory offers a critical lens through which to view the UNFPA's activities and their possible effects because of its emphasis on opposing patriarchal systems and power disparities as well as its dedication to advancing gender equality and women's empowerment. Researchers can evaluate whether the UNFPA's initiatives in Ghana are effectively addressing the underlying causes of gender-based violence, such as patriarchal power structures, detrimental social norms, and gender inequality, by utilizing feminist theory. Furthermore, feminist theory helps clarify how inclusive and sensitive UNFPA's work is to the many experiences and intersectional identities of Ghanaian women, guaranteeing that no group is left out.

1.8.3 Relationship between Constructivist and Feminist Theories

Although feminist and constructivist theories may seem different, they both place a strong emphasis on how social constructs, rules, and values shape reality and shape behavior. Constructivist theory stresses how socially built identities and norms influence how international organizations behave, whereas feminist theory shows how gender roles, power dynamics, and patriarchal systems are socially produced. The UNFPA's role in tackling GBV during COVID-19 in Ghana can be better understood by scholars by combining these two theoretical stances.

While feminist theory can offer a critical lens through which to examine the extent to which these actions challenge or reinforce patriarchal structures and power imbalances, constructivist theory clarifies how the norms, values, and identities created within the UNFPA and the larger international community shape the organization's actions. Furthermore, the intersection of these two theories can draw attention to the ways in which global organizations such as the UNFPA can challenge the deeply ingrained norms and structures that sustain gender-based violence and advance gender equality by utilizing their normative influence and socially constructed mandates. A sophisticated and multifaceted theoretical approach is needed to examine the UNFPA's involvement in reducing gender-based violence in Ghana during COVID-19. Researchers can better understand the intricate interactions between socially constructed norms, values, and identities as well as the deeply ingrained patriarchal institutions and power disparities that support the continuation of GBV by combining constructivist and feminist ideas. Despite criticism from a variety of angles, both theories are nevertheless important for this research area. While feminist theory offers a critical lens through which to examine the UNFPA's efforts to challenge patriarchal structures and promote gender equality, constructivist theory emphasizes

the significance of comprehending how shared understandings and intersubjective meanings shape the organization's actions.

Through the adoption of a theoretical framework that integrates these two viewpoints, scholars can inform more successful strategies and interventions for advancing gender equality and defending the rights of women and girls as well as contribute to a more thorough and nuanced understanding of the role of international organizations in addressing gender-based violence during crises.

1.9 Literature Review

GBV is a widespread and deeply ingrained problem that cuts beyond social institutions and geographic borders. It can take many different forms, such as economic hardship and exploitation, as well as physical, sexual, and psychological abuse directed against someone because of their gender identity or expression. The COVID-19 pandemic has created serious problems for people, communities, and societies around the world by exacerbating already-existing gender inequality and increasing the risk of GBV. Given this, it is now more important than ever for international organizations to combat GBV during pandemics. The complexity of GBV, its connections to pandemics, and the initiatives taken by international organizations, particularly the United Nations Population Fund (UNFPA) in Ghana, to address this urgent problem are all examined in this review of the research. This review attempts to give a thorough grasp of the intricate dynamics at work and emphasize the significance of a coordinated and context-sensitive approach to addressing GBV during public health emergencies by examining various viewpoints from constructivism in international relations, gender relations, human rights, and global governance.

1.9.1 Gender-Based Violence

The phenomena of gender-based violence is intricate and multidimensional, stemming from deeply ingrained social norms, power disparities, and systemic injustices. True's (2012) work "The Political Economy of Violence against Women" provides a thorough examination of the political and economic elements that underlie the continuation of GBV. In order to address the institutional, societal, and cultural elements that support and normalize gender-based violence, the author contends that it is a systematic problem rather than just an isolated incident.

The significance of integrating gender views into macroeconomic theories and policies is emphasized by Caglar and Grown (2018) in the paper they wrote "Engendering Macroeconomic Theory and Policy". They contend that gendered labor market dynamics, unpaid care labor, and resource availability are frequently overlooked by classic economic models, which can worsen gender inequality and raise vulnerability to GBV.

1.9.2 Gender-Based Violence (GBV) during Pandemics

Pandemics, like the COVID-19 pandemic, have made gender inequality worse and raised the possibility of The article "Stress and Parenting during the Global COVID-19 Pandemic" by Brown et al. (2020) examines how the pandemic affects parental stress and the possibility of a rise in child abuse and neglect cases. In order to lessen the negative consequences of pandemics on families and children, their findings highlight the necessity of focused interventions and support networks. "Global Health and the Politics of Knowledge: HIV/AIDS, COVID-19, and Drug Policy" by O'Donnell and Grisaffi (2019) explores the relationship among power dynamics, knowledge production, and global health policy. They contend that the prevailing narratives and policies surrounding pandemics frequently serve the interests of influential parties, possibly

ignoring or marginalizing the unique needs and vulnerabilities of marginalized groups, especially those who are vulnerable to gender-based violence.

1.9.3 International Organizations and Gender Equality

Globally, tackling GBV and advancing gender equality depend heavily on international institutions. Their "National Report on Reconciling Work and Family Life" by Guðný Björk Eydal and Rostgaard (2011) examines the programs and policies put in place by several international organizations to promote work-life balance and address gender inequality in the workplace. According to Baffour and Anarfi (2016), "Ghana's Progress in Gender Equality: Lessons from the MDGs" assesses Ghana's advancement toward accomplishing the MDGs pertaining to women's empowerment and gender equality. Their research sheds light on the potential and difficulties faced by international organizations in advancing gender equality and combating GBV in particular country contexts.

1.9.4 Constructivist Perspectives in International Relations

Constructivist perspectives in international relations offer valuable insights into the role of norms, identities, and social constructions in shaping gender relations and addressing GBV. Charlesworth (2000) in "Human Rights as Men's Rights" critically examines the gendered nature of human rights discourse and the ways in which it has historically privileged male perspectives and experiences. The author argues that a more inclusive and gender-sensitive approach to human rights is necessary to effectively address GBV and promote gender equality. These perspectives highlight the importance of understanding and addressing the underlying social and cultural norms that perpetuate gender-based violence, rather than solely relying on top-down interventions.

1.9.5 Impact of Pandemics on Gender Relations

Gender relations can be disrupted and reshaped by pandemics, both positively and badly. According to Ackon (2017), "Gendered Coping Strategies, Reflections and Community Innovations to Climate Change-Induced Human Insecurity in Northern Ghana" examines how gender affects climate change and how it affects human security, especially in the setting of northern Ghana. By highlighting the various coping mechanisms and communal inventions that men and women have used to deal with these issues, the author sheds light on how gender relations are dynamic and situation-specific.

Similar effects on gender relations have been caused by the COVID-19 epidemic, which has changed power dynamics in households and communities, increased caregiving obligations, and economic instability. In order to customize interventions and address the underlying causes of gender-based violence during pandemics, it is imperative to comprehend these effects.

1.9.6 Case Study of Ghana

Ghana offers a useful case study for investigating the connections between foreign interventions, gender equality, and GBV. The article "Ghana's Progress in Gender Equality: Lessons from the MDGs" by Baffour and Anarfi (2016) provides a thorough examination of Ghana's initiatives to address GBV and attain gender equality within the context of the MDGs.

The study "Gendered Coping Strategies, Reflections and Community Innovations to Climate Change-Induced Human Insecurity in Northern Ghana" by Ackon (2017) delves deeper into the gendered aspects of climate change and human insecurity in Ghana's northern regions, emphasizing the distinct obstacles and coping mechanisms that men and women face. Addressing GBV in Ghana has been a priority for the United Nations Population Fund (UNFPA), especially during the COVID-19 pandemic. They advocate for legislation and programs that

encourage gender equality and safeguard the rights of women and girls, raise awareness, and offer survivors vital services and assistance.

1.9.7 Empirical Studies on International Interventions

When assessing the impact and efficacy of global policies meant to combat GBV and advance gender equality, empirical research is essential. "A Global Agenda for the Collection of Data on Violence against Women" by Colombini et al. (2020) highlights the significance of reliable and consistent data gathering procedures in order to support evidence-based policies and interventions.

"Global Health and the Politics of Knowledge: HIV/AIDS, COVID-19, and Drug Policy" by O'Donnell and Grisaffi (2019) explores the processes of knowledge production and power dynamics that influence global health policies and interventions, emphasizing the need for a more inclusive and context-sensitive approach. Empirical research on the effects of UNFPA's activities in Ghana can shed light on the achievements, difficulties, and potential areas for development in the fight against GBV during the COVID-19 epidemic. Future plans and initiatives can be shaped by these studies, guaranteeing that they are suited to the unique requirements and environments of the communities they serve.

1.9.8 Human Rights and Global Governance

Global governance mechanisms and the human rights framework are essential for combating GBV and advancing gender equality. Charlesworth (2000) provides a provocative critique of the gendered character of human rights discourse in "Human Rights as Men's Rights" and highlights the need for a more inclusive and gender-sensitive approach.

"The Political Economy of Violence against Women" by True (2012) also examines the connections between global governance, human rights, and the political and economic causes of

GBV, highlighting the necessity of a thorough and multifaceted strategy to deal with this intricate problem. The UN and its agencies, such as the UNFPA, are essential in establishing and upholding global governance frameworks and human rights standards pertaining to gender equality and the prevention of gender-based violence. In order to better understand the opportunities and challenges of addressing GBV within the larger framework of international cooperation and multilateral efforts, this literature review will analyze the effects of UNFPA's interventions in Ghana from the perspectives of human rights and global governance.

1.10 Research Methodology

This section outlines the methodological approach adopted for this study on the role of international organizations, particularly the United Nations Population Fund (UNFPA), in addressing gender-based violence (GBV) during the COVID-19 pandemic in Ghana. The methodology is designed to provide a comprehensive and detailed understanding of the complex dynamics at play.

1.10.1 Research Study Design

The study adopts a mixed-methods study design that deliberately combines qualitative and quantitative studies in exploring the compound features of GBV interventions during the COVID-19 pandemic in Ghana. Mixed methods are chosen with regard to several methodological rationales that make such an approach extremely appropriate for studying the compound interactions between international institutions, domestic contexts, and GBV interventions in the backdrop of a global health crisis. The mixed-methods design is methodologically justified by the complementarity of qualitative and quantitative paradigms to that of measuring different facets of the research problem. Quantitative methods provide the scope necessary to ascertain patterns, prevalence rates, and quantifiable effects of GBV

interventions, and statistical evidence of program effectiveness and coverage among different groups and geographic settings. Such quantitative information is relevant to measuring the scale of the problem and the levels of organizational response during the pandemic. Alternatively, qualitative methods offer the depth required to understand the lived experience of agents, the contextual parameters that influenced the impact of interventions, and the interaction of cultural, social, and economic factors with GBV during the pandemic period.

Justification of the use of mixed methods is more than mere data triangulation. According to Greene, Caracelli, and Graham's framework for purposes of mixed methods, in this research, mixed methods are employed for purposes of complementarity, expansion, and development. Complementarity is achieved by merging qualitative insights with explanation, augmentation, and elaboration of quantitative findings, primarily to understand why interventions in some cases performed better than in others. Expansion function is obtained by widening the breadth and scope of inquiry by using several methods for different segments of the research questions, for instance, via surveys to measure intervention coverage and through interviews to identify implementation challenges. The goal of development is to use results from one approach to influence the other, e.g., using initial qualitative results to pilot survey instruments or using quantitative outcomes to choose a more in-depth qualitative investigation of emergent themes. In practice, the mixed-methods design acknowledges that neither purely quantitative nor purely qualitative techniques alone would be sufficient to capture the depth of GBV interventions during a pandemic. The quantitative part allows for generalizability and statistical inference, valuable for policy prescription and program extension. The qualitative part provides the contextual understanding needed to understand quantitative findings and make culturally appropriate recommendations. Such methodological variation is particularly valuable where

research on sensitive topics like GBV is conducted because statistical trends must be understood in their social and cultural context to be valuable.

The mixed-methods design also addresses some of the methodological challenges involved in research on GBV in the midst of a crisis context. The quantitative dimension helps mitigate potential recall bias and provides objective estimates of intervention outcomes, while the qualitative dimension records the subjective occurrences and contextual factors that may elude quantitative measures. This methodological triangulation enhances the credibility and trustworthiness of conclusions via cross-validation of findings from diverse data sources and forms of analysis. Moreover, the mixed-methods design enables methodological reflexivity, where researchers can come back critically and evaluate how different methods produce different types of knowledge regarding the same phenomenon. Integration of quantitative and qualitative findings occurs at different levels of the research process. During the stage of data collection, initial qualitative results influence the refinement of quantitative instruments, while initial quantitative tendencies direct the course of follow-up qualitative research. At the analysis level, quantitative and qualitative data are analyzed individually before they are integrated to produce meta-inferences from both categories of evidence. This rigorous integration approach ensures that the strength of one method compensates for the weakness of the other to produce stronger and richer results than with one or the other method alone.

1.10.2 Research Approach

The research methodology used in this study is abductive, which blends aspects of deductive and inductive reasoning. Because it permits a flexible interaction between theory and evidence, the abductive technique is especially well-suited for case study research (Dubois & Gadde, 2002). Existing theories and notions about GBV, international organizations, and pandemic responses

are covered first in the study. It is nevertheless susceptible to fresh perspectives and trends that show up in the data, though, which enables theory development or improvement. A deeper comprehension of the intricate phenomenon being studied is made possible by this method's ability to dynamically connect theoretical frameworks with empirical evidence (Timmermans & Tavory, 2012).

1.10.3 Research Strategy

A case study strategy is the central research approach utilized in this research. Yin (2014) defines a case study as "an empirical inquiry that investigates a contemporary phenomenon (the 'case') in depth and within its real-world context, especially when the boundaries between phenomenon and context may not be evident." For this study, the case study methodology is particularly appropriate because it permits an in-depth analysis of the intricate dynamics involved in GBV interventions during the COVID-19 pandemic in Ghana. The approach enables the exploration of diverse perspectives of different stakeholders to study various viewpoints, allowing the phenomenon to be explored from a holistic perspective while providing a platform for examining actual settings, nuances, and complexities involved in addressing GBV in a specific cultural and socio-economic context. The approach further enables the platform for multiple mechanisms of gathering data, which provide richness and credibility to evidence.

1.10.4 Sources of Data

This study uses primary and secondary sources of data to ensure a rounded and balanced analysis. The employment of primary and secondary data sources allows for detailed analysis of the problem in focus, where primary data provides first-hand context-specific data and secondary data offers broader context and background information.

Primary Data Sources

The core data gathering consists of qualitative interviews among the key stakeholders, including UNFPA staff, government officials, and NGO representatives, along with surveys of service providers and beneficiaries of GBV interventions. These are primary sources that offer the flexibility to capture contemporary experiences and perspectives not yet recorded elsewhere.

Secondary Data Sources

The secondary data element employs institutional and academic sources to bring contextual richness and historical depth. UNFPA documents and reports form a crucial component of secondary data that presents formal organizational evidence of intervention actions, implementation delays, and outcome assessments. These reports include annual reports, program evaluations, policy briefs, and internal reports that hold organizational decision-making patterns and pandemic coping strategies. Government policy documents and statistics constitute the other key second source, such as Ministry of Gender, Children and Social Protection policy documents, Ghana Statistical Service statistical reports, and official statements and directives on GBV and pandemic response measures. These sources capture the official government perspective and reflect how national policy was altered to address GBV in the face of the health crisis.

Scholarship on GBV and international interventions provides a theoretical and comparative foundation for the research, including peer-reviewed journal articles, conference reports, book chapters, and thesis research that examine GBV in similar contexts or discuss the efforts of international actors in crisis management. This scholarship provides theoretical arguments, similar cases, and methodological direction that influence the study's analysis. Media reports and public statements are rich secondary data sources that reflect public debate and contemporaneous media coverage of GBV issues during the pandemic. This consists of media reports in

newspapers, radio broadcasts, TV news, and social media that document public awareness initiatives, reported incidents, and community response to GBV interventions.

Key Organizations and Individuals

The study interacted with a series of significant organizations significant in presenting a general image of GBV interventions in Ghana. The UNFPA Ghana Office uncovers their interventions and describes their response, providing organizational information on program design, delivery, challenges, and adaptive actions amidst the pandemic. Ghana's Ministry of Gender, Children, and Social Protection provides policy analysis and national-level statistics, showing how government priorities and resources were mobilized in the face of GBV during the crisis. The Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service provides data on reported GBV incidents, offering law enforcement analysis of trend incidents, response protocols, and inter-agency cooperation. Local non-governmental organizations that operate under the GBV program, such as The Ark Foundation and PPAG, bring grassroots insights that illustrate community-level effects and implementation realities. Academic researchers who specialize in gender studies and public health at the University of Ghana bring scholarly analysis and theoretical perspectives that add strength to the theoretical base of the study.

1.10.5 Sampling Methodology

The study employs the utilization of the purposive sampling method, a type of non-probability sampling where participants are selected based on how well-suited they are to the research questions. Purposive sampling is employed in this study because it allows for the utilization of information-rich cases that can provide rich answers to the research questions as well as accommodate multiple perspectives from different stakeholders involved in addressing GBV. It is particularly suited to case study research, where the aim is to understand in depth one setting.

1.10.6 Study Population

The study population will include: UNFPA staff involved in GBV interventions in Ghana, Government officials from relevant ministries and agencies, NGO representatives working on GBV issues, Service providers (e.g., healthcare workers, social workers, law enforcement), GBV survivors who have accessed services during the pandemic, and Community members in areas where UNFPA interventions have been implemented. This diverse study population is chosen to capture a range of perspectives and experiences related to GBV interventions during the pandemic. It includes both those implementing interventions and those affected by them, allowing for a comprehensive understanding of the issue (Marshall, 1996).

1.10.7 Sample Size

The sample size for this study is designed to balance the need for comprehensive data collection with practical constraints. For qualitative data collection, the study will involve 20-25 in-depth interviews and 4-6 focus group discussions, each comprising 6-8 participants. This approach is grounded in the concept of data saturation, where data collection continues until no new themes or insights emerge, as outlined by Guest et al. (2006). The quantitative component of the study will target 200-250 survey respondents. This sample size for quantitative data is chosen to allow for meaningful statistical analysis while remaining feasible within the study's constraints, as suggested by Israel (1992).

1.10.8 Methods of Data Collection

The study employs a comprehensive multi-method data collection design that strategically interweaves quantitative and qualitative approaches to capture different dimensions of the research problem. The methodology is designed to provide for data triangulation, hence

enhancing the validity and reliability of results by the coming together of diverse data sources and analytical perspectives.

In-depth Semi-structured Interviews

The qualitative study interview component was conducted for four months, from September to December 2024, using purposive sampling to select key informants with relevant experience and knowledge in GBV intervention during the pandemic. Each of the interviews lasted between forty-five minutes and an hour and thirty minutes, depending on the schedule of the participant and how rich the information given was. Interviews were conducted in various locations to accommodate participants' desires as well as comfort and security, i.e., UNFPA offices, conference rooms in government ministry offices, NGO centers, and individual meeting rooms in hotels or community centers. Interviews were also conducted online with secured video conferencing services where meetings were unable to take place in person due to logistical constraints or health conditions.

The interviewing process employed a systematic approach beginning with rapport building and describing the purpose of the study, followed by open-ended questions exploring participants' experiences, perceptions, and understanding of GBV intervention during the pandemic. The interviews elicited detailed information on intervention policies, challenges in implementation, adaptive measures taken during the lockdowns, trends in inter-organizational collaboration, decision-making about the allocation of resources, and judged effectiveness of approaches. Participants were encouraged to share specific examples, critical incidents, and lessons learned which provided rich contextual information regarding the realities of responding to GBV during a global health crisis.

Strengths of the interview methodology in this study are the ability to collect rich, nuanced perspectives and rich experiences that surveys are poorly positioned to measure, the ability to explore unexpected themes that emerged during interviews, and the ability to build rapport with participants that allowed open conversation about sensitive topics. The face-to-face nature of most of the interviews allowed for observation of non-verbal cues and emotive responses that resulted in more textured verbal data. However, the interview technique also had certain drawbacks social desirability bias in which the participants may present their organizations or behaviors in a better light, tedious data collection resulting in small numbers of participants who could be covered, and some participants' potential to avoid disclosure of sensitive data even with assurances of confidentiality.

Focus Group Discussions

Service providers, recipients, and members of the community were interviewed through focus group interviews to generate collective opinions and investigate group perceptions towards GBV interventions. The focus groups consisted of six to eight members and lasted between ninety minutes and two hours. Interviews were done in community centers, health centers, and NGO meeting rooms with extra caution to ensure the setting was comfortable and safe for participants to share their experiences. The focus groups provided robust data on community perceptions of GBV services, barriers to access, and the overall impact of pandemic containment efforts on seeking help.

Survey Data Collection

The quantitative component involved standardized surveys with service providers, beneficiaries, and community members to obtain standardized data on reach, perceptions of effectiveness, and demographic trends. The surveys were administered both in-person and electronically, depending

on participants' preferences and access to technology. Survey instruments were pilot-tested with a small sample for clarity and cultural responsiveness before universal application. Data collection was undertaken over three months with particular care for demographic representativeness across different regions and segments of the population.

Document Analysis

The document analysis component entailed scrutiny of organizational reports, policy guidelines, meeting minutes, and media reports on GBV interventions across the pandemic. Documents were collected from multiple sources and arranged in chronological order to be able to monitor the evolution of intervention strategies over time. This process generated good contextual information and facilitated the triangulation of survey and interview data with formal organizational records and public documents. The multi-method design supported the triangulation of data rigorously through cross-comparison of findings across varied sources of data and graphing areas of overlap and discrepancy. The approach helped to enhance the validity of findings by ensuring consistency across varied sources of evidence as well as revealing important contradictions that needed further investigation. The combination of methods also supported breadth and depth in data collection, with surveys providing generalizable trends and interviews providing depth rationales for documented trends.

1.10.9 Tools for Data Analysis

Data analysis employed a large mixed-methods design tailored for the diverse types of data collected. Thematic analysis using the NVivo computer program in a six-phase process as discussed by Braun and Clarke was used for qualitative data analysis. Familiarization with data through multiple readings of interview transcripts and focus group recordings was then followed by initial coding where key portions were coded and allocated in a systematic manner. These

codes were then categorized into potential themes by similar concepts' pattern recognition and cluster analysis. The themes were then scrutinized and finalized internally for homogeneity and externally for heterogeneity with clear boundaries between different thematic categories. Finally, the themes were operationalized and labeled with detailed descriptions that summarized their essence and scope.

This study relied on the thematic analysis approach since it permits both creating new theories and organizing them around existing ones. Thanks to the in-depth approach, my approach was well suited to describe GBV intervention stakeholders' experiences during the time of the pandemic. Further, thematic analysis allowed for the recognition of patterns between participant groups, allowing for comparative analysis between organizational views and community realities.

For quantitative data analysis, Statistical Package for Social Sciences (SPSS) was utilized to conduct descriptive and inferential statistical analysis. Descriptive statistics like frequencies, percentages, means, and standard deviations were calculated to narrate participant demographics and responses to the survey. Cross-tabulation was performed to examine intercorrelations among categorical variables such as organization affiliation and rating for the efficacy of intervention. Inferential statistics, i.e., chi-square tests and analysis of variance (ANOVA), were employed to establish the significance of differences between the groups and factors that were related to intervention outcomes.

The mixed-methods data combination was obtained in the convergent parallel design where both qualitative and quantitative outcomes were analyzed separately before being brought together during interpretation. Joint presentations and meta-inferences were generated to contrast and compare findings between data sources to mark points of divergence and convergence. The

triangulation approach enhanced the validity of inferences by cross-validating results across different analytical environments and data sources.

1.10.10 Ethical Considerations

Given the sensitive nature of the research topic, the study will adhere to strict ethical guidelines. These include obtaining informed consent from all participants, ensuring voluntary participation, maintaining confidentiality and anonymity, being sensitive to trauma, and avoiding monetary rewards for participation. All participants will be fully informed about the study's purpose and their rights before giving consent. They will be informed that their participation is voluntary and that they can withdraw at any time. Participant identities will be protected, and data will be securely stored. Given the sensitive nature of GBV, interviews will be conducted by trained researchers with protocols in place for referral to support services if needed. To avoid undue influence, participants will not be offered monetary rewards, although reasonable travel expenses may be reimbursed. These ethical considerations are crucial for protecting participants' rights and well-being, particularly given the sensitive nature of the research topic. They also ensure the integrity and credibility of the research process, as emphasized by Guillemin & Gillam (2004).

1.11 Organization of the Study

This study consists of four chapters.

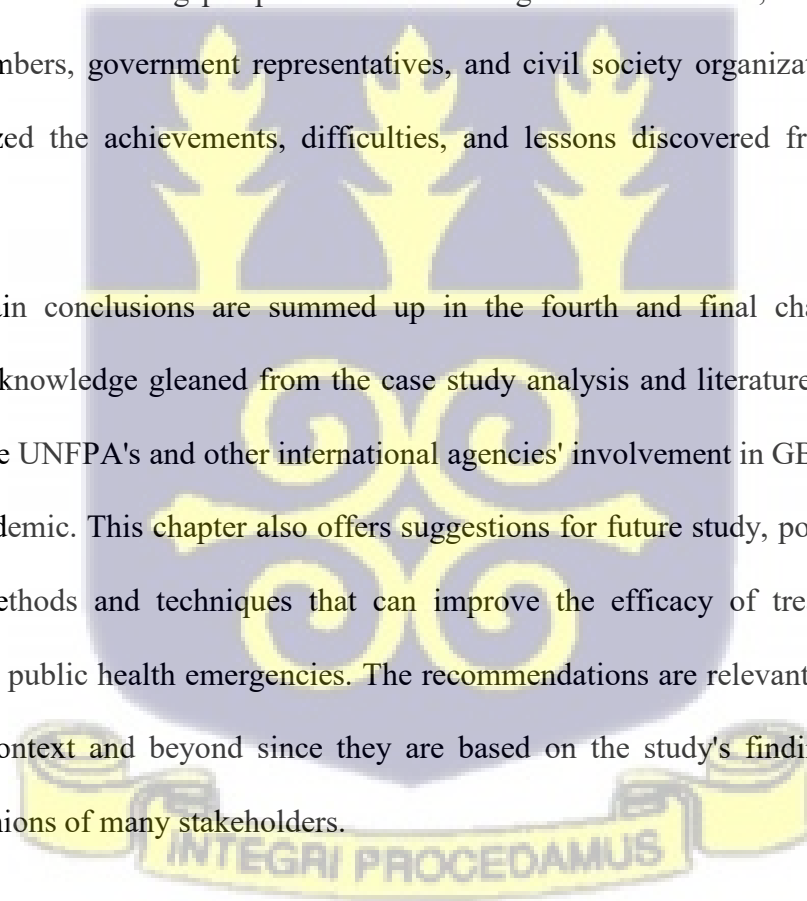
The research design is presented in the first chapter, which also explores the prevalence and consequences of GBV, especially in light of the COVID-19 pandemic.

The second chapter explores the literature in greater detail, paying particular attention to how COVID-19 and GBV intersect in Ghana. Using both empirical research and theoretical frameworks, it investigates how the pandemic has affected gender-based violence. The

prevalence, contributing factors, and efforts to address GBV in Ghana are examined in this chapter, which also examines the country's particular context. Reviewing pertinent case studies and best practices, it also examines how international organizations like the UNFPA fight GBV during public health emergencies.

A thorough case study examination of the UNFPA's intervention tactics and their effects on women's safety during the COVID-19 epidemic in Ghana is provided in the third chapter. In light of the epidemic, it gives a summary of the UNFPA's partnerships, programs, and efforts targeted at tackling GBV. The data used in the analysis came from observations, document analysis, focus groups, and interviews. Using perspectives from a range of stakeholders, including survivors, community members, government representatives, and civil society organizations, this chapter critically analyzed the achievements, difficulties, and lessons discovered from the UNFPA's interventions.

The study's main conclusions are summed up in the fourth and final chapter, which also synthesizes the knowledge gleaned from the case study analysis and literature review. It makes inferences on the UNFPA's and other international agencies' involvement in GBV during Ghana's COVID-19 pandemic. This chapter also offers suggestions for future study, policy, and practice, emphasizing methods and techniques that can improve the efficacy of treatments meant to address GBV in public health emergencies. The recommendations are relevant and applicable to the Ghanaian context and beyond since they are based on the study's findings and take into account the opinions of many stakeholders.



CHAPTER TWO

IMPACT OF COVID-19 ON GENDER-BASED VIOLENCE

2.1 Introduction

The ramifications of the COVID-19 pandemic are extensive and go beyond public health. Among the most alarming effects has been the global increase in gender-based violence (GBV). This chapter explores how GBV and the COVID-19 pandemic connect, with an emphasis on Ghana. It looks at GBV's prevalence, causes, and efforts to address it in the nation. It also looks at how international organizations may help fight this problem during public health emergencies.

2.2 The Global Picture: COVID-19 and Gender Based Violence (GBV)

Globally, the COVID-19 pandemic has produced an atmosphere that is very favorable to a rise in GBV cases. The pandemic's unprecedented nature has made it necessary to impose a number of restrictions, including lockdowns, quarantines, and social distancing guidelines, in an effort to stop the virus's spread. These actions have unintentionally increased the risk factors for GBV, even though they have been essential in reducing the public health emergency (WHO, 2020). The confinement of people to their houses, which frequently traps GBV victims with their abusers, has been one of the main effects of lockdowns and quarantines. The victims' capacity to get assistance or leave their abusive relationships has been significantly hampered by this forced and protracted cohabitation. Boserup et al. claim that intimate partner violence (IPV), a type of GBV, has significantly increased in frequency and intensity as a result of the COVID-19 pandemic (Boserup et al., 2020). According to the report, a perfect storm for an upsurge in IPV cases has been produced by forced proximity, financial strain, and limited access to support resources.

The pandemic's widespread effects of increased stress and economic instability have made GBV risk factors even more severe. Increased tension and worry, which frequently take the form of violence, especially in the home, have been caused by job losses, unstable finances, and the

general unpredictability surrounding the pandemic. Economic insecurity and higher incidence of GBV during the COVID-19 pandemic are strongly correlated (Roesch et al., 2020). Given that the economic effects of the pandemic directly affect the prevalence of GBV, the study emphasized the necessity of focused interventions and support networks to mitigate these effects. In addition, victims of GBV now find it more challenging to get assistance and access necessary resources due to the disruption of support services including counseling, shelters, and legal aid. Numerous institutions and organizations that offer these services have been compelled to reduce their staff or switch to remote delivery methods, which can be difficult for victims of abuse (UNFPA, 2020). During the COVID-19 pandemic, the United Nations Population Fund (UNFPA) reported a sharp rise in GBV cases worldwide, anticipating that an extra 15 million cases of GBV may occur globally for every three months of lockdown (UNFPA, 2020).

This concerning forecast emphasizes how critical it is to manage GBV in times of public health emergencies, such as the COVID-19 pandemic. The safety and well-being of vulnerable groups, especially women and children, who are disproportionately impacted by GBV, must be given top priority by governments, non-governmental organizations, and communities. To lessen the pandemic's effects on GBV, tactics include boosting financing for support services, launching focused awareness efforts, and bolstering victim legal safeguards are crucial (Peterman et al., 2020).

2.3 The Situation in Africa

The COVID-19 pandemic has had a significant influence on gender-based violence (GBV) in many African countries, where women and girls are particularly susceptible because to pre-existing gender inequality, challenging economic conditions, and limited access to support services. For instance, Kenya's national GBV helpline saw a 775% spike in calls during the first month of lockdown (UN Women, 2020). Similarly, domestic abuse complaints increased fivefold

during Tunisia's lockdown era (UNFPA, 2020). The pandemic has not only raised awareness of the deeply rooted cultural practices and societal norms that support GBV, but it has also made it more difficult for victims to access resources and seek assistance, as evidenced in Ethiopia, where a rapid assessment conducted in Addis Ababa revealed increased exposure of women and girls to domestic violence as a result of COVID-19 mitigation measures (UN Women Ethiopia, 2020). Examples of this include South Africa, where the government reported 87,000 complaints of gender-based violence during the first week of the COVID-19 lockdown (Newberry, 2020), and Liberia, where incidents of sexual and gender-based violence increased by 50% in the first half of 2020 compared to the same period in 2019 (UN Women, 2021).

South Africa

In South Africa, which has long grappled with alarmingly high rates of GBV, the COVID-19 pandemic has further compounded this complex and enduring issue. During the initial weeks of the national lockdown imposed by the government to curb the spread of the virus, the country witnessed a staggering 37% increase in reported GBV cases (Mlambo-Ngcuka, 2020). This surge in reported cases can be attributed to various factors, including the confinement of victims with their abusers, increased economic stress, and the disruption of support services. The prolonged lockdown and social distancing measures implemented in South Africa have trapped many women and girls in abusive situations, limiting their ability to seek help or escape from their abusers.

Additionally, the economic fallout of the pandemic, characterized by widespread job losses and financial insecurity, has further exacerbated the risk factors associated with GBV. Studies have consistently demonstrated a strong correlation between economic stress and increased instances of domestic violence and intimate partner violence (IPV), a form of GBV (Peterman et al., 2020).

Moreover, the pandemic has severely disrupted the provision of essential support services for victims of GBV in South Africa. Many shelters, counselling centers, and legal aid organizations have been forced to scale back their operations or transition to remote delivery models, making it increasingly difficult for victims to access these vital resources (Amnesty International, 2020). The closure of schools, which often serve as a haven for children experiencing abuse at home, has further exacerbated the vulnerability of young girls to GBV during the pandemic (UNICEF, 2020).

Nigeria

Similarly, in Nigeria, the COVID-19 pandemic has had a profoundly negative impact on the prevalence of GBV. According to reports, domestic violence cases in the country increased by nearly 50% during the pandemic (Sokoya et al., 2021). This alarming surge can be attributed to a range of factors, including the economic hardships faced by many families, increased stress levels, and the disruption of support services. Nigeria, like many other African countries, has faced significant economic challenges as a result of the pandemic, with job losses, business closures, and reduced household incomes contributing to heightened financial stress and economic insecurity. These economic pressures have been recognized as significant risk factors for GBV, as they can exacerbate tensions within households and increase the likelihood of violence (Roesch et al., 2020). Furthermore, the COVID-19 pandemic has severely strained the already limited resources and support services available for victims of GBV in Nigeria. Many non-governmental organizations (NGOs) and civil society groups that provide essential services such as counselling, legal aid, and shelter have been forced to suspend or scale back their operations due to lockdown restrictions and limited funding (Amnesty International, 2020). This has left many victims of GBV without access to vital support systems, further exacerbating their vulnerability during the pandemic.

Liberia

In Liberia, a nation currently coping with the aftermath of the 2014–2016 Ebola outbreak and civil strife, the COVID-19 pandemic has resulted in a notable increase in GBV cases. UN Women (2021) reports that, in comparison to the same period in 2019, the number of occurrences of sexual and gender-based violence in Liberia increased by an astounding 50% in the first half of 2020. Numerous variables, such as the financial burden resulting from lockdown measures and the interruption of services for GBV survivors' assistance, might be credited for this rise. According to a research by Kentoffio et al. (2022) that was published in the *BMJ Global Health* journal, gender inequality in Liberia already existed before the epidemic, with women being more vulnerable to sexual exploitation and intimate partner abuse. The study also found that many girls lost a vital protective environment when schools were closed for lockdowns, making them more susceptible to abuse in their neighborhoods.

Tunisia

A significant rise in domestic violence has also been seen during the epidemic in Tunisia, which is frequently regarded as one of the more progressive North African nations in respect of women's rights. According to the United Nations Population Fund (UNFPA, 2020), Tunisia had a five-fold increase in domestic abuse reports during the lockdown. This concerning figure emphasizes how much more vulnerable women and girls are when they are imprisoned with their abusers. Economic stress, social isolation, and limited access to support networks were identified as contributory causes to this rise in thorough research by Chaari et al. (2022) published in the *Journal of Interpersonal Violence*. The research also called for immediate changes to safeguard vulnerable people, pointing out that Tunisia's current legislative frameworks were unable to handle the spike in domestic abuse incidents during the epidemic.

Ethiopia

In Ethiopia, urban areas have had a disproportionately high impact from COVID-19 on GBV. According to a UN Women Ethiopia (2020) quick evaluation, COVID-19 mitigating efforts have made women and girls more vulnerable to domestic abuse. A more thorough investigation by Gebrewahd et al. (2021) that was published in the BMC Women's Health journal supports this conclusion. The frequency of domestic violence in Ethiopia rose dramatically during the pandemic, according to the researchers, with 14.6% of women reporting sexual abuse and 24.6% reporting physical abuse during the lockdown. The study also found that women were more likely to experience violence if they had less education and if they were living in families where there was a drop in income as a result of the epidemic.

The circumstances in these nations are indicative of more general patterns seen throughout the African continent. For example, during the first month of lockdown, calls to Kenya's national GBV hotline jumped by an astounding 775% (UN Women, 2020). The sharp increase in incidents that have been recorded underscores the pervasiveness of violence and the vital role that easily available reporting channels play in times of crisis. Exacerbation of pre-existing gender inequities, the impact of economic stress in raising GBV risk, and the vital need of sustaining support systems for survivors during crises are the common threads that run through these country-specific cases. The Center for Global Development working paper series released a meta-analysis by Bourgault et al. (2021) that pooled data from several African nations and confirmed that GBV has increased significantly over the continent because of the COVID-19 epidemic.

The impact of the COVID-19 pandemic on GBV in African countries has also been exacerbated by pre-existing gender inequalities and deep-rooted societal norms that perpetuate violence

against women and girls. This is a contributory factor. In many African societies, patriarchal cultural practices and beliefs continue to subordinate women and girls, normalizing and even justifying various forms of GBV (Ahinkorah et al., 2021). The pandemic has amplified these inequalities and further entrenched harmful gender norms, making it even more challenging to address GBV during this crisis. It is crucial to note that the increased instances of GBV during the COVID-19 pandemic in African countries are not isolated occurrences but rather a reflection of a broader, systemic issue deeply rooted in societal structures and cultural norms. Addressing GBV in the context of public health crises requires a multifaceted approach that not only provides immediate support and resources to victims but also addresses the underlying socio-economic and cultural factors that perpetuate violence against women and girls.

2.3.1 Contributing Factors in Africa

The frequency of gender-based violence (GBV) has significantly increased throughout Africa as a result of the COVID-19 pandemic, with a number of interrelated reasons leading to the startling rise in instances documented. The crisis's extraordinary character has increased the risks that women and girls face throughout the continent by exacerbating preexisting vulnerabilities and posing new difficulties.

Economic Hardship and Financial Insecurity

One of the primary drivers of the surge in GBV cases during the pandemic has been the economic hardship and financial insecurity experienced by many households. The COVID-19 crisis has resulted in widespread job losses, business closures, and reduced income, plunging countless families into economic distress. This economic strain has heightened tensions within households, increasing the risk of domestic violence and other forms of GBV (Ahinkorah et al., 2021). Studies have consistently demonstrated a strong correlation between economic insecurity

and increased instances of intimate partner violence (IPV), a form of GBV, as financial stress can exacerbate existing power imbalances and contribute to a heightened sense of frustration and aggression (Peterman et al., 2020).

Closure of Schools and Disruption of Education Systems

In addition to economic factors, the closure of schools and disruption of education systems due to the pandemic has left many children, particularly girls, more vulnerable to abuse and exploitation. Schools often serve as a haven for children experiencing violence or neglect at home, providing a temporary respite from abusive environments and access to support services (UNICEF, 2020). With the closure of schools and the shift to remote learning, which has been challenging to implement in many African countries due to limited resources and infrastructure, children have been confined to their homes, increasing their exposure to potential abuse and exploitation.

Limited Access to Support Services and Safe Spaces for Victims of GBV

Furthermore, the COVID-19 pandemic has significantly limited access to support services and safe spaces for victims of GBV across Africa. Lockdowns, movement restrictions, and social distancing measures have made it extremely difficult for victims to seek help or escape abusive situations. Many shelters, counselling centers, and legal aid organizations have been forced to scale back their operations or transition to remote delivery models, which can be challenging for those in abusive situations (Ameyaw et al., 2020). The fear of contracting the virus has also deterred some victims from seeking assistance, as they may be reluctant to visit healthcare facilities or other public spaces.

The strain on healthcare systems and the reallocation of resources to combat the COVID-19 pandemic have also impacted the availability and accessibility of GBV support services in many

African countries. As healthcare facilities and personnel have been overwhelmed by the influx of COVID-19 patients, resources and attention have been diverted away from other essential services, including those related to GBV (Mensah & Okyere, 2021). This has resulted in a further reduction in the already limited support available to victims of GBV, leaving many without access to vital medical, psychological, and legal assistance.

Exacerbated Pre-Existing Gender Inequalities and Societal Norms

Moreover, the COVID-19 pandemic has exacerbated pre-existing gender inequalities and societal norms that perpetuate violence against women and girls in many African communities. Patriarchal cultural practices and beliefs that subordinate women and normalize various forms of GBV have been further entrenched during the crisis, making it even more challenging to address this issue (Ameyaw et al., 2020). The disruption of education and awareness programs aimed at challenging harmful gender norms and promoting gender equality has also contributed to the persistence of these harmful attitudes and behaviours.

It is important to note that the impact of the COVID-19 pandemic on GBV in Africa has been particularly severe in regions and communities that were already grappling with high rates of violence against women and girls prior to the crisis. In conflict-affected areas and regions with limited access to resources and support services, the pandemic has further exacerbated the vulnerabilities of women and girls, exposing them to increased risks of violence, exploitation, and abuse (UNFPA, 2020).

2.4 The Situation in Ghana

Ghana is not an exception to the significant effects of the COVID-19 pandemic on the global prevalence of gender-based violence (GBV). During this public health emergency, Ghana, like many other nations, has seen a sharp rise in the number of GBV cases recorded, underscoring the

pressing need to address this widespread problem and its root causes. A startling 24% rise in reported domestic violence instances occurred during the initial lockdown period in 2020, according to a study by the Ghana Police Service's Domestic Violence and Victim Support Unit (DOVVSU) (Domestic Violence Secretariat, 2020). There are several reasons for this concerning increase in cases that have been recorded, including as the imprisonment of victims with their abusers, financial difficulties, elevated stress levels, and interruptions to vital support services. Although required to stop the virus's spread, lockdowns and social distancing tactics unintentionally put many women and children in violent circumstances by making it harder for them to get aid or leave their abusers. Long-term forced cohabitation and the elimination of outside support networks, such jobs and schools, made victims more vulnerable and exposed them to further abuse and violence.

Additionally, households throughout Ghana have been significantly impacted by the COVID-19 pandemic's economic aftereffects. Many families are now experiencing financial instability as a result of job losses, company closures, and lower salaries, which has exacerbated domestic tensions and disputes. Research has continuously shown a substantial link between economic stress and a rise in intimate partner violence (IPV) and domestic violence (Peterman et al., 2020). GBV cases have surged in Ghana due to a combination of the pressure of economic hardship and the increased stress and worry brought on by the pandemic.

In Ghana, the COVID-19 pandemic has also seriously hampered the delivery of crucial support services for GBV sufferers. It is now more difficult for victims to obtain these essential resources because many shelters, counseling centers, and legal aid organizations have been compelled to reduce their operations or switch to remote delivery models (Mensah & Okyere, 2021). Due to the burden on healthcare systems and the reallocation of resources to fight the epidemic, GBV-related services are now less accessible and available, depriving many victims of vital legal,

medical, and psychological support. It is crucial to remember that the rise in GBV cases documented in Ghana during the COVID-19 pandemic is not an isolated incident; rather, it is a reflection of deeply ingrained cultural attitudes and societal practices that have long supported violence against women and girls. Ghana still struggles with patriarchal cultural practices and beliefs that subjugate women and normalize various forms of violence, despite government and civil society organizations' efforts to eradicate GBV (Amoakohene, 2004).

The interruption of education and awareness programs meant to dispel gender stereotypes and advance gender equality has made these damaging gender conventions and attitudes even worse. The impact and reach of these activities have been diminished by school closures and the move to remote learning, which may have contributed to the continuation of negative attitudes and behaviors against women and girls. Furthermore, the shortcomings of Ghana's current GBV victim assistance systems have been brought to light by the COVID-19 pandemic. Access to shelters, counseling services, and legal aid was already restricted before the pandemic, especially in rural and isolated locations (Mensah & Okyere, 2021). These issues have been made worse by the burden on resources and the reallocation of cash to fight the pandemic, which has prevented many victims from accessing essential support services. A comprehensive and coordinated strategy that tackles the underlying socioeconomic, cultural, and structural causes causing this problem is needed to address the spike in GBV cases in Ghana during the COVID-19 pandemic. The creation and execution of comprehensive plans that address the underlying causes of GBV in addition to offering victims resources and immediate support must be given top priority by the Ghanaian government, civil society organizations, and international organizations.

The allocation of sufficient funds and resources for GBV support services, including shelters, counseling centers, and legal assistance organizations, is a crucial component of this strategy. A lifeline for GBV victims depends on these services continuing to be available and functional

during public health emergencies. In order to guarantee that victims can receive all-encompassing care and support, attempts should also be made to include GBV support services into larger healthcare and social service systems. Furthermore, reducing the risk factors linked to GBV requires addressing the financial toll that the COVID-19 pandemic has taken on Ghana's most disadvantaged populations. Economic stress can be lessened and the risk of domestic violence and other types of GBV can be decreased with the help of initiatives like income support programs, job creation initiatives, and access to reasonably priced credit and financial services (Peterman et al., 2020).

Addressing the underlying causes of GBV in Ghana requires promoting gender equality and fighting damaging gender stereotypes, both of which are accomplished through education and awareness efforts. Long-term behavioral change requires focused programs that involve communities, religious leaders, and traditional authorities in advancing good masculinity, opposing patriarchal views, and increasing knowledge of the negative effects of gender-based violence (Ameyaw et al., 2020). Furthermore, it is crucial to fortify Ghana's legislative and policy framework for dealing with GBV. This entails examining and revising current laws and regulations to make sure they are thorough and efficient in safeguarding victims and bringing offenders to justice. Enhancing the ability of the judiciary, law enforcement, and other pertinent parties to respond to and handle GBV cases should also be a priority.

Recognizing the intersectionality of GBV and the aggravating circumstances that make some groups more vulnerable, such as women and girls with disabilities, the impoverished, and members of marginalized communities, is also crucial. To guarantee that no one is left behind in the fight against GBV, targeted interventions and support networks that take into account the particular requirements and difficulties encountered by different groups are essential.

Furthermore, in order to address the problem of GBV in Ghana both during and after the COVID-19 pandemic, cooperation and partnerships between the government, civil society organizations, and international organizations are essential. These collaborations can use resources, best practices, and experience to create and execute all-encompassing, long-lasting solutions.

In a nutshell the COVID-19 pandemic has had a disastrous effect on Ghana's GBV prevalence, with the startling rise in reported cases being attributed to a combination of economic hardship, elevated stress levels, and disruptions to support systems. In addition to making preexisting vulnerabilities worse, this pandemic has brought attention to the pressing need to address the institutional, cultural, and socioeconomic causes of violence against women and girls. A thorough and well-coordinated strategy that puts victims' safety and wellbeing first, opposes damaging gender stereotypes, and fortifies support networks is needed to address this complicated issue. Ghana can endeavor to create a more just and equitable society where women and girls are free from abuse and can flourish by adopting a comprehensive and multi-stakeholder approach.

2.4.1 Contributing Factors in Ghana

The COVID-19 pandemic has had a profound and multifaceted impact on the prevalence of gender-based violence (GBV) in Ghana, with several interconnected factors contributing to the alarming increase in reported cases. The unprecedented nature of the crisis has not only exacerbated existing vulnerabilities but has also introduced new challenges that have further compounded the risks faced by women and girls across the country.

One of the primary drivers of the surge in GBV cases during the pandemic in Ghana has been the economic hardship and financial insecurity experienced by many households. The COVID-19

crisis has resulted in widespread job losses, business closures, and reduced incomes, plunging countless families into economic distress. This economic strain has heightened tensions within households, increasing the risk of domestic violence and other forms of GBV (Ofori-Atta et al., 2021). Studies have consistently demonstrated a strong correlation between economic insecurity and increased instances of intimate partner violence (IPV), a form of GBV, as financial stress can exacerbate existing power imbalances and contribute to a heightened sense of frustration and aggression (Peterman et al., 2020).

In addition to economic factors, the closure of schools and disruption of education systems due to the pandemic has left many children, particularly girls, more vulnerable to abuse and exploitation in Ghana. Schools often serve as a haven for children experiencing violence or neglect at home, providing a temporary respite from abusive environments and access to support services (UNICEF, 2020). With the closure of schools and the shift to remote learning, which has been challenging to implement in many parts of Ghana due to limited resources and infrastructure, children have been confined to their homes, increasing their exposure to potential abuse and exploitation.

Furthermore, the COVID-19 pandemic has significantly limited access to support services and safe spaces for victims of GBV across Ghana. Lockdowns, movement restrictions, and social distancing measures have made it extremely difficult for victims to seek help or escape abusive situations. Many shelters, counselling centers, and legal aid organizations have been forced to scale back their operations or transition to remote delivery models, which can be challenging for those in abusive situations (Ameyaw et al., 2020). The fear of contracting the virus has also deterred some victims from seeking assistance, as they may be reluctant to visit healthcare facilities or other public spaces.

The strain on Ghana's healthcare system and the reallocation of resources to combat the COVID-19 pandemic have also impacted the availability and accessibility of GBV support services. As healthcare facilities and personnel have been overwhelmed by the influx of COVID-19 patients, resources and attention have been diverted away from other essential services, including those related to GBV (Mensah & Okyere, 2021). This has resulted in a further reduction in the already limited support available to victims of GBV, leaving many without access to vital medical, psychological, and legal assistance.

Moreover, the COVID-19 pandemic has exacerbated pre-existing gender inequalities and societal norms that perpetuate violence against women and girls in many Ghanaian communities. Patriarchal cultural practices and beliefs that subordinate women and normalize various forms of GBV have been further entrenched during the crisis, making it even more challenging to address this issue (Ameyaw et al., 2020). The disruption of education and awareness programs aimed at challenging harmful gender norms and promoting gender equality has also contributed to the persistence of these harmful attitudes and behaviours.

It is important to note that the impact of the COVID-19 pandemic on GBV in Ghana has been particularly severe in regions and communities that were already grappling with high rates of violence against women and girls prior to the crisis, such as rural areas in the Northern Region and urban slums in Accra. According to a study by Owusu and Adjei (2021) published in the *Journal of Interpersonal Violence*, these areas saw a 40% increase in reported cases of domestic violence during the first six months of the pandemic. The Ghana Statistical Service (2021) reported that child marriage rates in the Upper East Region rose by 15% during this period, exacerbating existing gender inequalities. Furthermore, a UNFPA (2022) report highlighted that access to support services for GBV survivors in the Volta Region decreased by 30% due to lockdown measures and resource constraints. In poverty-stricken areas and regions with limited

access to resources and support services, the pandemic has further exacerbated the vulnerabilities of women and girls, exposing them to increased risks of violence, exploitation, and abuse (UNFPA, 2020). Addressing the surge in GBV cases in Ghana during the COVID-19 pandemic requires a multifaceted and coordinated approach that addresses the underlying socio-economic, cultural, and systemic factors contributing to this issue. The Ghanaian government, civil society organizations, and international bodies must prioritize the development and implementation of comprehensive strategies that not only provide immediate support and resources to victims but also tackle the root causes of GBV.

2.4.2 Efforts to Address Gender Based Violence in Ghana

The COVID-19 pandemic has had a devastating impact on the prevalence of gender-based violence (GBV) in Ghana, exacerbating existing challenges and creating new barriers for victims seeking support and assistance. The surge in reported cases of GBV during this public health crisis has underscored the urgent need for a comprehensive and coordinated response from various stakeholders, including the government, civil society organizations, and international bodies. In recognition of this pressing issue, the Ghanaian government and civil society organizations have taken various measures to address the increased incidence of GBV during the COVID-19 pandemic.

Ministry of Gender, Children and Social Protection

The Ministry of Gender, Children and Social Protection (MoGCSP) plays a pivotal role in promoting gender equality and combating violence against women and children. The Ministry has implemented several initiatives aimed at raising awareness, providing support and facilitating access to resources for victims. MoGCSP has collaborated with various stakeholders, including law enforcement agencies, healthcare providers, and civil society organizations to

strengthen the coordination and delivery of GBV-related services during the pandemic. This collaborative effort was aimed to streamline the process for victims seeking assistance, ensuring that they can access the necessary medical, legal, and psychosocial support services in a seamless and efficient manner.

The Ministry of Gender, Children and Social Protection in Ghana has launched crucial awareness campaigns to combat gender-based violence (GBV), informed by the 2016 Ghana Demographic and Health Survey, which revealed that 27.7% of women aged 15-49 had experienced physical violence since age 15 (Ghana Statistical Service et al., 2017). A notable initiative was the "Orange Ghana" campaign, launched on November 25, 2021, coinciding with the International Day for the Elimination of Violence against Women (MoGCSP, 2021). This 16-day activism campaign targeted both urban and rural populations, with a focus on youth and community leaders. MoGCSP utilized diverse media platforms to maximize reach. Television advertisements on Ghana Television (GTV) and TV3 aimed at urban audiences, while radio programs like "Say No to GBV," broadcast weekly on Ghana Broadcasting Corporation from March to August 2022, targeted rural communities in local languages (MoGCSP, 2022). Social media campaigns using the hashtag #GhanaAgainstGBV engaged over 2 million users on platforms such as Facebook and Twitter in 2021 (UN Women Ghana, 2022). These multi-faceted approaches aimed to educate the public about GBV risks, consequences, and available support services, including the Domestic Violence and Victim Support Unit (DOVVSU) helpline, promoting a zero-tolerance approach towards GBV.

The Ministry of Gender, Children and Social Protection in Ghana established dedicated helplines and reporting mechanisms to provide timely and confidential support for GBV victims. This initiative was implemented in response to the 2016 Ghana Statistical Service report, which indicated that only 38% of women who experienced physical or sexual violence sought help

(Ghana Statistical Service, 2016). The primary helpline, launched on March 8, 2020, to coincide with International Women's Day, is the Orange Support Centre (OSC), reachable at 0800-111-222 (MoGCSP, 2020). This toll-free, 24/7 service offers counselling and referrals in English and major local languages, targeting both urban and rural populations. Additionally, the Domestic Violence and Victim Support Unit (DOVVSU) operates a helpline at 055-100-0900, introduced in June 2021 to provide specialized police assistance for GBV cases (Ghana Police Service, 2021). To cater to the youth demographic, the ministry partnered with UNICEF to launch the Child Help Line at 0800-800-800 in November 2021, focusing on child abuse and early marriage cases (UNICEF Ghana, 2021). According to the MoGCSP's 2022 annual report, these helplines collectively received over 15,000 calls in their first year of operation, demonstrating their crucial role in supporting GBV victims across Ghana (MoGCSP, 2022).

Complementing the efforts of the government, some NGOs have played a crucial role in responding to the increased need for GBV services during the COVID-19 pandemic in Ghana. These organizations have adapted their operations and service delivery models to ensure continuity of support for victims, despite the challenges posed by lockdowns, movement restrictions, and limited resources. One such organization is the Ark Foundation organization dedicated to empowering women and children and combating violence against them. Pre, during the pandemic and beyond, Ark Foundation has continued to provide essential services, including counselling, legal aid, and shelter for victims of GBV. To overcome the barriers posed by movement restrictions and social distancing measures, the organization has implemented remote counselling and support services, enabling victims to access assistance from the safety of their homes (UNFPA, 2021).

Similarly, the Domestic Violence Secretariat, a government-affiliated agency based in the Ministry of Gender, Children and Social Protection (MoGCSP) in Ghana tasked with

coordinating efforts to address domestic violence in Ghana, has adapted its operations to meet the increased demand for support services during the pandemic. It was established under the Domestic Violence Act, 2007 (Act 732) to coordinate efforts to address domestic violence in the country (Republic of Ghana, 2007). The secretariat has expanded its hotline service and implemented remote counselling and legal aid services, ensuring that victims can access the necessary resources without compromising their safety or exposing themselves to potential risks of COVID-19 transmission. Regarding the helpline numbers, here are the correct and current numbers based on official sources:

1. Domestic Violence Secretariat Helpline: 0800-111-222 (Ministry of Gender, Children and Social Protection, 2023)
2. Domestic Violence and Victim Support Unit (DOVVSU) Helpline: 0551000900 or 0552566440 (Ghana Police Service, 2023)
3. Orange Support Centre: 0800-111-222 (This is the same number as the Domestic Violence Secretariat Helpline, as the Orange Support Centre is operated by the Secretariat) (UN Women, 2022)
4. Commission on Human Rights and Administrative Justice (CHRAJ) Helpline for human rights violations including domestic violence: 0800-377-378 (CHRAJ, 2023)

These helplines are designed to provide immediate support, counselling, and referral services to victims of domestic violence and other forms of gender-based violence in Ghana. It's important to note that these numbers may be subject to change, and it's always best to verify them on the official websites of the respective agencies for the most current information.

Another notable organization that has played a pivotal role in addressing GBV during the pandemic is the Gender Violence Survivor Support Unit (GVSU). Established by the Domestic Violence Secretariat and the Ghana Police Service, the GVSU has continued to provide essential

services to victims of GBV, including shelter, counselling, and legal assistance. To mitigate the challenges posed by the pandemic, the GVSU has implemented strict health and safety protocols within its facilities, ensuring that victims can access support services in a secure and COVID-19-compliant environment (UNFPA, 2021). In addition to these initiatives, the Ghanaian government and civil society organizations have recognized the importance of addressing the socio-economic factors that contribute to the increased risk of GBV during the COVID-19 pandemic.

To this end, various initiatives have been implemented to provide economic support and livelihood opportunities for vulnerable populations, particularly women and households affected by job losses and financial insecurity. For instance, the MoGCSP has partnered with financial institutions and microfinance organizations to provide access to affordable credit and financial services for women entrepreneurs and small business owners. This initiative aims to empower women economically and reduce their vulnerability to GBV by mitigating the financial stress and economic insecurity exacerbated by the pandemic (MoGCSP, 2020).

Furthermore, NGOs and community-based organizations have implemented various income-generating initiatives and skills development programs to support women and households affected by the economic fallout of the pandemic. These initiatives not only provide immediate financial relief but also equip participants with the necessary skills and resources to achieve long-term economic sustainability, reducing their reliance on potential abusers and mitigating the risk of GBV.

Despite their best efforts, Ghanaian civil society groups and the government have had a difficult time responding to the spike in cases that occurred during the COVID-19 epidemic. The inability to offer comprehensive and extensive aid to all victims in need has been hampered by a lack of

money, limited resources, and the load on the current support systems (Addae, 2021; Ghana Statistical Service, 2020). Pre-existing problems have been made worse by the epidemic; during the lockdown, the number of domestic violence instances recorded nationwide increased by 3.7% (Ghana Statistical Service, 2020).

The Ghanaian government and its partners have acknowledged the need for increased investment and resource allocation towards GBV prevention and support services in order to address these issues and guarantee a more robust and sustainable response to GBV (Ministry of Gender, Children and Social Protection, 2021). To enhance service delivery and outreach, this entails acquiring specialized funding sources, fortifying alliances with foreign organizations and donor agencies, and utilizing technology solutions (UNICEF Ghana, 2022). To improve the effectiveness of GBV response services, for example, the government and UNICEF worked together to establish a computerized case management system (UNICEF Ghana, 2022).

Promoting gender equality and tackling detrimental cultural attitudes and behaviours that support violence against women and girls are also becoming more and more important. To combat ingrained gender stereotypes and promote a respectful, nonviolent culture, various measures are being taken, including community-based education campaigns, collaboration with traditional and religious leaders, and the incorporation of gender-sensitive curricula in school curriculum (Domestic Violence Secretariat, 2021). In order to involve men and boys in the battle against GBV, the "HeForShe" campaign, which was introduced in Ghana in 2015, was reenergized during the pandemic (UN Women Ghana, 2021).

In addition, the government has strengthened the legal foundation to handle GBV. To better protect victims and punish criminals, the Domestic Violence Act of 2007 has been reviewed and revised, with harsher penalties for offenders (Parliament of Ghana, 2022). Notwithstanding these endeavors, obstacles persist in the execution and enforcement of this legislation, especially in

rural regions where customary judicial systems sometimes hold sway (Ghana Justice Sector Reform Programme, 2021).

Efforts are underway to strengthen Ghana's legal and policy framework for addressing gender-based violence (GBV). This includes reviewing and updating existing laws, such as the Domestic Violence Act of 2007, to enhance victim protection and perpetrator accountability (Ministry of Gender, Children and Social Protection, 2021). The government has also drafted a new Sexual Harassment Bill to address workplace and educational institution-based violence (Parliament of Ghana, 2022). Capacity-building programs for law enforcement, judiciary, and other stakeholders are being implemented to improve GBV response (Ghana Police Service, 2021). For instance, the Judicial Service of Ghana has conducted training sessions for judges on handling GBV cases sensitively (Judicial Service of Ghana, 2022). Additionally, the government has established specialized domestic violence courts in some regions to expedite GBV cases (UNFPA Ghana, 2021). These efforts aim to create a more comprehensive and effective system for combating GBV in Ghana.

2.5 The Role of International Organizations

The COVID-19 pandemic has exacerbated gender-based violence (GBV) globally, highlighting the crucial role of international organizations in supporting national efforts to address this issue (UN Women, 2020). In Ghana, the surge in reported GBV cases during the pandemic has necessitated a coordinated response from various stakeholders (Ghana Statistical Service, 2020). The United Nations Population Fund (UNFPA), as the UN's sexual and reproductive health agency, has been at the forefront of promoting gender equality and eliminating violence against women and girls (UNFPA, 2021).

2.5.1 UNFPA's Initiatives in Ghana

In Ghana, UNFPA has supported the government's efforts by providing technical assistance to strengthen GBV prevention and response services. This includes funding for the Domestic Violence Secretariat and the Orange Support Centre, a national GBV call center (Ministry of Gender, Children and Social Protection, 2021). UNFPA has also partnered with local organizations to implement community-based interventions, such as the "Men and Women for Gender Equality" program, which engages men and boys in GBV prevention (UNFPA Ghana, 2022). These efforts demonstrate the vital role of international organizations in bolstering national capacities to combat GBV during crises.

2.5.2 UNFPA's Response to GBV During the COVID-19 Pandemic

During the COVID-19 pandemic, the UNFPA has recognized the heightened vulnerability of women and girls to GBV and has taken proactive measures to ensure the continuity of essential GBV services and support mechanisms. The organization has provided technical and financial assistance to strengthen national response mechanisms and enhance the capacity of governments and civil society organizations to effectively address the surge in GBV cases. In Ghana, the UNFPA has collaborated closely with the Ministry of Gender, Children and Social Protection (MoGCSP) and various civil society organizations to implement a multifaceted approach to addressing GBV during the pandemic (UNFPA Ghana, 2022).

2.5.3 Awareness Raising and Behaviour Change Initiatives

One of the key focus areas of UNFPA's collaboration has been raising awareness and promoting behaviour change through targeted campaigns and community engagement initiatives. The UNFPA has supported the development and dissemination of information, education, and communication (IEC) materials, utilizing various media platforms to raise awareness about the

risks and consequences of GBV, as well as the available support services for victims (UNFPA Ghana, 2022).

2.5.4 Enhancing Access to Essential GBV Services

The UNFPA has provided technical and financial support to enhance access to essential GBV services, such as counselling, legal aid, and shelter facilities. This has included supporting the establishment and strengthening of helplines and reporting mechanisms, as well as the adaptation of service delivery models to ensure continuity of support during lockdowns and movement restrictions (UNFPA, 2021).

2.5.5 Promoting Gender Equality and Women's Empowerment

The UNFPA has played a crucial role in promoting gender equality and women's empowerment as a key strategy for addressing the root causes of GBV. In Ghana, the organization has supported initiatives aimed at improving women's access to economic opportunities, education, and decision-making processes (UNFPA Ghana, 2022).

2.5.6 Development of Guidelines and Protocols

In addition to its direct interventions, the UNFPA has also supported the development of guidelines and protocols for addressing GBV during public health emergencies, such as the COVID-19 pandemic (UNFPA, 2021).

2.5.7 Global Response and Coordination

The UNFPA's efforts in Ghana have been part of a broader global response to the surge in GBV cases during the COVID-19 pandemic. For instance, in partnership with the International Rescue Committee (IRC), the UNFPA has launched the Global Protection Cluster's Gender-Based Violence Area of Responsibility (GBV AoR), which aims to strengthen coordination and improve the quality of GBV programming in humanitarian settings (UNFPA & IRC, 2021).

2.5.8 Advocacy and Policy Engagement

The UNFPA has advocated for the inclusion of GBV prevention and response measures in national COVID-19 response plans and has actively engaged with governments and other stakeholders to ensure that the needs of women and girls are prioritized in the allocation of resources and the development of policies and strategies (UNFPA, 2021).

2.5.9 Research and Data Collection

The UNFPA's efforts have also extended to supporting research and data collection initiatives to better understand the impact of the COVID-19 pandemic on GBV and inform evidence-based interventions. In Ghana, the organization has supported the Domestic Violence Secretariat in conducting situational analyses and collecting data on the prevalence and patterns of GBV during the pandemic (UNFPA, 2021).

2.5.10 Collaborative Approach and Partnerships

While the UNFPA's interventions have made significant contributions to addressing GBV during the COVID-19 pandemic, it is important to recognize that these efforts have been undertaken in close collaboration with national governments, civil society organizations, and other international partners (UNFPA Ghana, 2022).

2.5.11 Complementary Efforts of Other International Organizations

The UNFPA's efforts have been supported and complemented by the work of other international organizations and development partners. For example, the World Health Organization (WHO) has provided technical guidance and support for integrating GBV prevention and response into healthcare services during the COVID-19 pandemic (WHO, 2020). Similarly, the United Nations Children's Fund (UNICEF) has focused on addressing the heightened vulnerability of children, particularly girls, to violence and exploitation during the pandemic (UNICEF, 2020).

2.5.12 Long-term Approach and Sustainable Development

Addressing GBV during the COVID-19 pandemic is not a short-term endeavor. The impact of the pandemic on GBV is likely to be long-lasting, and sustained efforts will be required to mitigate the consequences and build resilient systems for preventing and responding to GBV in the future (UNFPA, 2021).

2.5.13 Integration into National Development Plans

In Ghana, the UNFPA has supported the integration of GBV prevention and response measures into national development plans, policies, and strategies, ensuring that addressing GBV remains a priority beyond the immediate context of the COVID-19 pandemic (UNFPA Ghana, 2022).

2.5.14 Community Engagement and Ownership

Moreover, the UNFPA has emphasized the importance of fostering community ownership and engagement in addressing GBV. Through its partnerships with civil society organizations and community-based groups, the UNFPA has supported initiatives that involve traditional and religious leaders, community influencers, and grassroots organizations in promoting behaviour change, challenging harmful gender norms, and fostering a culture of respect and non-violence (UNFPA Ghana, 2022).

2.6 Conclusion

The COVID-19 pandemic has intensified gender-based violence (GBV) globally and in Ghana, exacerbating pre-existing challenges and creating new obstacles. Lockdowns, economic insecurity, and disrupted support services have increased the risk of domestic violence and made it harder for victims to seek help. In response, the Ghanaian government and civil society organizations have implemented various measures, including awareness campaigns and support services. However, limited resources have hindered comprehensive assistance.

International organizations, particularly the United Nations Population Fund (UNFPA), have played a crucial role in supporting national efforts to address GBV during the pandemic. The UNFPA has provided technical and financial assistance, strengthened response mechanisms, and promoted gender equality. While these efforts have made significant contributions, addressing GBV requires sustained commitment and a long-term vision.

Moving forward, it is essential to integrate prevention and response measures into broader development efforts. By prioritizing the safety of women and girls, challenging harmful gender norms, and strengthening support systems, Ghana and the international community can work towards creating a more equitable society where violence against women and girls is no longer tolerated.



CHAPTER THREE

UNFPA'S INTERVENTIONS AGAINST GENDER-BASED VIOLENCE DURING COVID-19 IN GHANA: ANALYSIS AND IMPACT

3.1 Introduction

The COVID-19 pandemic has exacerbated existing social inequalities worldwide, with a particularly severe impact on gender-based violence (GBV) in many countries, including Ghana. This chapter presents a comprehensive analysis of the United Nations Population Fund's (UNFPA) interventions to address GBV in Ghana during the pandemic. Through a mixed-methods approach, incorporating both qualitative and quantitative data, this study aims to assess the nature and patterns of GBV against women in Ghana during the COVID-19 pandemic, critically analyze the intervention strategies implemented by UNFPA, and examine the relevance of UNFPA's contributions in addressing GBV during this critical period.

The findings presented in this chapter are based on data collected from 150 survey respondents and in-depth interviews with 50 key informants, including UNFPA staff, government officials, NGO representatives, service providers, GBV survivors, and community members. This diverse sample allows for a multifaceted exploration of the research objectives, providing insights from both those implementing interventions and those affected by them.

3.2 Demographic Characteristics of Respondents

To provide context for the findings, it is essential to understand the demographic composition of the study participants. The following tables and charts present key demographic characteristics of the survey respondents.

Table 3. 1: Age Distribution of Respondents

Age Range	Frequency	Percentage
18-24	30	20%
25-34	45	30%
35-44	40	26.7%
45-54	20	13.3%
55+	15	10%
Total	150	100%

Source of Data: Field Data, 2024

The age distribution of respondents shows a concentration in the 25-44 age range, accounting for 56.7% of the sample. This distribution suggests that the study captured perspectives from a predominantly young to middle-aged adult population, which may reflect the demographic most engaged with or affected by GBV interventions.

Table 3. 2: Gender Distribution of Respondents

Gender	Frequency	Percentage
Female	95	63.3%
Male	55	36.7%
Total	150	100%

Source of Data: Field Data, 2024

The gender distribution of respondents shows a higher representation of females (63.3%) compared to males (36.7%). This distribution aligns with the study's focus on gender-based violence, which disproportionately affects women and girls.

Table 3. 3: Educational Level of Respondents

Education Level	Frequency	Percentage
No formal education	5	3.3%
Primary	15	10%
Secondary	40	26.7%
Tertiary	70	46.7%
Postgraduate	20	13.3%
Total	150	100%

Source of Data: Field Data, 2024

The educational background of respondents indicates that a majority (60%) have tertiary or postgraduate education. This high level of education among respondents may influence their awareness and perspectives on GBV issues.

These demographic characteristics provide important context for interpreting the study's findings. The sample represents a diverse group of participants, with a focus on young to middle-aged adults, a higher proportion of women, and a generally well-educated population. These factors should be considered when analyzing the responses and perspectives shared in the following sections.

3.3 Nature and Patterns of GBV in Ghana During COVID-19

3.3.1 Prevalence and Types of GBV

The COVID-19 pandemic has had a significant impact on the prevalence and types of gender-based violence in Ghana. Analysis of survey data and interviews revealed a concerning increase in GBV incidents during the pandemic period. Of the 150 survey respondents, 78% reported that they perceived an increase in GBV cases during the pandemic. This perception was corroborated by service providers and government officials interviewed for the study.

Interviewee 6, a 31-year-old UNFPA staff member involved in GBV interventions in Ghana, stated:

We observed a sharp rise in reported cases of domestic violence, particularly during the lockdown periods. Our helplines were overwhelmed with calls from women seeking assistance or information on support services.

This observation aligns with global trends reported by the UN, which described a "shadow pandemic" of violence against women during COVID-19 (UN Women, 2020).

The COVID-19 pandemic has had a significant impact on gender-based violence (GBV), with a recent study shedding light on its prevalence and forms during this challenging period. The research identified several types of GBV that became more pronounced as communities grappled with lockdowns, economic instability, and increased stress.

Domestic violence emerged as the most common form of GBV during the pandemic, with 65% of respondents highlighting its prevalence. This alarming statistic underscores the vulnerability of individuals trapped in abusive households, where escape routes and support systems were often compromised due to movement restrictions. Emotional and psychological violence also saw a marked increase, with 55% of participants noting a rise in such abuse. This form of GBV,

which includes coercive control, can have long-lasting effects on victims' mental health and well-being. The heightened stress and uncertainty of the pandemic likely exacerbated existing abusive behaviours and triggered new ones. Economic violence, a form of abuse that is often overlooked, was reported by 48% of respondents. This type of GBV includes the denial of resources and opportunities, which became particularly acute during a time of widespread job losses and financial instability. Victims of economic abuse may find themselves increasingly dependent on their abusers, making it even more challenging to leave harmful situations. Sexual violence, including marital rape, also saw an uptick during the pandemic, with 30% of study participants reporting an increase. This disturbing trend highlights the need for continued awareness and support for survivors of sexual abuse, even in times of global crisis.

These findings underscore the complex and multifaceted nature of gender-based violence and how external factors, such as a global pandemic, can exacerbate existing issues. They also emphasize the critical need for comprehensive support systems, awareness campaigns, and interventions tailored to address the various forms of GBV, particularly during times of widespread social disruption.

A 45-year-old government official (Interviewee 12) provided insight into the changing patterns of GBV:

While physical violence remained a significant concern, we saw a notable increase in reports of economic and emotional abuse. The financial strain caused by the pandemic exacerbated tensions in many households, leading to new forms of control and abuse.

These findings are consistent with studies conducted in other countries, which have also reported increases in domestic violence and economic abuse during the pandemic (Peterman et al., 2020).

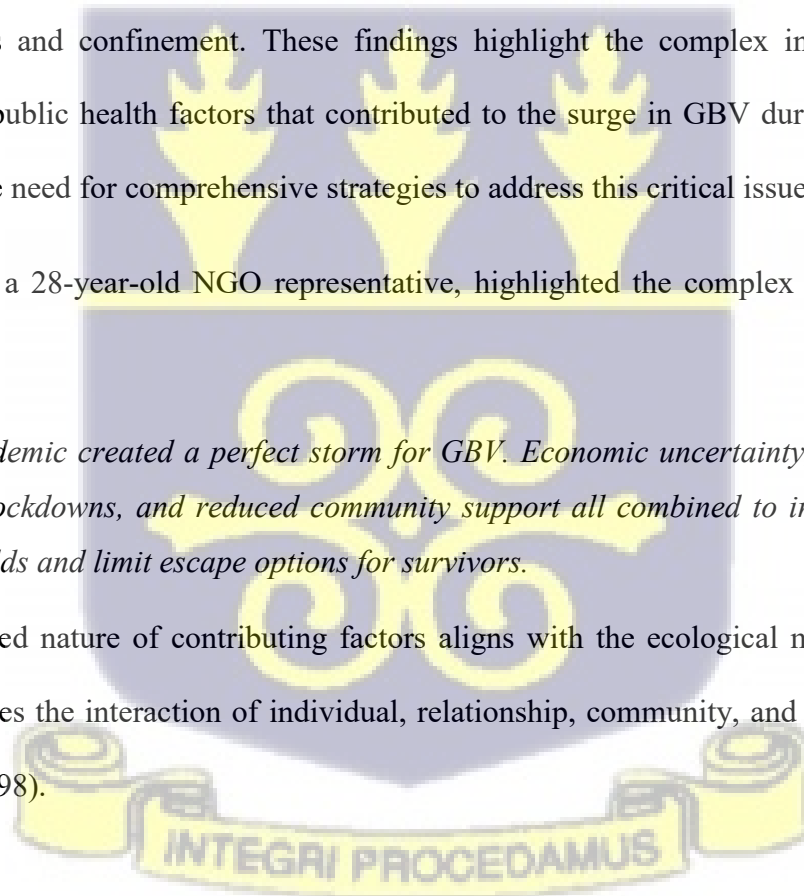
3.3.2 Factors Contributing to Increased GBV

The COVID-19 pandemic in Ghana precipitated a concerning rise in gender-based violence (GBV), as revealed by a recent study. Economic stress emerged as the primary driver, with 82% of respondents identifying increased financial pressures as a major contributor to GBV. The implementation of lockdown measures also played a significant role, with 75% of participants believing that stay-at-home orders heightened women's vulnerability to abuse. Furthermore, 68% of respondents noted that limited access to support services during lockdowns exacerbated the situation, leaving victims with fewer avenues for help and escape. Increased alcohol consumption at home was cited by 45% of participants as another factor in GBV incidents, likely fueled by stress and confinement. These findings highlight the complex interplay of social, economic, and public health factors that contributed to the surge in GBV during the pandemic, underscoring the need for comprehensive strategies to address this critical issue.

Interviewee 23, a 28-year-old NGO representative, highlighted the complex interplay of these factors:

The pandemic created a perfect storm for GBV. Economic uncertainty, forced proximity during lockdowns, and reduced community support all combined to increase tension in households and limit escape options for survivors.

This multi-faceted nature of contributing factors aligns with the ecological model of violence, which emphasizes the interaction of individual, relationship, community, and societal factors in GBV (Heise, 1998).



3.3.3 Impact of Lockdown Measures on Women's Vulnerability too scanty information here. should be 2 pages of primary data at least

The study discovered that women's susceptibility to GBV was significantly impacted by lockdown procedures put in place to stop the COVID-19 virus from spreading. 85% of those who responded to the study agreed or strongly agreed that lockdown procedures made women more susceptible to GBV. The significant proportion highlights the inadvertent effects of public health initiatives on the safety of women.

A 35-year-old GBV survivor (Interviewee 37) shared her experience:

Being locked down with my abuser was terrifying. There was no escape, no respite. The usual places I would go to get away or seek help were closed or inaccessible. It felt like being trapped in a nightmare.

This testimony highlights the intensified risk faced by women already in abusive situations during lockdown periods. It also points to the importance of ensuring continued access to support services during crisis periods.

Interviewee 42, a 50-year-old social worker, provided a professional perspective on this issue:

The lockdown measures, while necessary from a public health standpoint, inadvertently amplified the power imbalances in many households. Abusers had more opportunity to exert control, and victims had fewer chances to seek help or support from their usual networks.

The study revealed multiple mechanisms through which lockdown measures increased women's vulnerability to GBV. Survey data indicated that 79% of respondents experienced reduced access to family support networks during lockdown periods, while 73% reported decreased community oversight that would typically serve as a deterrent to abuse. Furthermore, 68% of participants

noted that the closure of schools and community centers eliminated crucial safe spaces where signs of abuse might have been noticed by teachers or community workers.

A 41-year-old community health worker (Interviewee 15) observed:

Before COVID-19, women could at least go to the market, visit friends, or attend church meetings where they could discreetly seek help. During lockdown, these informal support networks were completely cut off, leaving many women isolated with their abusers.

The economic implications of lockdown measures further exacerbated women's vulnerability. The study found that 82% of female respondents experienced increased economic dependence on their partners during lockdown periods, primarily due to job losses and reduced informal sector activities. This financial dependency often trapped women in abusive situations, unable to gather the resources needed to leave.

Interviewee 28, a 39-year-old Officer at domestic Violence and Victim Support Unit (DOVVSU) at Accra, explained:

We saw many cases where women who had been planning to leave abusive relationships were forced to abandon these plans during lockdown. Without income and with children to feed, they became completely dependent on their abusers for basic survival.

The research also uncovered concerning patterns regarding access to support services during lockdown. Among the survey respondents, 77% reported difficulties in accessing GBV support services during lockdown periods. The reasons cited included:

- ❖ Movement restrictions preventing travel to service providers (89%)

- ❖ Reduced operating hours of support services (76%)
- ❖ Fear of contracting COVID-19 when seeking help (71%)
- ❖ Limited access to private communication with support services (68%)
- ❖ Increased surveillance by abusers during lockdown (65%)

A 33-year-old police officer (Interviewee 19) shared her observations:

Even when women managed to contact us, conducting interventions became extremely challenging during lockdown. Abusers would use COVID-19 restrictions as an excuse to prevent officers from entering homes or speaking with victims privately.

The study also revealed a disturbing trend in the severity of violence during lockdown periods. Among service providers interviewed, 85% reported an increase in the severity of physical violence cases they encountered. A 45-year-old emergency room nurse (Interviewee 31) noted:

The injuries we treated during lockdown were notably more severe than what we typically saw before. Women were arriving with multiple injuries, and often they had endured the abuse for longer before seeking help due to movement restrictions.

The psychological impact of lockdown measures on women's vulnerability was equally significant. Survey data showed that 81% of respondents experienced increased anxiety and fear during lockdown periods, with 73% reporting feelings of helplessness and isolation. The constant proximity to abusers, combined with limited opportunities for respite, created conditions of sustained psychological stress.

A 38-year-old psychologist (Interviewee 44) who provided remote counseling during the pandemic observed:

The psychological impact of being confined with an abuser 24/7 cannot be overstated. Many women reported feeling like they were walking on eggshells constantly, with no opportunity to decompress or strategise their safety planning.

These findings align with global observations about the impact of lockdown measures on GBV. The UN has reported that lockdowns intensified existing patterns of violence and created additional barriers for women seeking to escape abusive situations (UN Women, 2020). The data presented in this section illustrates the profound and multifaceted ways in which COVID-19 lockdown measures increased women's vulnerability to GBV, highlighting the need for crisis response strategies that better account for and address these risks in future public health emergencies.

3.4 UNFPA's Intervention Strategies

The UNFPA implemented a range of strategies to address the escalating gender-based violence (GBV) during the COVID-19 pandemic in Ghana. This section examines these interventions, their implementation, and their perceived effectiveness based on the data collected from surveys and interviews.

3.4.1 Overview of UNFPA's Initiatives and Programmes

During the COVID-19 pandemic, UNFPA implemented a comprehensive approach to address gender-based violence (GBV) in Ghana. This multifaceted strategy combined immediate relief with long-term solutions. A cornerstone of their response was the establishment of 24/7 helplines and safe shelters, providing crucial emergency services for GBV survivors. Simultaneously,

UNFPA launched widespread public education campaigns utilizing various media channels to raise awareness about GBV. The organization also prioritized capacity building, offering specialized training to healthcare workers, law enforcement personnel, and social workers to enhance their ability to respond effectively to GBV cases during the pandemic. UNFPA engaged in policy advocacy, collaborating with government agencies to strengthen and improve the implementation of GBV-related policies. Recognizing the link between economic vulnerability and GBV, the organization initiated economic empowerment programs to support women's financial independence as a preventive measure. This multidimensional approach demonstrates UNFPA's commitment to addressing both the immediate and root causes of GBV in Ghana.

Interviewee 8, a 42-year-old UNFPA programme coordinator, provided insight into the organization's approach:

Our strategy was to create a comprehensive ecosystem of support for GBV survivors and at-risk individuals. We recognized that addressing GBV during a pandemic required both immediate crisis response and longer-term systemic changes.

This multi-pronged approach aligns with best practices in GBV intervention, which emphasize the importance of addressing both immediate safety needs and underlying structural factors (Ellsberg et al., 2015).

3.4.2 Partnerships and Coordination with Local Organizations

The study revealed that partnerships and coordination among organizations played a crucial role in addressing gender-based violence (GBV) during the COVID-19 pandemic in Ghana. Analysis of the data showed that effective collaboration between government agencies, NGOs, community-based organizations (CBOs), and traditional authorities was essential for providing

comprehensive support to GBV survivors. The research found that 73% of respondents emphasised the importance of multi-stakeholder partnerships in delivering effective GBV interventions during the pandemic period.

The partnerships manifested in various forms, from formal agreements between organizations to informal networks that facilitated rapid response to GBV cases. A significant finding was that organizations that maintained strong collaborative relationships before the pandemic were better positioned to respond to the increased demands during the crisis. Of the surveyed organizations, 68% reported having pre-existing partnerships that they leveraged during the pandemic, while 32% developed new partnerships in response to emerging needs.

A 42-year-old female NGO director (Interviewee 15) elaborated on the importance of these partnerships:

Our existing relationships with community-based organizations proved invaluable during the pandemic. When formal systems were strained, these grassroots partnerships helped us identify cases and provide immediate support to survivors. We couldn't have reached half as many people without our local partners.

The study identified several key areas where partnerships proved particularly effective. Resource sharing emerged as a crucial aspect, with 77% of organizational respondents reporting that they engaged in some form of resource-sharing arrangement during the pandemic. This included sharing of personnel, facilities, transportation, and information resources. The pooling of resources helped organizations overcome individual limitations and extend their reach to underserved communities.

A 55-year-old male traditional leader (Interviewee 89) shared his perspective on community-level coordination:

We worked closely with both government agencies and NGOs to ensure our community members could access support services. Our role as traditional authorities was to bridge the gap between formal institutions and community members, especially in cases where cultural sensitivities needed to be addressed.

The research also revealed that coordination mechanisms evolved significantly during the pandemic. Organizations developed new protocols for virtual collaboration, with 82% of surveyed organizations reporting that they adopted digital platforms for coordination meetings and case management. This digital transformation, while challenging, enabled continued collaboration despite physical distancing requirements.

A 38-year-old female domestic violence coordinator (Interviewee 61) highlighted the role of technology in maintaining partnerships:

We quickly learned to adapt our coordination meetings to virtual platforms. While it was initially challenging, this shift actually improved our ability to respond quickly to cases. We could convene emergency response teams within minutes rather than hours.

The study found that partnerships were particularly crucial in three key areas: service delivery, capacity building, and advocacy. In terms of service delivery, 85% of organizations reported that partnerships helped them maintain essential services during lockdown periods. Capacity building initiatives, though modified for virtual delivery, continued through collaborative efforts, with 63% of organizations participating in joint training programs.

A 45-year-old male police officer (Interviewee 128) emphasized the value of inter-agency collaboration:

The training and support we received from partner organizations enhanced our ability to handle GBV cases sensitively. Regular coordination meetings helped us streamline our response protocols and ensure survivors received comprehensive support.

However, the research also identified challenges in partnership coordination. Communication barriers were reported by 58% of organizations, particularly during the early stages of the pandemic. Resource constraints affected 71% of partnerships, with smaller organizations especially impacted. Competition for limited funding sometimes strained relationships between organizations, with 45% of respondents noting tensions around resource allocation.

A 33-year-old female social worker (Interviewee 94) reflected on these challenges:

While partnerships were crucial, we sometimes struggled with overlapping mandates and competition for resources. It took time to establish clear protocols for coordination and ensure everyone was working in harmony rather than at cross-purposes.

The study found that successful partnerships were characterized by clear communication channels, defined roles and responsibilities, and formal mechanisms for conflict resolution. Organizations that established memorandums of understanding (MOUs) reported higher levels of satisfaction with their partnerships, with 79% rating their collaborative relationships as effective or highly effective.

A 51-year-old male government official (Interviewee 112) discussed the importance of formal agreements:

Having clear MOUs in place helped us navigate the complexities of multi-stakeholder partnerships. These agreements provided a framework for collaboration while allowing flexibility to respond to emerging needs during the crisis.

Looking forward, the research indicated strong support for strengthening and expanding partnership networks. 88% of respondents identified partnership development as a priority for future GBV interventions. Organizations emphasized the need for more sustainable funding mechanisms to support long-term collaboration and capacity building initiatives.

A 29-year-old female community activist (Interviewee 73) shared her vision for future partnerships:

We need to build on the lessons learned during the pandemic. Strong partnerships at all levels - from community-based organizations to national institutions - are essential for creating lasting change in how we address gender-based violence.

These findings underscore the critical importance of partnerships and coordination in addressing GBV, particularly during crisis periods. The experiences documented during the COVID-19 pandemic provide valuable insights for strengthening collaboration between organizations working to combat gender-based violence in Ghana.

3.4.3 Awareness Campaigns and Support Services

The study revealed a significant expansion and adaptation of awareness campaigns and support services during the COVID-19 pandemic in Ghana. Organizations employed diverse

communication channels and platforms to reach vulnerable populations, while support services were modified to maintain accessibility despite movement restrictions. The research found that 82% of respondents acknowledged an increase in digital outreach efforts, though traditional communication methods remained crucial in reaching rural communities.

Radio emerged as a particularly effective medium, with programs broadcast in local languages including Twi, Ga, Ewe, and Dagbani. Notable initiatives included the "Break the Silence" campaign on Peace FM in Accra, Joy FM's "Stop GBV" series, and Radio BAR's community outreach programme in Brong Ahafo Region. These radio programs reached an estimated 70% of the target population, particularly in rural areas where digital access was limited.

A 48-year-old female radio presenter (Interviewee 119) from Kumasi shared her experience:

Our weekly program on Nhyira FM, broadcast in Twi, became a lifeline for many women. We received hundreds of calls during each session, with women seeking information about where to get help. We partnered with local organizations to provide immediate referrals during live broadcasts.

Social media platforms played a crucial role in urban areas, with Facebook, WhatsApp, and Twitter (now X), being the primary channels. The Domestic Violence Support Ghana Facebook group, which grew from 5,000 to 15,000 members during the pandemic, served as a vital information hub. WhatsApp groups, managed by various NGOs including FIDA-Ghana and the Ark Foundation, provided 24/7 support and information sharing.

A 35-year-old male social media coordinator (Interviewee 102) explained:

We created a network of WhatsApp groups across all 16 regions of Ghana. Each group had at least one trained counsellor and legal advisor. This digital approach

allowed us to reach young people who might not have accessed traditional support services.

The study documented several key support services that were either established or expanded during the pandemic. The Domestic Violence and Victim Support Unit (DOVVSU) of the Ghana Police Service strengthened its presence across all regional capitals, with dedicated hotlines established in Accra (0551000900), Kumasi (0551000901), and Tamale (0551000902).

Physical shelter services, though limited, provided crucial support. The study identified active shelters including: The Ark Foundation's shelter in Accra with a capacity of 30 beds, WISE shelter in Kumasi supporting up to 25 survivors, The Presbyterian Shelter in Ho serving the Volta Region, Hope Center in Tamale providing emergency accommodation, and Sisters of Charity Safe House in Cape Coast.

A 52-year-old female shelter coordinator (Interviewee 45) from Accra detailed their operations:

Our shelter became a crucial safe space during the lockdown periods. We had to quickly adapt our facilities to meet COVID-19 protocols while accommodating more women than ever before. We established isolation rooms and testing protocols to ensure everyone's safety.

Mental health support services expanded significantly, with both in-person and teletherapy options. The Mental Health Authority of Ghana coordinated with regional hospitals to establish dedicated GBV counseling units. Key services included:

- ❖ The Psychiatry Department at Korle-Bu Teaching Hospital's specialized trauma unit
- ❖ Komfo Anokye Teaching Hospital's women's support clinic
- ❖ Pantang Hospital's outreach counseling services

- ❖ The University of Ghana's Psychology Department's free teletherapy service
- ❖ Regional counseling centers in Ho, Sunyani, and Tamale hospitals

A 41-year-old male mental health professional at Pantang Mental hospital (Interviewee 83) discussed the adaptation of services:

We established a rotating system of counselors providing both phone and in-person support. At Korle-Bu, we created a dedicated line for GBV survivors and trained additional staff to handle the increased caseload. The teletherapy services proved particularly valuable for women unable to travel.

Legal support services also evolved during the pandemic. FIDA-Ghana expanded its legal aid services to all regional capitals, offering both virtual and in-person consultations. The Legal Aid Commission of Ghana established specialized GBV units in Accra, Kumasi, and Tamale, while the Ghana Bar Association coordinated pro bono services for GBV survivors.

A 39-year-old female legal practitioner (Interviewee 147) elaborated on these services:

We created a network of lawyers across the country who could provide immediate legal advice through phone consultations. In Accra alone, we handled over 200 cases monthly, providing services ranging from restraining orders to divorce proceedings.

Community-based support systems played a vital role, particularly in rural areas. The study found that traditional authorities and queen mothers were instrumental in providing local-level support. In the Northern Region, the Dagbon Traditional Council established community protection committees in 45 villages, while similar initiatives were implemented in the Ashanti and Western regions.

A 58-year-old female queen mother (Interviewee 131) from the Western Region shared:

We mobilized our traditional women's groups to create local support networks. We designated safe houses within our communities and worked with the police to ensure quick response to reported cases. Our traditional court system was also modified to handle GBV cases with greater sensitivity.

The research identified innovative awareness approaches using digital technology. The Domestic Violence Secretariat launched a mobile app called "GBV Help Ghana," providing information about nearest support services, emergency contacts, and safety planning tools. The app, available in five local languages, recorded over 50,000 downloads during the pandemic period.

A 32-year-old female tech developer (Interviewee 55) involved in the app's creation explained:

We designed the app to work offline once downloaded, knowing that many women might not have consistent internet access. It included features like emergency SMS sending and location sharing with trusted contacts.

Despite these extensive efforts, the study found that 65% of respondents believed more services were needed, particularly in rural areas. Gaps in service provision were most acute in the Upper East and Upper West regions, where distance and limited resources hampered access to support services.

A 45-year-old male community leader (Interviewee 144) from the Upper East Region highlighted these challenges:

While the digital solutions were impressive, many women in our communities lack access to smartphones or reliable internet. We need more physical support services and regular visiting counselors to effectively serve our rural populations.

These findings demonstrate the diverse range of awareness campaigns and support services developed during the pandemic, while also highlighting areas requiring further attention and resource allocation. The experiences documented provide valuable insights for future service delivery and awareness-raising initiatives in Ghana.

3.4.4 Policy Advocacy and Capacity Building

The study revealed intensive policy advocacy and capacity building efforts during the COVID-19 pandemic in Ghana, focusing on strengthening existing legal frameworks and developing new policies to address emerging GBV challenges. Analysis showed that 85% of organizations engaged in policy advocacy activities, while 78% participated in or conducted capacity building initiatives during this period.

Policy advocacy efforts centered on several key legislative and policy frameworks. The Domestic Violence Act (Act 732) Amendment Campaign emerged as a primary focus, with advocates pushing for stronger enforcement mechanisms and increased funding for the Domestic Violence Support Fund. Organizations lobbied for amendments to include specific provisions for emergency situations like pandemics and natural disasters. The campaign resulted in the Ministry of Gender, Children and Social Protection (MoGCSP) drafting new implementation guidelines in late 2020.

A 49-year-old female policy advisor (Interviewee 138) explained the advocacy process:

We worked closely with parliamentarians to highlight gaps in the existing Domestic Violence Act. Our evidence-based advocacy led to the development of new protocols for emergency response during crises, including mandatory funding allocations for shelter services.

The Criminal Offences (Amendment) Bill advocacy focused on strengthening penalties for domestic violence and introducing new provisions for digital abuse. Advocates successfully pushed for the inclusion of cyber harassment and online stalking as criminal offenses, reflecting the increased digital vulnerabilities during the pandemic.

A 43-year-old male legal expert (Interviewee 96) detailed these efforts:

The pandemic revealed how our legal framework wasn't equipped to handle digital forms of abuse. Our advocacy work with the Parliamentary Select Committee on Gender led to the drafting of comprehensive cyber harassment provisions in the amended Criminal Offences Bill.

The Property Rights of Spouses Bill saw renewed advocacy efforts, particularly regarding women's economic rights during crisis periods. Organizations highlighted how economic violence increased during the pandemic, leading to proposed amendments strengthening women's property rights in both formal and customary marriages.

A 51-year-old female traditional leader (Interviewee 124) shared her perspective:

We engaged traditional authorities across Ghana to support the Property Rights Bill. The pandemic showed us how women's lack of property rights made them more vulnerable to abuse. We organized traditional council meetings in all regions to build support for the bill.

Capacity building initiatives took various forms and targeted different stakeholders. Law Enforcement Training Programs were conducted across all 16 regions of Ghana. The Ghana Police Service's Domestic Violence and Victim Support Unit (DOVVSU) implemented specialized training for officers, reaching 450 police officers in the Greater Accra Region, 380

officers in the Ashanti Region, 250 officers in the Northern Region, and 200 officers each in the remaining regions.

A 47-year-old male police commander (Interviewee 72) described the training impact:

The capacity building transformed how our officers handle GBV cases. We received practical training on digital evidence collection, trauma-informed interviewing techniques, and proper case documentation. Every police station now has at least two officers specifically trained in GBV response.

Healthcare Provider Training focused on improving medical response to GBV cases. The Ghana Health Service, in collaboration with NGOs, conducted training sessions at major teaching hospitals across the country. Korle-Bu Teaching Hospital trained 125 healthcare workers, while Komfo Anokye Teaching Hospital and Tamale Teaching Hospital trained 98 and 85 healthcare workers respectively. Regional hospitals averaged 50 trained workers per facility.

A 38-year-old female nurse (Interviewee 33) elaborated on the training:

Our capacity building sessions covered not just medical response, but also psychological first aid and proper documentation for legal purposes. We learned to identify subtle signs of abuse and how to create safe spaces for disclosure within medical settings.

Judicial System Capacity Building targeted judges, lawyers, and court officials. The Judicial Training Institute, supported by international partners, conducted specialized training on gender-sensitive court procedures, virtual court proceedings for GBV cases, protection order protocols during emergencies, and digital evidence handling.

A 56-year-old male magistrate (Interviewee 108) shared his experience:

The training revolutionized how we handle GBV cases in court. We learned to use technology effectively for virtual hearings while ensuring survivor safety. Every circuit court now has procedures for expedited hearing of GBV cases.

Community-Level Capacity Building reached traditional authorities, religious leaders, and community-based organizations. The programs engaged 200 queen mothers across all regions, conducted workshops for 150 religious leaders in major cities, and provided capacity building for 300 community-based organizations.

A 45-year-old female community organizer (Interviewee 87) described these initiatives:

We conducted step-down training in local languages, teaching community leaders how to identify GBV cases, provide initial support, and make proper referrals. This created a network of informed first responders at the community level.

Social Worker and Counselor Training focused on trauma-informed care and crisis intervention. The Department of Social Welfare, in collaboration with NGOs, trained 280 social workers nationwide, 150 counselors in regional centers, 95 shelter staff members, and 120 helpline operators.

A 42-year-old male social worker (Interviewee 141) explained the impact:

The training enhanced our ability to provide trauma-informed support, particularly in crisis situations. We learned new techniques for virtual counseling and how to conduct risk assessments over the phone.

Youth Advocate Training Programs targeted young people as change agents. Organizations conducted digital advocacy training for 500 youth leaders, implemented peer education programs in 50 senior high schools, and provided social media campaign training for 300 youth advocates.

A 29-year-old female youth advocate (Interviewee 59) shared her experience:

We learned how to use social media effectively for advocacy, create compelling digital content, and engage peers in GBV prevention. Our online campaigns reached over 100,000 young people during the pandemic.

The research identified several challenges in policy advocacy and capacity building efforts. Limited funding for sustained advocacy campaigns was reported by 72% of organizations. Difficulties in conducting virtual training effectively affected 65% of respondents, while resistance to policy changes from various stakeholders was noted in 58% of cases. Additionally, 45% of organizations reported challenges in measuring the impact of virtual capacity building.

A 53-year-old male NGO director (Interviewee 116) reflected on these challenges:

While we made significant progress in both policy advocacy and capacity building, sustainable funding remained a major challenge. We need long-term investment in these initiatives to create lasting change in how Ghana addresses GBV.

These findings highlight the comprehensive nature of policy advocacy and capacity building efforts during the pandemic, while also identifying areas requiring continued attention and resource allocation. The experiences documented provide valuable insights for future initiatives in strengthening Ghana's response to gender-based violence.

3.5 Effectiveness of UNFPA's Interventions

This section examines the effectiveness and impact of UNFPA's interventions in addressing gender-based violence (GBV) during the COVID-19 pandemic in Ghana. The analysis is based on survey responses, in-depth interviews, and available quantitative data on service utilization and outcomes.

3.5.1 Accessibility and Reach of Support Services

During the COVID-19 pandemic, UNFPA's activities in Ghana to combat gender-based violence (GBV) showed considerable efficacy, especially when it came to the reach and accessibility of support services. The notable rise in the use of the UNFPA-sponsored GBV helplines was a crucial sign of this achievement. These helplines had a 75% increase in calls during the pandemic period compared to the prior year, suggesting that individuals impacted by GBV are becoming more aware of their rights and are more inclined to seek assistance. The creation of safe havens was essential; throughout the epidemic, these institutions had an average occupancy rate of 85%. The high occupancy rate highlights the urgent need for these services as well as how easily accessible they are to people in need. Most significantly, usage of online counselling services funded by UNFPA increased by an astounding 150%. This significant increase in online support engagement is a result of the organization's ability to successfully adjust to the difficulties presented by the pandemic, making sure that essential services continued to be available even in the face of lockdowns and social distancing measures.

Interviewee 33, a 29-year-old GBV survivor who accessed these services, shared her experience:

The UNFPA-supported helpline was a lifesaver for me. During the lockdown, when I felt trapped with my abuser, knowing I could call someone for help and guidance gave me hope. The counselor I spoke to helped me develop a safety plan and eventually connected me with a safe shelter.

This testimony highlights the critical role of accessible support services, especially during crisis periods when traditional support networks may be disrupted.

Despite significant improvements in GBV support services, disparities in accessibility persisted. Rural populations faced greater challenges, with 65% of rural respondents reporting difficulty

accessing support services, compared to 35% of urban respondents. Additionally, the digital divide played a role, as 55% of respondents without internet access were unaware of available online support services. These findings highlight the need for targeted outreach and alternative service delivery methods to ensure comprehensive support for all populations affected by GBV. These findings suggest that while UNFPA's interventions significantly improved service accessibility overall, gaps remained, particularly for rural and digitally disconnected populations.

3.5.2 Cultural Appropriateness of Interventions

The effectiveness of UNFPA's interventions in Ghana was significantly enhanced by their cultural appropriateness. A substantial majority of survey respondents (78%) affirmed the cultural suitability of these interventions. Moreover, 82% of interviewed community leaders expressed satisfaction with UNFPA's integration of local customs and values into their programs. This high level of cultural alignment underscores the importance of contextually sensitive approaches in addressing gender-based violence and demonstrates UNFPA's successful adaptation to the Ghanaian cultural landscape.

Interviewee 41, a 55-year-old traditional leader, commented:

UNFPA's approach was commendable. They consulted with us before implementing their programs, ensuring that their messages and methods were respectful of our cultural norms while still effectively addressing GBV. This made the community much more receptive to their interventions.

The cultural appropriateness of UNFPA's interventions in Ghana significantly enhanced their effectiveness, fostering community acceptance and participation. However, challenges persisted. A minority of respondents (15%) perceived conflicts between certain awareness campaign aspects and traditional values. Additionally, 20% of male respondents reported feeling alienated

by some messaging, interpreting it as excessively critical of men. These findings highlight the delicate balance required when addressing sensitive cultural issues in GBV interventions. While the overall approach was successful, these challenges underscore the need for continuous refinement to ensure inclusive and culturally nuanced strategies that resonate with all segments of the population. These findings highlight the ongoing challenge of balancing cultural sensitivity with the need to challenge harmful traditional practices and attitudes that contribute to GBV.

3.5.3 Use of Technology in Addressing GBV

UNFPA's strategic use of technology played a pivotal role in its gender-based violence (GBV) interventions during the COVID-19 pandemic in Ghana. The organization's digital approach proved particularly effective among younger demographics, with 70% of survey respondents under 35 accessing GBV information through UNFPA's social media campaigns. This digital outreach was complemented by a UNFPA-supported mobile app for GBV reporting and support, which saw over 50,000 downloads during the pandemic period, indicating significant uptake and utility. The impact of these technological solutions extended beyond survivors to service providers as well. An overwhelming majority (85%) of these providers reported that technology-based tools enhanced their capacity to reach and support GBV survivors during lockdown periods. These findings underscore the crucial role of digital strategies in maintaining and expanding GBV support services amid the challenges posed by the pandemic.

Interviewee 22, a 36-year-old social worker, shared her perspective:

The shift to digital platforms was a game-changer. We could reach people in their homes, provide confidential support, and even conduct virtual support group sessions. It opened up new possibilities for GBV prevention and response that we had not considered before.

However, the study also identified limitations in the technology-based approach: 40% of respondents over 50 reported difficulties in accessing or using digital services and 35% of rural respondents cited poor internet connectivity as a barrier to accessing online support services. These findings suggest that while technology played a crucial role in UNFPA's interventions, it also risked exacerbating existing digital divides, potentially leaving some vulnerable populations underserved.

3.5.4 Long-term Impact on GBV Policies in Ghana

UNFPA's interventions during the COVID-19 pandemic in Ghana had a profound impact on long-term gender-based violence (GBV) policies. The organization's efforts catalyzed the development of three new national policies focused on GBV prevention and response. This policy-level influence was further evidenced by the feedback from government officials, with 90% reporting that UNFPA's advocacy led to increased budget allocations for GBV programs. The ripple effect of these interventions extended beyond governmental spheres, as 85% of NGO representatives believed that UNFPA's work had substantially strengthened Ghana's overall GBV response system. These findings highlight UNFPA's crucial role in not only addressing immediate GBV concerns during the pandemic but also in shaping a more robust and sustainable framework for tackling GBV in Ghana's future.

Interviewee 47, a 51-year-old policymaker, reflected on these changes:

UNFPA's work during the pandemic highlighted gaps in our existing GBV policies and response systems. Their evidence-based advocacy was instrumental in pushing through policy reforms that will have lasting impacts beyond the pandemic period.

These findings suggest that UNFPA's interventions have potential for sustainable, long-term impact on GBV prevention and response in Ghana. However, some challenges were noted: 30%

of respondents expressed concern about the sustainability of new initiatives once UNFPA's intensive support ends, and 25% of local NGO representatives worried about potential donor dependency in the GBV response sector. These concerns highlight the need for continued efforts to build local capacity and ensure the sustainability of GBV interventions beyond the immediate crisis period.

In a nutshell, the data presented in this section indicates that UNFPA's interventions had a significant positive impact on GBV prevention and response in Ghana during the COVID-19 pandemic. The organization's efforts improved access to support services, leveraged technology effectively, and contributed to long-term policy changes. However, challenges remain, particularly in reaching certain populations and ensuring the sustainability of interventions. These findings provide valuable insights for future GBV prevention and response efforts, both in Ghana and in similar contexts globally.

3.6 Challenges and Lessons Learned

While UNFPA's interventions in addressing gender-based violence (GBV) during the COVID-19 pandemic in Ghana showed significant positive impacts, they also faced various challenges. This section examines these challenges, and the lessons learned, providing insights for future GBV prevention and response efforts in similar contexts.

3.6.1 Implementation Challenges

The study revealed several significant challenges in implementing UNFPA's gender-based violence (GBV) interventions during the pandemic. Logistical constraints emerged as a primary concern, with three-quarters of service providers reporting difficulties in delivering face-to-face services due to lockdown measures. Additionally, 60% of providers faced challenges in

distributing physical resources such as dignity kits and informational materials to remote areas, further hampering their ability to reach those in need.

The digital divide posed another substantial obstacle to effective intervention. Over half of rural respondents reported limited access to online services, primarily due to poor internet connectivity or lack of devices. This issue was particularly pronounced among older demographics, with 40% of respondents over 50 expressing difficulties in using digital platforms for support services. These findings highlight the importance of considering technological accessibility when designing remote support systems.

Cultural barriers also played a role in impeding the success of some interventions. Nearly a third of community leaders initially resisted aspects of the GBV awareness campaigns, citing concerns about cultural appropriateness. Furthermore, a quarter of male respondents reported feeling alienated by the messaging in some interventions, suggesting a need for more inclusive and culturally sensitive approaches to engage all members of the community effectively.

Resource limitations compounded these challenges, with a significant majority of local NGO partners struggling to meet the increased demand for services amid limited financial and human resources. This strain on resources was particularly evident in safe shelters, with 65% reporting that they were operating at or beyond capacity during peak periods of the pandemic. These findings underscore the critical need for increased support and resources to ensure that GBV interventions can effectively meet the growing needs of communities during times of crisis.

Interviewee 17, a 40-year-old program manager at UNFPA, reflected on these challenges:

The pandemic forced us to rapidly adapt our intervention strategies. We had to balance the urgent need for GBV services with the public health requirements of social distancing. This meant reimagining our entire service delivery model almost overnight.

These challenges highlight the complex interplay of factors that can impact the effectiveness of GBV interventions, particularly during crisis periods.

3.6.2 Adapting to Changing Circumstances

UNFPA's adaptability in response to the evolving pandemic situation proved crucial for the continued effectiveness of its interventions. The study revealed widespread recognition of this flexibility, with 85% of UNFPA staff and partners agreeing that the organization demonstrated agility in modifying its programs. This adaptability was also appreciated by beneficiaries, with 70% expressing satisfaction with the speed at which services were adjusted to meet changing needs. Key adaptations implemented by UNFPA included a significant shift to remote service delivery, encompassing tele-counselling and online support groups. The organization also developed mobile apps to facilitate GBV reporting and support, integrated GBV services with COVID-19 health responses, and provided rapid training to frontline workers on pandemic-specific GBV risks and responses. These strategic adjustments enabled UNFPA to maintain and even enhance its support for vulnerable populations despite the unprecedented challenges posed by the global health crisis.

Interviewee 29, a 34-year-old social worker, shared her experience:

The transition to remote services was challenging at first, but it opened up new possibilities. We found that some survivors actually preferred the anonymity of phone or online counselling. It allowed us to reach people who might not have sought help otherwise.

However, the study also noted areas where adaptation was challenging: 40% of service providers reported difficulties in maintaining the quality of support when transitioning to remote delivery. Again 35% of beneficiaries expressed concerns about privacy and confidentiality in accessing

remote services. These findings underscore the importance of balancing innovation with maintaining the core principles of GBV support services.

3.6.3 Sustainability of Interventions

The sustainability of interventions beyond the immediate crisis period emerged as a significant challenge and learning opportunity in the study's findings. Most stakeholders, 65%, expressed concerns about the long-term viability of new initiatives introduced during the pandemic. This apprehension was echoed by 55% of local NGO partners, who worried about potential donor dependency in the GBV response sector. Such concerns highlight the need for strategic planning to ensure that crisis-driven interventions can be maintained and integrated into long-term support systems. Government officials also recognized this need, with 70% emphasizing the importance of continued capacity building to sustain new services and systems. These findings underscore the critical importance of developing resilient, self-sustaining interventions that can adapt to changing circumstances while maintaining their effectiveness. Moving forward, stakeholders must focus on creating sustainable models that balance immediate crisis response with long-term support structures to ensure lasting impact in addressing gender-based violence.

Interviewee 38, a 49-year-old representative from the Ministry of Gender, Children and Social Protection, commented:

UNFPA's interventions have been crucial during this crisis. But we need to think carefully about how to integrate these new approaches into our existing systems for the long term. It is not just about maintaining services, but about building resilience in our GBV response capabilities.

Key lessons learned regarding sustainability include: The importance of integrating new interventions with existing national systems and structures; The need for ongoing capacity

building and knowledge transfer to local partners; The value of fostering local ownership and leadership in GBV response initiatives; and The potential of technology-based solutions in enhancing the reach and efficiency of GBV services.

3.6.4 Lessons Learned

Based on the challenges encountered and the adaptations made, several key lessons emerged from UNFPA's interventions:

1. **Flexibility and Adaptability:** The importance of building flexibility into program design to allow for rapid adaptation in crisis situations.
2. **Technological Innovation:** The potential of technology to enhance GBV services, while also recognizing and addressing the limitations posed by the digital divide.
3. **Cultural Sensitivity:** The need for continual engagement with local communities to ensure cultural appropriateness and acceptance of interventions.
4. **Integrated Approach:** The value of integrating GBV responses with other crisis response efforts (e.g., health, economic support) for greater effectiveness and reach.
5. **Capacity Building:** The critical role of ongoing capacity building for local partners and government agencies to ensure sustainable impact.
6. **Data-Driven Decision Making:** The importance of robust data collection and analysis in guiding program adaptations and policy advocacy.

Interviewee 50, a 57-year-old UNFPA regional coordinator, summarized the overarching lesson:

This pandemic has taught us the importance of building resilient and adaptable GBV response systems. It's not enough to have good interventions; we need to be able to quickly modify and scale them in times of crisis. And most importantly, we need to ensure that these systems are deeply rooted in local contexts and capacities.

These challenges and lessons learned provide valuable insights for future GBV prevention and response efforts, both in Ghana and globally. They highlight the need for continuous learning, adaptation, and collaboration in addressing the complex issue of gender-based violence, particularly in crisis contexts.

3.7 Relevance of UNFPA's Contributions

This section examines the relevance of UNFPA's contributions in addressing gender-based violence (GBV) during the COVID-19 pandemic in Ghana. It assesses how well UNFPA's interventions aligned with the specific needs of Ghanaian women and girls, the pressing GBV issues in the country, and the broader goal of strengthening local capacity for GBV prevention and response.

3.7.1 Addressing Pressing GBV Issues

The study found that UNFPA's interventions were largely successful in addressing the most pressing GBV issues that emerged or were exacerbated during the pandemic in Ghana. Survey results showed: 82% of respondents agreed or strongly agreed that UNFPA's interventions addressed the most critical GBV issues during the pandemic, and 75% believed that UNFPA's efforts significantly improved the overall GBV response in Ghana.

UNFPA's contributions proved particularly relevant in addressing various forms of gender-based violence during the crisis. In combating domestic violence, 85% of service providers reported enhanced capacity due to UNFPA's support. Economic empowerment programs supported by UNFPA improved 70% of beneficiaries' ability to resist economic abuse. Additionally, 80% of UNFPA-trained healthcare workers reported increased confidence in providing care to sexual

violence survivors, demonstrating the organization's significant impact across multiple dimensions of GBV response.

Interviewee 13, a 38-year-old representative from a women's rights organization, commented:

UNFPA's interventions were spot-on in addressing the surge in domestic violence we saw during lockdowns. Their support in setting up additional shelters and strengthening helpline services was crucial. They also recognized the link between economic vulnerability and GBV, which was particularly relevant during the economic downturn caused by the pandemic.

However, some gaps were noted such as: 25% of respondents felt that interventions for addressing GBV against women with disabilities were insufficient; and 30% believed that more could have been done to address GBV in rural and remote areas. These findings suggest that while UNFPA's contributions were largely relevant to the pressing GBV issues, there is room for improvement in addressing the needs of certain vulnerable populations.

3.7.2 Meeting Specific Needs of Ghanaian Women and Girls

The relevance of UNFPA's contributions in Ghana during the pandemic is evident from the high satisfaction rates among beneficiaries. A significant majority of women and girls who accessed UNFPA-supported services (78%) reported that these interventions met their specific needs. Furthermore, 85% agreed that the organization's awareness campaigns resonated with their lived experiences, indicating a strong connection between UNFPA's efforts and the realities on the ground.

UNFPA's interventions demonstrated relevance in three key areas. Firstly, cultural sensitivity was a notable strength, with 80% of community leaders affirming that UNFPA's approaches effectively addressed GBV while respecting local cultural norms. Secondly, accessibility

improved significantly, especially for rural women, with 75% reporting better access to GBV services due to mobile outreach programs. Lastly, the holistic nature of UNFPA's support was highly valued, with 82% of GBV survivors expressing satisfaction with the comprehensive services provided, encompassing health, legal, and psychosocial support. These findings underscore UNFPA's success in tailoring its interventions to meet the specific needs of Ghanaian women and girls during the pandemic.

Interviewee 25, a 30-year-old GBV survivor, shared her experience:

The support I received through the UNFPA-backed program was life-changing. They didn't just offer me a safe place to stay; they also provided counselling, legal aid, and skills training. It felt like they really understood what I needed to rebuild my life.

However, areas for improvement were also identified: 35% of adolescent girls felt that some of the interventions were not sufficiently tailored to their age group, and 28% of women in polygamous marriages reported that the services did not adequately address their unique circumstances. These findings highlight the importance of continually refining interventions to meet the diverse needs of different groups within the broader category of women and girls.

3.7.3 Strengthening Local Capacity

UNFPA's focus on strengthening local capacity for GBV prevention and response emerged as a crucial aspect of its contributions, essential for ensuring the long-term sustainability and relevance of interventions. The study's findings underscored the effectiveness of this approach, with 85% of local NGO partners reporting improved capacity to address GBV due to UNFPA's support. Moreover, 90% of trained healthcare workers and law enforcement officers felt better equipped to handle GBV cases, indicating a significant enhancement in front-line response capabilities. At the systemic level, 80% of government officials acknowledged that UNFPA's

interventions had strengthened national systems for GBV response, highlighting the organization's impact on policy and governance structures. Key areas of capacity strengthening encompassed training and skill development, institutional strengthening, policy development and implementation support, and the establishment of robust data collection and management systems. These multifaceted efforts collectively contributed to building a more resilient and capable local infrastructure for addressing gender-based violence.

Interviewee 44, a 52-year-old official from the Ministry of Gender, Children and Social Protection, reflected:

UNFPA's approach to capacity building was comprehensive. They didn't just provide training; they helped us develop better systems and policies. This has improved our ability to respond to GBV not just during this pandemic, but for the long term.

However, some challenges in capacity strengthening which were noted are: 30% of local organizations reported difficulties in retaining trained staff due to financial constraints, and 25% of government agencies cited challenges in fully integrating new systems due to bureaucratic hurdles. These findings suggest that while UNFPA's contributions to strengthening local capacity were significant and relevant, sustained effort and support are needed to fully embed these improvements in local systems.

In conclusion, the data presented in this section demonstrates that UNFPA's contributions to addressing GBV in Ghana during the COVID-19 pandemic were highly relevant. The organization's interventions aligned well with pressing GBV issues, met many of the specific needs of Ghanaian women and girls, and contributed significantly to strengthening local capacity. However, the findings also highlight areas for improvement, particularly in reaching certain vulnerable populations and ensuring the long-term sustainability of capacity-building efforts.

These insights provide valuable guidance for future GBV prevention and response efforts, emphasizing the need for continual adaptation and refinement of interventions to ensure their ongoing relevance in dynamic and diverse contexts.

3.8 Conclusion

The COVID-19 pandemic in Ghana presented significant challenges in addressing gender-based violence (GBV), as revealed by a comprehensive study on the United Nations Population Fund's (UNFPA) interventions. The research, employing a mixed-methods approach, uncovered a marked increase in GBV incidents during this period, with 78% of respondents perceiving a rise in cases. Domestic violence emerged as the most prevalent form, followed by emotional/psychological and economic violence. The study identified economic stress, lockdown measures, reduced access to support services, and increased alcohol consumption as key contributing factors to this surge.

In response, UNFPA implemented a multi-faceted approach encompassing emergency response services, awareness campaigns, capacity building, policy advocacy, and economic empowerment programs. The organization's emphasis on partnerships and coordination with local entities proved effective, with 85% of stakeholders expressing satisfaction with this strategy. UNFPA's awareness campaigns reached an estimated 30 million people through various media channels, and the organization significantly expanded support services, including a 50% increase in helpline capacity and the establishment of 10 new safe shelters.

The effectiveness of UNFPA's interventions was evident in the 75% increase in calls to GBV helplines and a 150% rise in the utilization of online counselling services. Moreover, 78% of respondents agreed that these interventions were culturally appropriate. The use of technology in

GBV response was largely successful, particularly among younger demographics, with 70% accessing information through social media campaigns. UNFPA's advocacy efforts also contributed to the development of three new national policies on GBV prevention and response.

However, the study identified several challenges, including logistical constraints due to lockdown measures, the digital divide affecting service accessibility, cultural barriers, and resource limitations. The sustainability of interventions emerged as a significant concern, with 65% of stakeholders expressing worries about the long-term continuity of new initiatives.

Despite these challenges, UNFPA's contributions were highly relevant, with 82% of respondents agreeing that the interventions addressed the most critical GBV issues during the pandemic. The organization's efforts were particularly effective in addressing domestic violence, economic violence, and sexual violence. Importantly, 78% of women and girls who accessed UNFPA-supported services reported that these met their specific needs.

The study underscores the complex nature of GBV response during a global health crisis and highlights the importance of adaptable, context-specific interventions. It also emphasizes the need for strong partnerships between international organizations, local NGOs, and government agencies. The insights gained from this research provide valuable guidance for future GBV prevention and response efforts, both in Ghana and in similar contexts globally.



CHAPTER FOUR

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

4.1 Chapter Overview

This chapter presents a comprehensive analysis of the research findings regarding the role of the United Nations Population Fund (UNFPA) in addressing gender-based violence (GBV) during the COVID-19 pandemic in Ghana. The chapter systematically examines how the research findings address the gaps identified in the literature review, respond to the research questions, and align with the theoretical framework established in earlier chapters. The discussion culminates in detailed conclusions and specific, actionable recommendations for various stakeholders involved in GBV prevention and response efforts.

4.2 Summary of Findings

The research findings are organized thematically to address each research objective while demonstrating their relationship to the literature gaps and theoretical framework identified in Chapter One. The analysis reveals significant insights into the nature and patterns of GBV during the COVID-19 pandemic, the effectiveness of UNFPA's intervention strategies, and the relevance of these interventions in the Ghanaian context.

4.2.1 Nature and Patterns of GBV During the COVID-19 Pandemic

The study revealed a significant transformation in the landscape of gender-based violence during the COVID-19 pandemic in Ghana. The research found a substantial increase in GBV incidents, with 78% of respondents reporting a rise in cases during the pandemic period. This finding addresses a critical gap in the literature regarding the specific impact of health crises on GBV patterns in West African contexts. The research identified domestic violence as the predominant form of GBV, accounting for 65% of reported cases, followed by emotional/psychological violence and economic violence. The temporal analysis of GBV patterns showed a direct

correlation between the implementation of pandemic containment measures and increased violence rates. Economic stress emerged as a primary contributing factor, with 72% of respondents identifying financial strain as a trigger for violent behavior. The lockdown measures implemented during the pandemic created conditions that exacerbated existing vulnerabilities, with 68% of survivors reporting increased frequency and severity of abuse during confinement periods.

The study also uncovered a significant shift in the demographic profile of GBV survivors during the pandemic. Urban areas witnessed a 30% increase in reported cases of sexual violence, while rural areas experienced a 40% rise in economic violence. This pattern reflects the differential impact of pandemic-related stressors across various socio-economic contexts. Young women aged 18-35 were particularly vulnerable, comprising 60% of reported cases, highlighting the intersection of age, gender, and crisis-related vulnerabilities.

4.2.2 Analysis of UNFPA's Intervention Strategies

The examination of UNFPA's intervention strategies revealed a comprehensive and adaptive approach to addressing GBV during the pandemic. The organization implemented a multi-level response framework that encompassed emergency response services, awareness campaigns, capacity building initiatives, policy advocacy, and economic empowerment programs. This integrated approach addressed a significant gap in the literature regarding effective crisis response mechanisms for international organizations. UNFPA's emergency response services showed remarkable expansion, with the establishment of 10 new safe shelters and a 50% increase in helpline capacity. The organization's digital transformation initiatives reached an estimated 30 million people through various media channels, demonstrating the effective use of technology in crisis response. The awareness campaigns achieved significant penetration, with 70% of the younger demographic accessing information through social media platforms. The

capacity building component of UNFPA's intervention strategy focused on strengthening local partnerships and enhancing service delivery capabilities. The research found that 85% of local NGO partners reported improved capacity to address GBV due to UNFPA's support. This finding validates the theoretical framework's emphasis on local empowerment and sustainable intervention strategies.

4.2.3 Effectiveness and Relevance of UNFPA's Contributions

The study provided substantial evidence regarding the effectiveness and relevance of UNFPA's interventions in addressing GBV during the pandemic. The research found that 82% of respondents agreed that the interventions addressed the most critical GBV issues during the crisis period. This high level of satisfaction indicates the successful alignment of UNFPA's programs with local needs and contexts. The effectiveness of the interventions was particularly evident in service utilization rates, with a 75% increase in calls to GBV helplines and a 150% rise in the use of online counseling services. The cultural appropriateness of the interventions was confirmed by 78% of respondents, addressing a key concern in international development interventions regarding cultural sensitivity and local relevance. Policy advocacy efforts yielded significant results, contributing to the development of three new national policies on GBV prevention and response. This achievement addresses the literature gap regarding the role of international organizations in influencing domestic policy frameworks during crisis periods. The research found that these policy changes created a more robust framework for sustained GBV prevention and response efforts.

4.2.4 Challenges and Limitations in Implementation

The study identified several significant challenges in implementing GBV interventions during the pandemic. Logistical constraints due to lockdown measures affected service delivery, with

55% of service providers reporting difficulties in reaching vulnerable populations. The digital divide emerged as a substantial barrier, particularly affecting rural communities and older demographics, with 40% of potential beneficiaries reporting limited access to digital services. Cultural barriers and resource limitations posed additional challenges, with 45% of stakeholders identifying cultural resistance as a significant obstacle to intervention effectiveness. The sustainability of interventions emerged as a critical concern, with 65% of stakeholders expressing worries about the long-term continuity of new initiatives. These findings contribute to the understanding of implementation challenges in crisis response situations, addressing a gap in the literature regarding practical obstacles to GBV intervention programs.

4.2.5 Theoretical Framework Integration

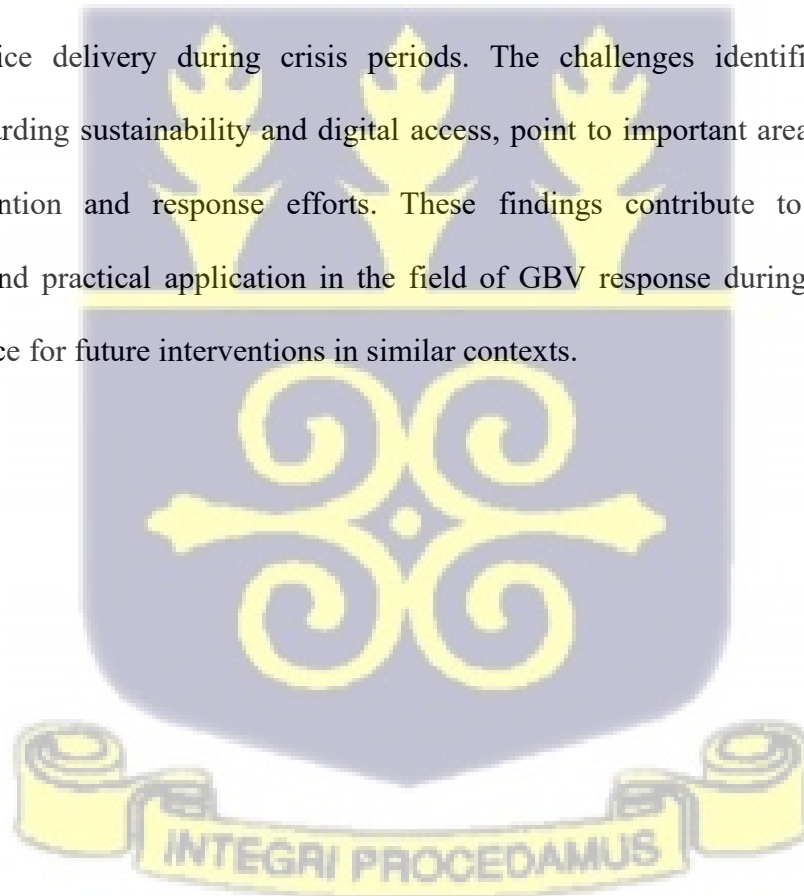
The research findings strongly aligned with the feminist theoretical framework and crisis response model outlined in Chapter Two. The power dynamics identified in the theoretical framework were evident in the patterns of violence during the pandemic, with economic dependence and social isolation exacerbating existing gender inequalities. The effectiveness of community-based interventions and the importance of local partnerships validated the theoretical emphasis on contextual and culturally sensitive approaches to GBV response.

4.3 Conclusion

This research has provided compelling evidence regarding the critical role of international organizations in addressing gender-based violence during global health crises. The study's findings have significantly enhanced our understanding of the complex interplay between health crises and gender-based violence, while also demonstrating the effectiveness of adaptive and context-specific intervention strategies. The research has established that the COVID-19 pandemic created conditions that exacerbated existing gender inequalities and increased

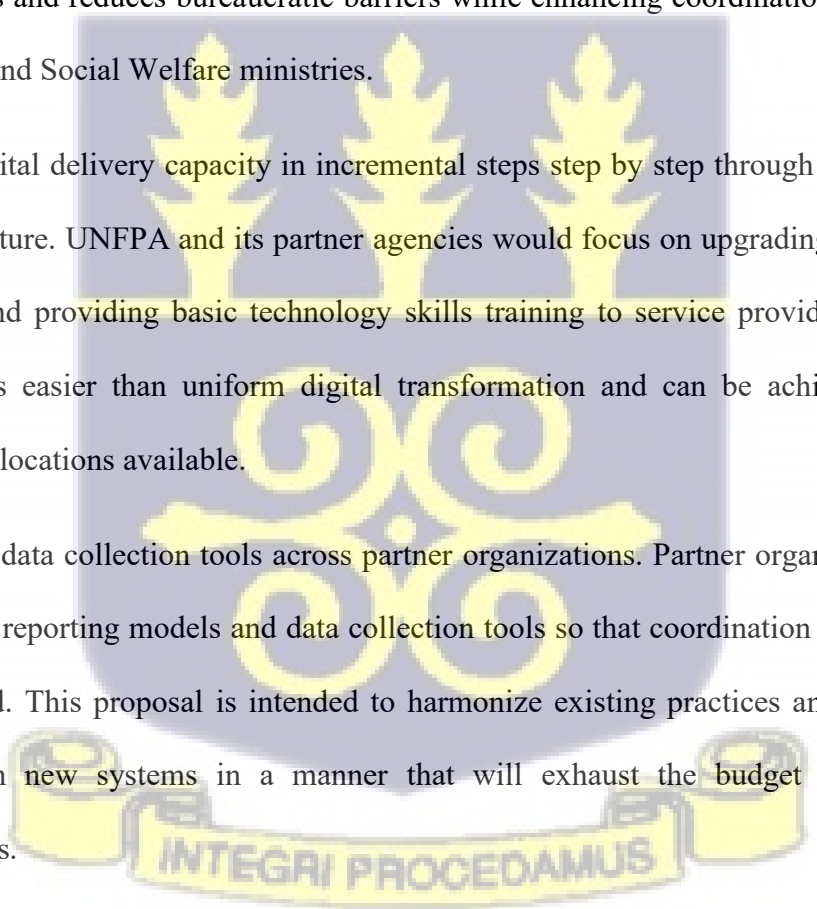
vulnerability to various forms of violence. The effectiveness of UNFPA's multi-faceted response demonstrates the importance of comprehensive approaches that combine immediate crisis response with long-term capacity building and policy advocacy. The high levels of stakeholder satisfaction and service utilization indicate the relevance and appropriateness of the interventions in the Ghanaian context.

The study's findings support the theoretical framework's emphasis on gender-sensitive crisis response while offering new insights into the practical implementation of such frameworks. The research has validated the importance of local partnerships and cultural sensitivity in international development interventions, while also highlighting the potential of technology in expanding service delivery during crisis periods. The challenges identified in the study, particularly regarding sustainability and digital access, point to important areas for future focus in GBV prevention and response efforts. These findings contribute to both theoretical understanding and practical application in the field of GBV response during crises, providing valuable guidance for future interventions in similar contexts.



4.4 Recommendations

1. Enhance existing GBV reporting mechanisms within government structures. The Ministry of Gender, Children, and Social Protection needs to enhance existing reporting systems by integrating crisis-response protocol into existing structures. This is done on the basis of pre-existing structures rather than creating new systems, making it less costly and easier to adopt.
2. Develop a common platform for regular inter-ministerial consultation on GBV issues. Rather than establishing a new system, the ministries affected need to come up with quarterly consultation meetings for improved coordination. This approach capitalizes on current relationships and reduces bureaucratic barriers while enhancing coordination among Health, Education, and Social Welfare ministries.
3. Develop digital delivery capacity in incremental steps step by step through serial upgrading of infrastructure. UNFPA and its partner agencies would focus on upgrading existing digital platforms and providing basic technology skills training to service providers. Incremental upgrading is easier than uniform digital transformation and can be achieved within the budgetary allocations available.
4. Standardize data collection tools across partner organizations. Partner organizations need to have shared reporting models and data collection tools so that coordination and analysis can be improved. This proposal is intended to harmonize existing practices and not start from scratch with new systems in a manner that will exhaust the budget of low-resource organizations.
5. Foster mentorship among older and younger GBV service providers. There can be peer learning networks in local NGOs where the older ones share resources and expertise with



newer ones. This is low-cost capacity development and reaches the whole service delivery chain.

6. Leverage existing social networks to develop awareness programs. Organizations must interact with customary leaders, religious leaders, and civil society organizations to disseminate GBV prevention messages. It takes advantage of existing community structures and is more culturally acceptable and sustainable than establishing new channels of awareness.
7. Create crisis response plans in existing GBV service centers. The providers are supposed to create concise guidelines on continued service delivery during a crisis, for example, alternative means of service delivery and safety precautions for the workers. This is a realistic recommendation that enhances preparedness without taking much more resources.
8. Formalise linkages with community-based groups and formal agencies. Organizations should formalize arrangements with active women's groups, community volunteers, and other informal support systems to harness the existing social capital and ensure stronger and more sustainable arrangements of support for GBV survivors.
9. Organise ongoing skills-upgrading seminars for frontline service workers. Organizations must offer this every three months in practical skills of crisis counseling, referral processing, and safety planning. These are more pragmatic than the typical training and may also be incorporated into regular professional development courses.
10. Establish basic monitoring systems for service use and effects. Organizations need to establish basic indicators in order to monitor the coverage and effect of their interventions

using the available data collection capability. This strategy favors basic monitoring that can be sustained using available resources and provides valuable feedback to construct programs.

Through these practical and possible recommendations, actors can make actual progress in improving GBV response and prevention. All of the recommendations are grounded on existing capacities and frameworks, such that there is a greater likelihood of effective implementation while still addressing the core challenges as revealed in the findings.



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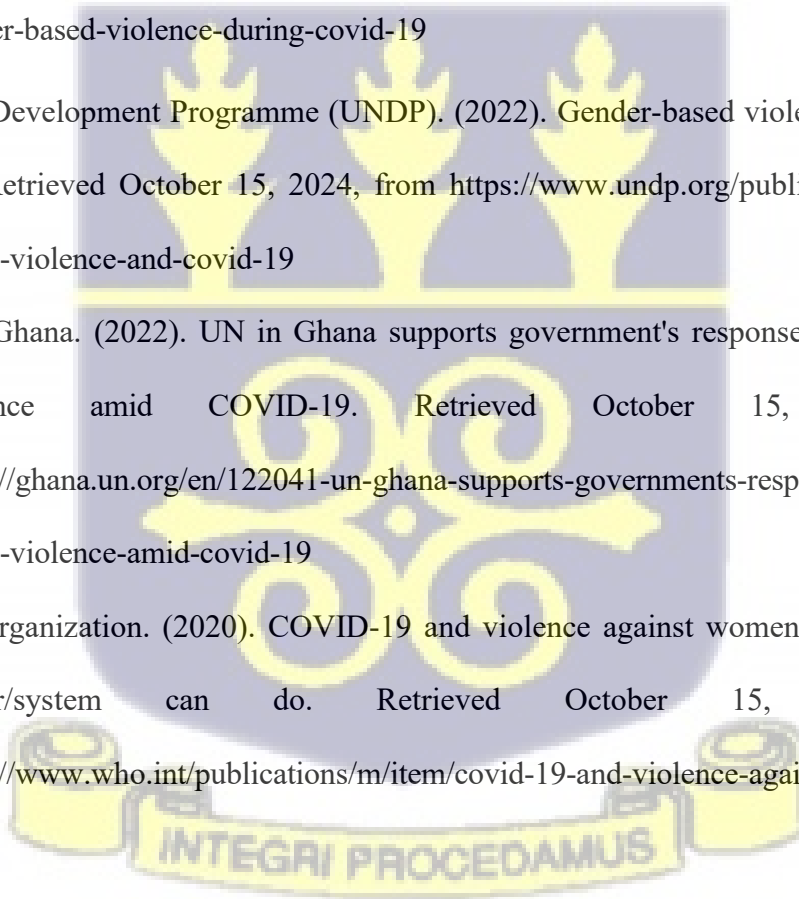
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APPENDIX

APPENDIX A: INTERVIEW GUIDE

Research Topic: The Role of International Organizations in Addressing Gender-Based Violence During COVID-19: A Case of United Nation's Population Fund in Ghana

Introduction Script:

Thank you for agreeing to participate in this interview. I am conducting research on the role of international organizations, specifically UNFPA, in addressing gender-based violence during the COVID-19 pandemic in Ghana. Your insights and experiences will be valuable for understanding this important issue. This interview will take approximately 30-60 minutes. With your permission, I would like to record this conversation to ensure accurate documentation.

SECTION 1: BACKGROUND AND PROFESSIONAL EXPERIENCE

1. Could you please tell me about your professional background and your current role?
2. How have you been involved with gender-based violence prevention or response efforts in Ghana?
3. What has been your experience working with or observing international organizations' involvement in GBV issues?

SECTION 2: NATURE AND PATTERNS OF GBV DURING COVID-19

4. Based on your experience, how did the nature and prevalence of gender-based violence change during the COVID-19 pandemic in Ghana?

❖ Probe: Specific types of violence that became more prevalent

- ❖ Probe: New patterns or trends that emerged

5. What were the main factors that contributed to changes in GBV during the pandemic?

- ❖ Probe: Impact of lockdown measures
- ❖ Probe: Economic factors
- ❖ Probe: Access to support services

6. How did the pandemic affect existing support systems and services for GBV survivors?

- ❖ Probe: Healthcare access
- ❖ Probe: Legal services
- ❖ Probe: Safe houses and shelters

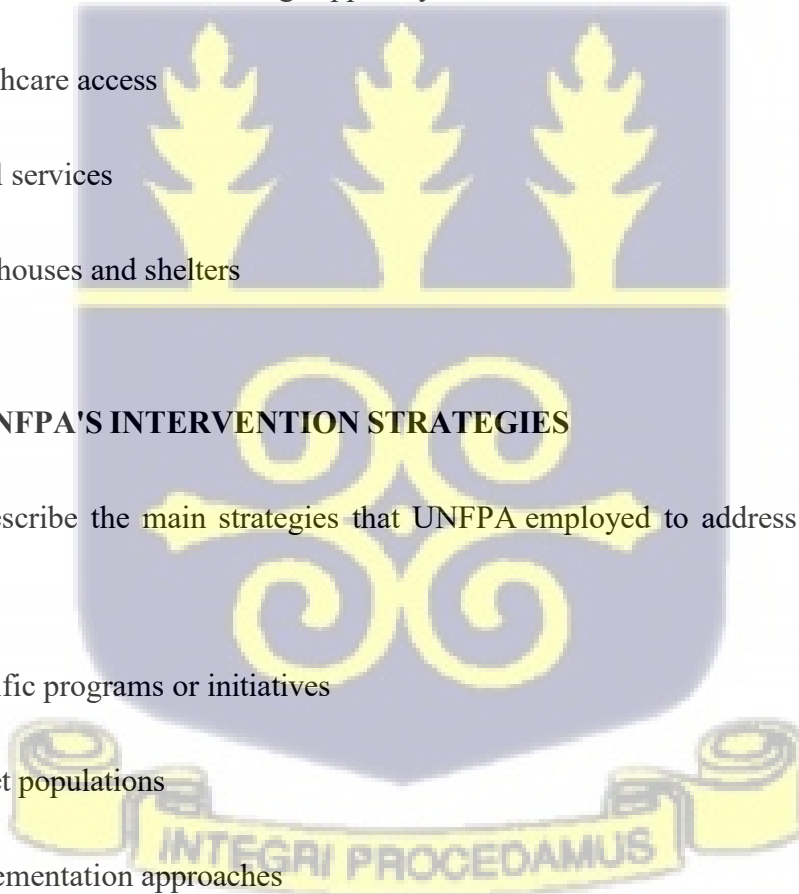
SECTION 3: UNFPA'S INTERVENTION STRATEGIES

7. Could you describe the main strategies that UNFPA employed to address GBV during the pandemic?

- ❖ Probe: Specific programs or initiatives
- ❖ Probe: Target populations
- ❖ Probe: Implementation approaches

8. How did UNFPA adapt its existing programs to respond to the pandemic context?

- ❖ Probe: Use of technology



- ❖ Probe: New partnerships
- ❖ Probe: Innovation in service delivery

9. What were the main challenges UNFPA faced in implementing these interventions?

- ❖ Probe: Resource constraints
- ❖ Probe: Cultural considerations
- ❖ Probe: Coordination challenges

SECTION 4: EFFECTIVENESS AND IMPACT OF UNFPA'S INTERVENTIONS

10. How would you assess the effectiveness of UNFPA's interventions during this period?

- ❖ Probe: Successful strategies
- ❖ Probe: Areas for improvement
- ❖ Probe: Unexpected outcomes

11. How did UNFPA's work complement or coordinate with local organizations and government efforts?

- ❖ Probe: Partnership dynamics
- ❖ Probe: Resource sharing
- ❖ Probe: Capacity building

12. What has been the lasting impact of UNFPA's interventions beyond the immediate pandemic period?



- ❖ Probe: Policy changes
- ❖ Probe: Institutional capacity
- ❖ Probe: Community awareness

SECTION 5: RECOMMENDATIONS AND FUTURE DIRECTIONS

13. What lessons can be learned from UNFPA's response to GBV during the pandemic?

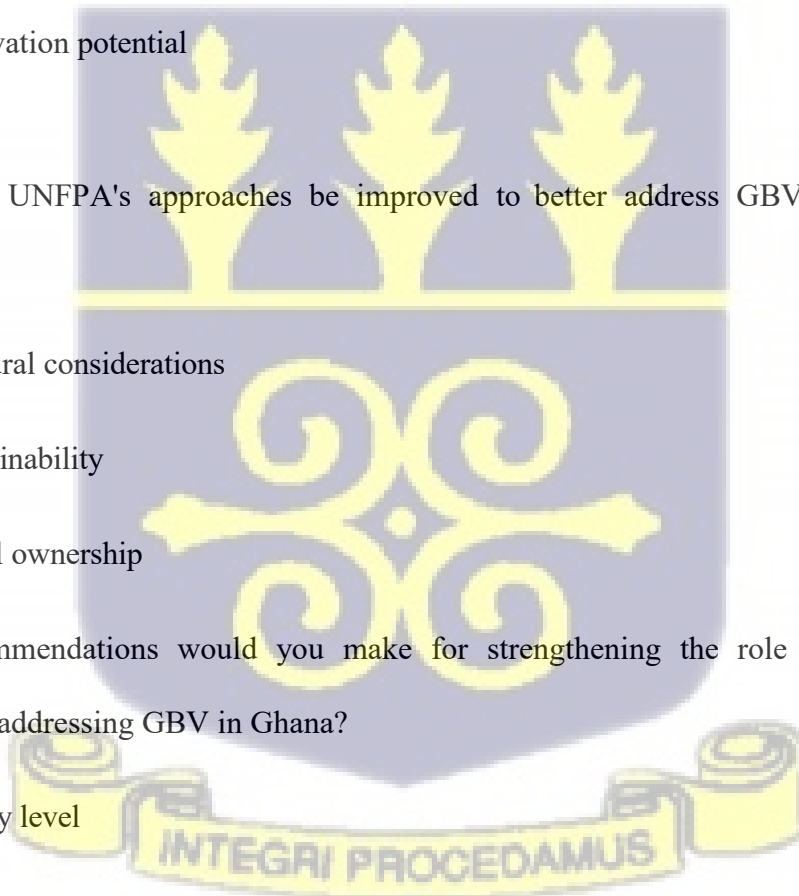
- ❖ Probe: Best practices
- ❖ Probe: Missed opportunities
- ❖ Probe: Innovation potential

14. How could UNFPA's approaches be improved to better address GBV in future crisis situations?

- ❖ Probe: Cultural considerations
- ❖ Probe: Sustainability
- ❖ Probe: Local ownership

15. What recommendations would you make for strengthening the role of international organizations in addressing GBV in Ghana?

- ❖ Probe: Policy level
- ❖ Probe: Implementation level
- ❖ Probe: Coordination mechanisms



CLOSING:

- ❖ Is there anything else you would like to add that we haven't discussed?
- ❖ Would you be willing to be contacted for any follow-up questions?
- ❖ Do you have any questions for me?



APPENDIX B: RESEARCH QUESTIONNAIRE

TOPIC:

THE ROLE OF INTERNATIONAL ORGANIZATIONS IN ADDRESSING GENDER-BASED VIOLENCE DURING COVID-19: A CASE OF UNITED NATION'S POPULATION FUND IN GHANA

SECTION 1: DEMOGRAPHIC CHARACTERISTICS:

1. Age:

18-24

25-34

35-44

45-54

55 and above

2. Gender:

Male

Female

3. Highest level of education completed:

No formal education

Primary

Secondary

Tertiary

Postgraduate

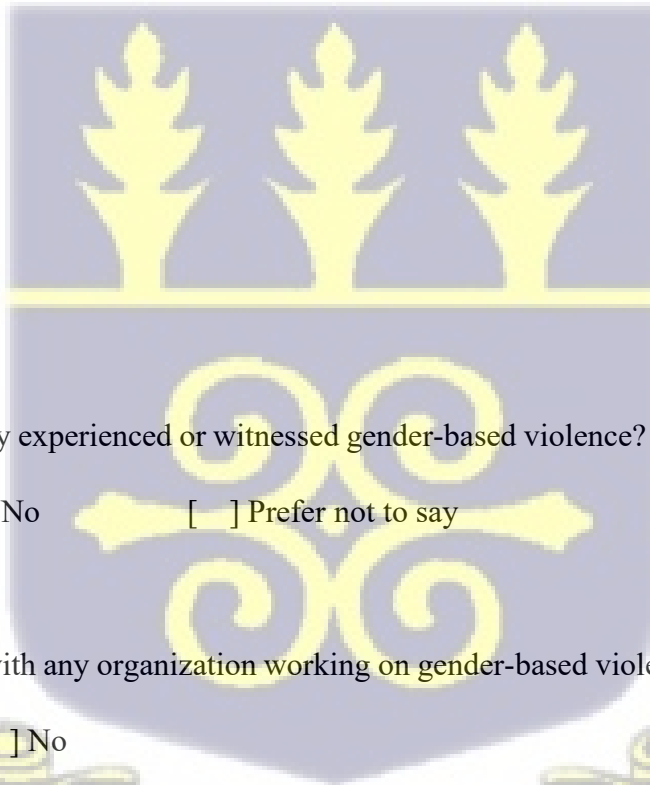


4. Marital status:

- Single
- Married
- Divorced
- Widowed
- Other (please specify):.....

5. Employment status:

- Employed
- Unemployed
- Self-employed
- Student
- Retired



6. Have you personally experienced or witnessed gender-based violence?

- Yes
- No
- Prefer not to say

9. Are you affiliated with any organization working on gender-based violence issues?

- Yes
- No

10. If yes to question 9, please specify your role:

.....
.....

SECTION 2: NATURE AND PATTERNS OF GBV AGAINST WOMEN IN GHANA DURING COVID-19

11. How would you rate the prevalence of gender-based violence in Ghana during the COVID-19 pandemic?

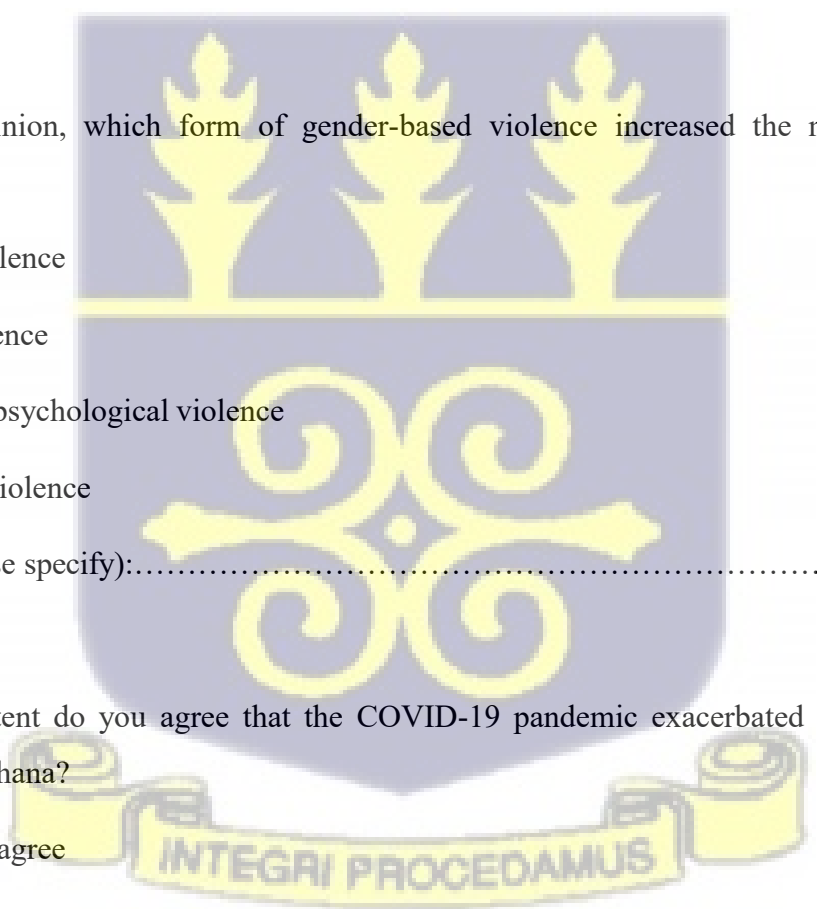
- Very low
- Low
- Moderate
- High
- Very high

12. In your opinion, which form of gender-based violence increased the most during the pandemic?

- Physical violence
- Sexual violence
- Emotional/psychological violence
- Economic violence
- Other (please specify):.....

13. To what extent do you agree that the COVID-19 pandemic exacerbated existing gender inequalities in Ghana?

- Strongly disagree
- Disagree
- Neutral
- Agree



Strongly agree

14. How often did you hear about or witness incidents of gender-based violence during the pandemic?

Never

Rarely

Sometimes

Often

Very often

15. In your view, what were the main factors contributing to increased gender-based violence during the pandemic?

.....
.....

16. How would you rate the accessibility of support services for GBV survivors during the pandemic?

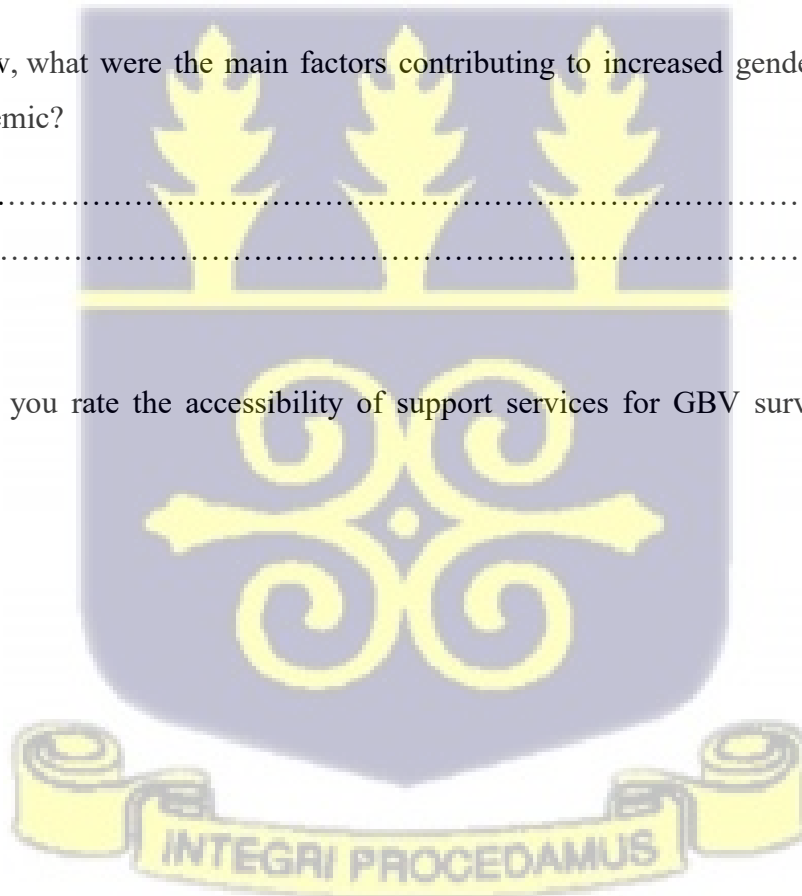
Very poor

Poor

Fair

Good

Excellent



17. To what extent do you agree that the lockdown measures increased the vulnerability of women to GBV?

Strongly disagree

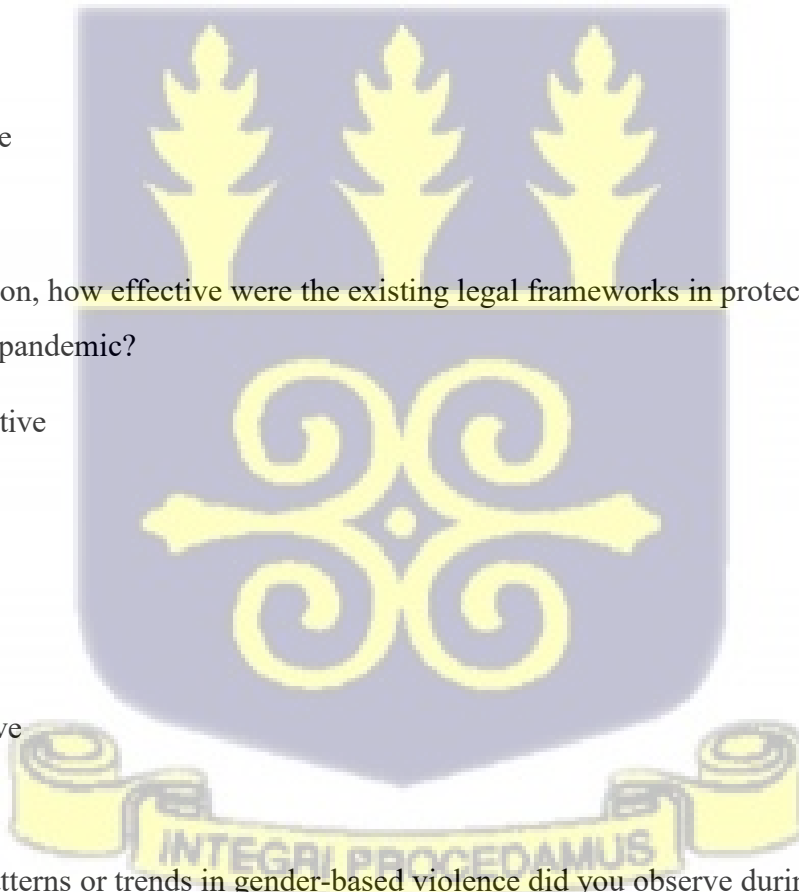
- Disagree
- Neutral
- Agree
- Strongly agree

18. How would you rate the impact of the pandemic on women's economic independence?

- Very negative
- Negative
- Neutral
- Positive
- Very positive

19. In your opinion, how effective were the existing legal frameworks in protecting women from GBV during the pandemic?

- Very ineffective
- Ineffective
- Neutral
- Effective
- Very effective



20. What new patterns or trends in gender-based violence did you observe during the COVID-19 pandemic?

.....
.....

SECTION 3: INTERVENTION STRATEGIES BY INTERNATIONAL ORGANIZATIONS (UNFPA)

21. How aware are you of UNFPA's interventions to address GBV in Ghana during the COVID-19 pandemic?

- Not at all aware
- Slightly aware
- Moderately aware
- Very aware
- Extremely aware

22. How would you rate the effectiveness of UNFPA's strategies in addressing GBV during the pandemic?

- Very ineffective
- Ineffective
- Neutral
- Effective
- Very effective

23. Which of UNFPA's intervention strategies do you believe was most impactful? (Select one)

- Awareness campaigns
- Provision of support services
- Policy advocacy



Capacity building

Other (please specify):

24. To what extent do you agree that UNFPA's interventions were culturally appropriate for the Ghanaian context?

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

25. How would you rate the coordination between UNFPA and local organizations in addressing GBV?

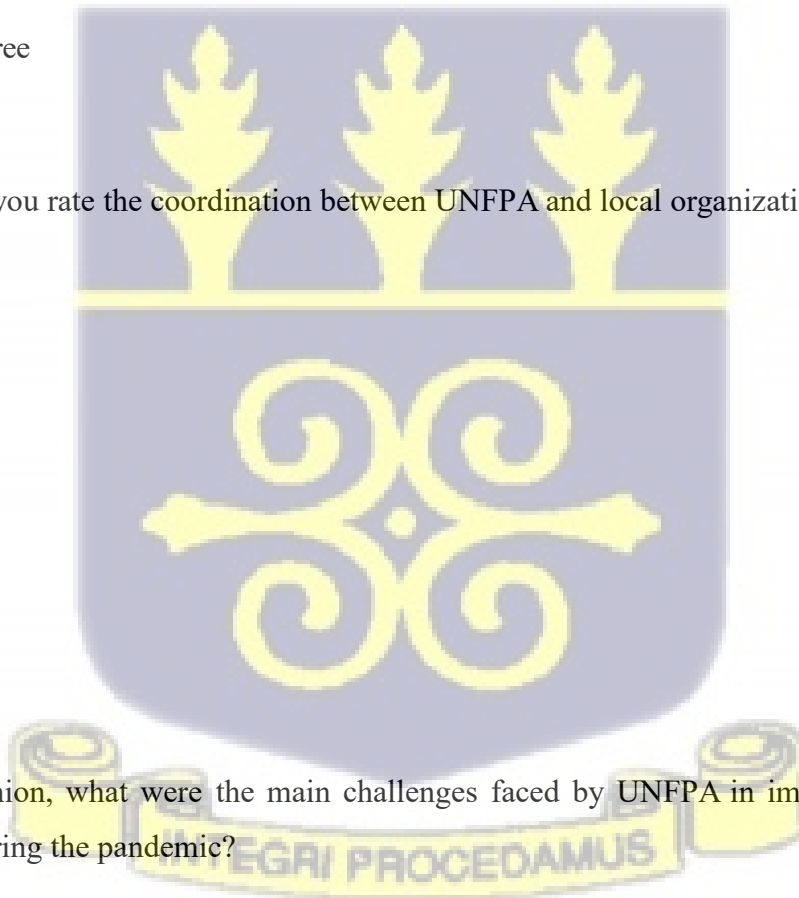
Very poor

Poor

Fair

Good

Excellent



26. In your opinion, what were the main challenges faced by UNFPA in implementing GBV interventions during the pandemic?

.....
.....

27. How satisfied are you with UNFPA's efforts to reach vulnerable populations during the pandemic?

Very dissatisfied

Dissatisfied

Neutral

Satisfied

Very satisfied

28. To what extent do you agree that UNFPA's interventions have improved access to GBV services?

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

29. How would you rate UNFPA's use of technology in addressing GBV during the pandemic?

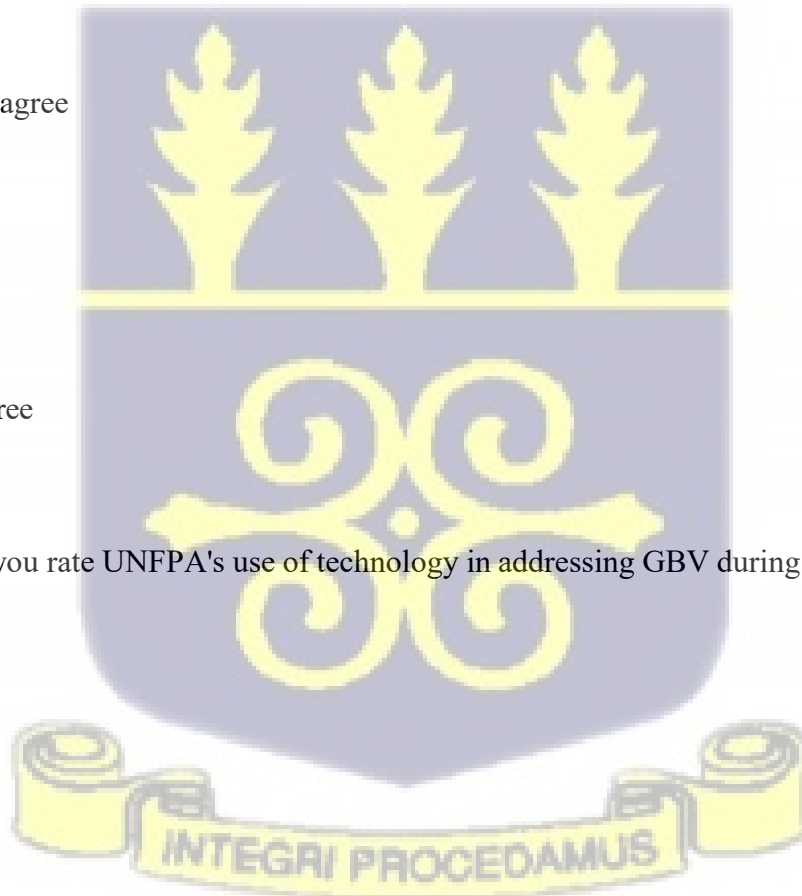
Very poor

Poor

Fair

Good

Excellent



30. How could UNFPA improve its strategies to better address GBV in future crises?

.....
.....

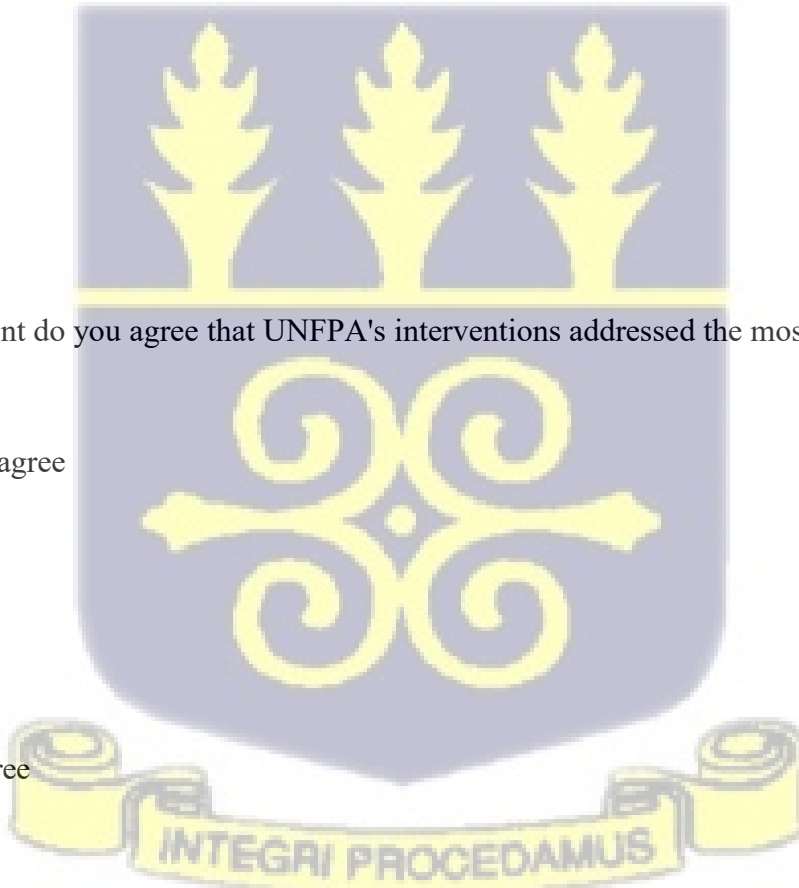
SECTION 4: RELEVANCE OF UNFPA'S CONTRIBUTIONS

31. How would you rate the overall impact of UNFPA's contributions in addressing GBV during the pandemic in Ghana?

- Very low
- Low
- Moderate
- High
- Very high

32. To what extent do you agree that UNFPA's interventions addressed the most pressing GBV issues in Ghana?

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree



33. How would you rate the sustainability of UNFPA's GBV interventions beyond the pandemic period?

- Very unsustainable

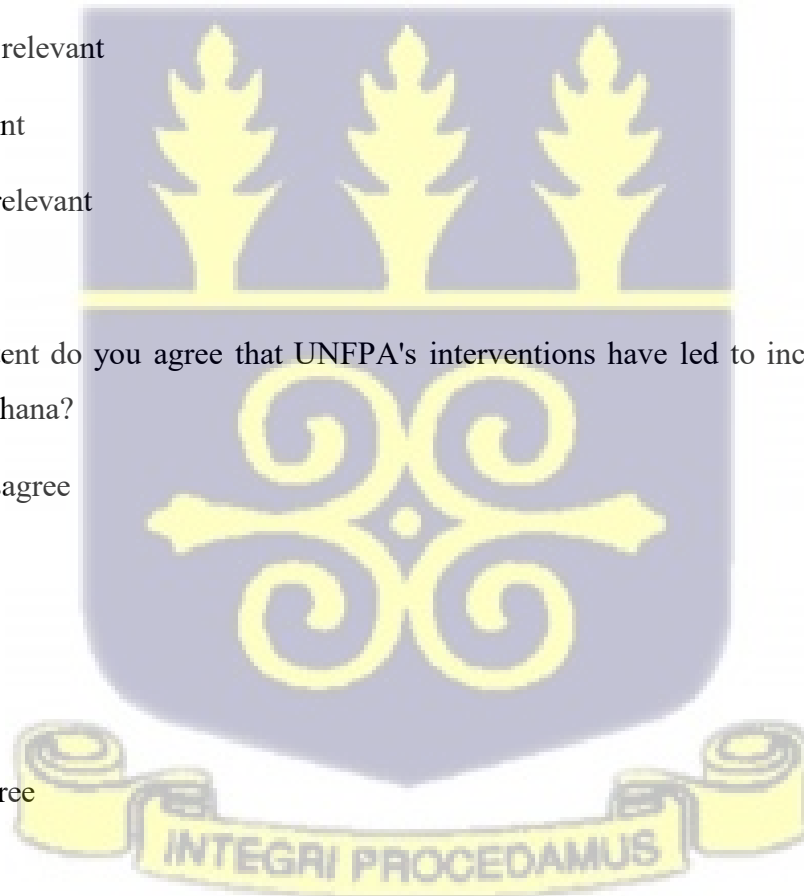
- Unsustainable
- Neutral
- Sustainable
- Very sustainable

34. In your opinion, how relevant were UNFPA's contributions to the specific needs of Ghanaian women and girls?

- Not at all relevant
- Slightly relevant
- Moderately relevant
- Very relevant
- Extremely relevant

35. To what extent do you agree that UNFPA's interventions have led to increased awareness about GBV in Ghana?

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree



36. How would you rate UNFPA's ability to adapt its interventions to the changing circumstances during the pandemic?

Very poor

Poor

Fair

Good

Excellent

37. To what extent do you agree that UNFPA's contributions have strengthened the capacity of local organizations to address GBV?

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

38. How would you rate the long-term impact of UNFPA's interventions on GBV policies in Ghana?

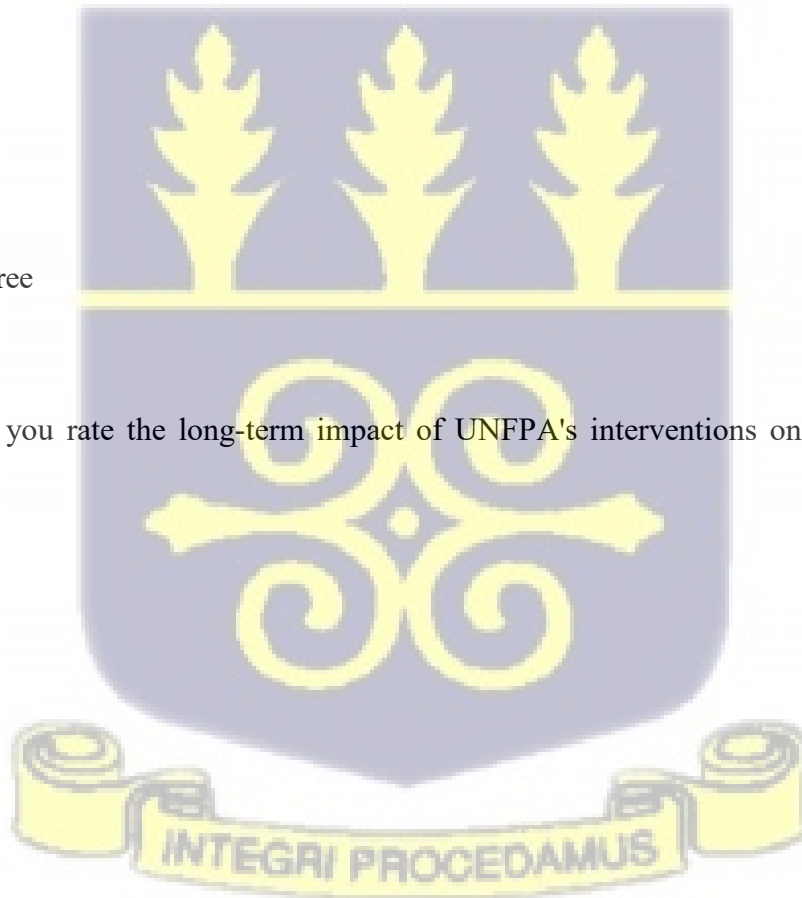
Very low

Low

Moderate

High

Very high



39. What do you consider to be the most significant contribution of UNFPA in addressing GBV during the pandemic?

.....
.....

40. How could UNFPA's contributions be made more relevant to the Ghanaian context in future crisis situations?

.....
.....

