

United Nations Population Fund (UNFPA) Ghana 7th Country Programme

(Programme period: 2018-
2022)

Evaluation team

Evaluation team

- Joshua, Kembo, Team Leader/
PD/A&Y Expert
- Eugene Kofuor Darteh,
SRHR/Gender/

Evaluation manager

- Eric, Okrah, Evaluation
Manager

Evaluation reference group

- [Name, Surname, Organization]
- [Name, Surname, Organization]
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- [Name, Surname, Organization]
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Country context / UNFPA CP background

Country context: Ghana is one of the countries in Western Africa and is situated on the coast of the Gulf of Guinea. Ghana is one of the leading countries in Africa regarding democracy and socio-economic development, partly because of its considerable natural wealth and partly because it was the first black African country south of the Sahara to achieve independence from colonial rule. Located in an increasingly volatile West African region, the vast majority of Ghana's approximately 30.8 million population enjoy enviable civil liberties, stability, and security. Ghana consistently ranks among the top countries in Africa for speech, press, and religious freedoms.

UNFPA CP background: CP7 articulates the organisation's contribution to achieving national priorities, goals, and results as set out in the Government of Ghana National Medium-Term Framework and the UNSDP. The CP follows a five-year cycle and is aligned with the UNSDP and with country programmes of other United Nations organisations. The CP is aligned with national priorities in the Ghana Coordinated Programme of Economic and Social Policy (2017-2024) and the Medium-Term Development Policy Framework (2018-2021); Compact of Commitment, the SDGs on the most vulnerable women, adolescents, and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and the African Union 2063 agenda. CP7 was developed in collaboration with the Government, Civil Society Organisations, Academia, United Nations agencies, and other strategic partners, and was built on existing partnerships. CP7 focused on four outcomes and four outputs covering Sexual and Reproductive Health and Rights (SRHR), Adolescents and Youth (AY), Gender Equality and Women's Empowerment (GEWE) and Population Dynamics (PD). There were various key interventions linked to each output.

Purpose and objectives

Main purposes

1. Demonstrate **accountability**.
2. Support **evidence-based decision-making**.
3. Contribute key **lessons learned** to the existing knowledge base.

Objectives

- i. Provide the UNFPA Ghana CO, national stakeholders and rights-holders, the Regional Office, UNFPA Headquarters as well as a wider audience with an **independent assessment** of the UNFPA Ghana 7th CP (2018-2022).
- ii. Broaden the evidence base to **inform the design of the next programme** cycle.

Scope

Concerning **geographic focus**, the evaluation targeted the covered 6 regions out of the 10 that existed before new regions were created in 2019. The 30 districts where UNFPA implemented interventions are the Greater Accra, Central, Volta, Ashanti, Brong Ahafo, Upper East, regions, and 30 districts.

Regarding **thematic scope**, the evaluation included the thematic areas of the 7th Country Programme (CP), namely: sexual and reproductive health, adolescents and youth, gender equality and the empowerment of women and girls, and population and development. In addition, the evaluation covered cross-cutting issues of human rights, gender equality, disability, displacement and migration status, and transversal aspects of coordination, monitoring and evaluation (M&E), innovation, resource mobilisation, and strategic partnerships.

On **temporal scope**, the evaluation covered interventions planned and/or implemented within the period of the current CP7: 2018-2022.

Methodology

Theory-based approach: Theory of change cornerstone of analysis

Participatory approach: Including the perspectives of diverse stakeholders (incl. rights holders and duty bearers)

Mix of quantitative and qualitative data collection methods

Given the fact that the evaluation was conducted during the COVID-19 pandemic, the evaluation team followed the UNFPA Evaluation Office guidance “Adapting Evaluation to the COVID-19 pandemic”. The stakeholders selected at national and sub-national levels were consulted through interviews using remote (online) access using various communication channels that included Zoom and phone calls, as appropriate and feasible, according to the COVID-19 pandemic context. The FGDs were conducted using face-face interactions.

Snapshot

- **38** key informant interviews conducted
- **140+** documents were reviewed
- **88** FGD participants across all 3 Zones (Coastal, Middle and Northern)
- Analysis of financial and programme data

CP had a budget of \$20.5M and covered four programmatic areas: (a) SRH (US\$7.8M: 38.1%); (b) Adolescents & Youth (US\$4.8M: 23.5%); (c) Gender Equality & Women’s Empowerment (US\$4.4M:21.8%), Population Dynamics (US\$2.2M:10.8%), and programme coordination & assistance (US\$1.2M:5.9%).

The lowest budget utilisation rate of 60.2% was for family planning and maternal health information and services in 2019. The highest utilisation rate was for the same sub-programme in 2020 (104.0%).

Conclusions and Supporting findings

Conclusion 1:

The GoG/UNFPA's 7th Country Programme is well aligned to national and international development priorities. The CP effectively responded to the changing environment and needs including humanitarian settings and the COVID-19 pandemic. UNFPA is a strategic partner to the GoG, other UN agencies and leading bilateral agencies.

Supporting findings

- UNPPA Ghana is well acknowledged as the main SRH service provider, with a focus on the most deprived and vulnerable populations.
- The CP7 is well aligned to international and national and development priorities. It is relevant to UNFPA mandate, the needs of the Government of Ghana as well as the beneficiaries.
- The CP7 was relevant and strategically aligned to national and international development frameworks. Wide stakeholder consultation at national and sub-national levels during the design of the CP7 enhanced ownership and relevance.
- CP7 contributed to the UNFPA's Global Strategic Plan of 2018-2021, which was to achieve universal access to SRH, realise reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the International Conference on Population and Development Programme of Action.
- The CP7 was responsive to changing national needs and environment especially in emergencies, including the COVID-19 pandemic. However, there were emerging needs such as the effects caused by COVID-19 on the population that continue to pose a risk

Conclusion 2:

UNFPA provided strategic leadership and advocacy for integrated programming with a focus on gender, human rights-based approaches and leaving no one behind.

Supporting findings

- Most national policies and guidelines mainstreamed gender and human rights-based approaches. The CP7 adopted approaches that ensured equity in programming.
- In addition, during the implementation of CP7, strengthening the utilisation of differentiated service delivery models that effectively respond to the unique needs and contexts of vulnerable populations.
- For instance, in SRH, UNFPA provided capacity building in delivering high-quality integrated family planning and comprehensive maternal health services and basic Emergency Obstetric and Neonatal Care services. The programme focussed on reducing regional disparities in skilled attendance at birth. Interventions included building midwifery training institutions' capacity to deliver pre-service education and the creation of an enabling environment for the midwifery workforce.

STRATEGIC CONCLUSION CONCLUSION 3:

UNFPA is an active member of the UNCT and is a valued strategic partner of the GoG and other key stakeholders. UNFPA embraced DaO under UNSDP 2018-2022 more so within the context of UN Joint Programmes. The CP7 had a well-articulated coordination framework for the implementation of the programme at national and sub-national levels.

Supporting findings

- UNFPA CO contributed positively to the UNCT and applied its comparative advantage for the effective and efficient running of the UN coordination mechanisms in SRH, GBV youth and PD. UNFPA is an influential key player in the UNCT.
- It has held key responsible positions in various committees and technical working groups contributing to the country's development agenda.
- The active contribution was evident from the role UNFPA played in participating as chair, co-chair, lead and member in technical working groups, thematic groups and joint initiatives. UNFPA was elected as the chair of the UN data group for 2020. UNFPA was a co-chair in 2019. The Data group supported Ghana Voluntary National Review (VNR) activities especially regarding the consultations of the themes; data use and supporting Ghana Statistical Service to build greater statistical capacity and reuse of the open-source common set of software.

UNFPA has a robust financial management and tracking system that facilitated programmatic and financial accountability. However, in some instances there were delays between requisition of funds by IPs and disbursement by UNFPA and this at times affected the timely implementation of interventions.

Supporting findings

- The implementation of programmatic interventions was done through government and NGO IPs who were managed by the Ghana CO, based on annual financial disbursements with agreed workplans and reporting. Monthly and quarterly meetings were held between UNFPA and IPs, in addition to joint monitoring. IPs reported that UNFPA supported to build their institutional and individual capacities.
- The UNFPA Ghana CO has a clear and robust system of ensuring checks and balances, and that IPs were accountable for deliverables and funds disbursed on time.
- This robust system however requires further strengthening to reduce the time between requisition and disbursement of funds to IPs.

Conclusion 5:

The Intervention logic in the results framework is quite robust and clear.

Supporting findings

- The evaluation accounted for the contribution of the four interconnected outputs of the UNFPA Ghana 7th CP to the four outcomes of the UNFPA strategic Plan 2018-2021. The outputs were fully achieved with several unintended results, as outlined below. Implementation modalities of some interventions were adjusted to adapt to the COVID-19 restrictions and response measures.
- There is a clear strategic linkage between planned interventions and the outputs in the intervention logic for CP7. The evidence from the evaluation indicates that the output and strategic actions generally contributed to the outcomes for CP7.

Conclusion 6:

Data as a foundation for evidence-based programming was well articulated in the CPD. However, the investment in data in terms of human and financial resources for CP7 is sub-optimal.

Supporting findings

- UNFPA Ghana supported DOVVSU with financial assistance to scale up the DOVVSU Online Data Management System (DODMAS) at the national, divisional and district levels for data capture nationwide.
- UNFPA through the CP7 with the collaboration with the Ghana Police Service trained and equipped DOVVSU officers with the requisite skills, knowledge and expertise in data collection and recording on sexual gender-based violence on to the DODMAS.
- The CO provided support to the Ghana Population and Housing Census (PHC) that was conducted in 2021. The 2021 PHC was conducted to provide updated demographic, social and economic data to support national development activities and track the implementation of national, continental, and global development goals.
- UNFPA provided technical assistance for the generation, analysis, and utilisation of disaggregated data, at national and subnational levels, to monitor the SDGs. UNFPA supported the provision of M&E support to the UN Programme Criticality Assessment including Peer Review on indicators in COVID 19 as well as developed a draft Results Framework for the reporting of progress on

Conclusion 7:

Although SBA improved over the years, the quality of obstetric care was low.

Supporting findings

- This situation could have arisen because of the disproportionate distribution of skilled birth attendants/midwives among the population with disparities among the rural and urban communities.
- Also, the below WHO-standard number of BEmONC compliant facilities available in the country to provide the requisite obstetric and new-born care could have contributed to the observed low quality of obstetric care.
- UNFPA provided capacity building in delivering high-quality integrated family planning and comprehensive maternal health services and basic Emergency Obstetric and Neonatal Care services. The programme focused on reducing regional disparities in skilled attendance at birth. Interventions included building midwifery training institutions' capacity to deliver pre-service education and the creation of an enabling environment for the midwifery workforce. Strategic partnerships with the Ministry of Health, Ghana Health Service, and Midwifery Associations, the National Task Team on Obstetric Fistula and Civil Society Organisations leveraged the comparative strengths of partners in the training of midwives and nurses to international ICM standards, as well as the

Conclusion 8:

The National Obstetric Fistula Strategy was valuable to guide fistula management. The current model for addressing obstetric fistula through treatment camps achieved results sub-optimally. It was not sustainable due to the substantial financial resources required. In addition, limited attention was given to the re-integration of fistula survivors.

Supporting findings

- UNFPA contributed to the awareness creation regarding fistula, identification of victims, equipping health facilities to provide routine fistula repair services, rehabilitating and reintegration of victims back into their societies. UNFPA, with other partners, has provided technical and financial support for fistula repairs, equipping repair facilities.
- Treatment of obstetric fistula cases through treatment camps yielded results in terms of reducing the backlog but did not achieve the annual repair targets set.
- The number of fistula survivors who were reintegrated into their communities was very minimal in comparison to the numbers which had been repaired and required rehabilitation/reintegration.

Conclusion 9:

Integrated SRH outreaches for youth in specific convergence points were more sustainable than stand-alone youth facilities such as youth-friendly corners.

Supporting findings

- While adolescents and youth preferred free-standing facilities to services based within facilities, it was observed that youth-friendly corners or spaces were expensive and not sustainable and therefore should be integrated into the routine health services.
- The associated challenge is that if the youth are required to access the services and they prefer the stand-alone ones, then integration despite being sustainable will not serve the purpose because the youth will not prefer these services.

Conclusion 10:

The use of digital and online platforms particularly in the era of COVID-19 had the potential to increase access by adolescents and youth to SRH information.

By supporting digital innovation driven by young people, UNFPA Ghana was able to engage young people through technology and online platforms to increase their access to SRH information and services.

Supporting findings

- Remote approaches such as telephone, digital applications, SMS text messaging, voice calls and interactive voice response were initiated for relevant family planning consultations and delivering supplies to beneficiaries. In addition, remote awareness sessions were conducted through Zoom or Teams.
- UNFPA staff, government partners and IPs reported during the evaluation that the COVID-19 pandemic and lockdown has slowed down the efforts to fill the gap on SRHR. COVID-19 caused delays and challenges to meet the implementation targets, as expressed by IPs during the evaluation. They also added that introduction of technology and digitalization helped to overcome these issues and supported the shift to remote implementation. Moreover, accessing services through online and digital tools allowed for equitable access to services and information for women and men equally.

Conclusion 11:

Harmful/hegemonic masculinity remained a challenge to the realisation of GEWE.

Supporting findings

- Despite the successes in social mobilisation, and social norm changes, norms and harmful practices that contribute to GBV remained a challenge to the realization of GEWE.
- Without shifting these norms which exist among some service providers as well as communities, significant progress of reducing the prevalence of GBV becomes limited.
- CP7 focused on preventing and responding to GBV and reducing child marriage, the organisation is well positioned as a strategic partner to the Government of Ghana in this regard. National partners interviewed during the evaluation confirmed that UNFPA is one of the main actors on GBV within the development community and has played a key role in breaking the silence vis a vis violence. It also strengthened and institutionalised the protection system and supported the development of policies and strategies, which were seen as a major change.
- Safe spaces established by UNFPA for women and girls provided different awareness, social and recreational activities that aimed for combating GBV and promoting women

Conclusion 12:

Integrated women and girl's empowerment and livelihood strategies were effective in reducing the risk and vulnerability to GBV and harmful practices, especially in the current era of COVID-19.

Supporting findings

- Combining economic empowerment for women and girls with gender-transformative programming integrated with SRHR was effective in reducing risks and vulnerability to GBV and harmful practices including early and child marriage, especially in the current COVID-19 pandemic.
- The CP7 through their mentorship activities with PASS, the SISTAS Initiative, and the concluding child marriage programme contributed to the empowerment of respective marginalised young girls and positioned them to improve the prevention of SGBV. Also, several adolescent girls had their capacity built to enhance their decision-making capabilities about their relationships, sexuality and marriage

Conclusion 13:

UNFPA in Ghana is responsible for Gender and GBV given the absence of UNWOMEN.

Supporting findings

- UNWOMEN is not operational on the ground in Ghana.
- Human resources to respond to increasing needs of the gender portfolio needs to be expanded to address the pressing needs of GBV and gender equality.
- In addition, the evaluation found that there still is a lot to be done in Gender/ GBV to address inequalities and GBV in Ghana. There is need to widen the scope of interventions to also address the social norms and other root causes behind women's low political and economic participation. Cultural barriers are a major concern and there are geographic inequalities on gender issues. Government partners as well stressed on the need to focus on the implementation of the developed strategies and policies and to address the gaps at the local level. Through CP7, UNFPA was one of the few organizations that focused on the elderly, being one of the most marginalized groups. Especially with the COVID-19, the elderly people were hit hard, their access to direly needed health

Conclusion 14:

Significant progress was achieved in advocating for evidence-based information advancing the integration of the demographic dividend strategic areas into policies and programmes, providing technical assistance for the generation, analysis, utilisation of disaggregated data, at national and sub-national levels to monitor the SDGs; aiding the conduct of the 2021 national census and sociodemographic surveys.

Supporting findings

- UNFPA's contribution to the PHC in Ghana and Harnessing the Demographic Dividend were notable. This support was aimed towards improved national population data systems to map and address inequalities, advance achievement of the SDGs and ICPD, and inform interventions in times of humanitarian crisis, and in particular, the COVID-19 pandemic.
- UNFPA participated in the Population and Development Cross-Sectoral Planning Group initiatives to produce the Ghana ICPD commitment matrix which was included in the National Medium-Term Development Policy Framework.
- Challenges remained particularly about adequate funding and capacity building initiatives, especially in the areas of further analysis of demographic and population data.

Recommendations

1: During the design and

STRATEGIC RECOMMENDATIONS

implementation of the 8th CP, priority should be given to wide consultations with key stakeholders at all levels during programme implementation, consolidation of strategic partnerships, and responsiveness to the changing environment and needs in the development and humanitarian settings, including COVID-19.

Timeframe: Short-term

Target: UNFPA CO, MDAs, MoGCSP, DOVVSU, Local
Priority level: High Government, Municipal, District Assemblies, & IPs

Operational actions

The next country programme, i.e., the 8th CP, should be absolutely aligned to international, national and sub-national priorities and needs as well as being responsive to the changing environment including the COVID-19 situation. UNFPA and its partners should continue to ensure wide and continuous consultations with key stakeholders at all levels ensuring gender inclusion, hard-to-reach and marginalized as well as most-at risk populations. The strategic partnerships have worked well and should continue in the 8th CP with UNFPA making the best use of its comparative advantage in resource mobilisation from regular and new sources.

Technical implication - CO should support MDAs on the adoption of appropriate methods to continuously reach and consult the marginalized, hard-to-reach and most at risk populations; Financial implication - CO to ensure that adequate financial and human resources are available

2: The 8th CPD should consider sustaining partnerships and resource mobilization for CO programmes.

Operational actions

Successful sustainable development requires the continuation of the dynamic and inclusive strategic partnerships inherent in Ghana CO that involve a variety of stakeholders.

It is imperative for the next country programme, i.e., the 8th CP, to sustain partnerships and resource mobilisation to ensure support to UNFPA's programmes.

Timeframe: Short-term

Priority level: High

Target: UNFPA CO, IPs

Origin: Conclusions: 2

3: There is need for UNFPA CO to continue strengthening partnerships under the UN framework of DaO. Partnerships with bilateral development partners and MDAs should be strengthened. UNFPA should strategically partner with institutions and MDAs that have mandate to address drivers of GBV/DV and harmful practices related to effects of emergencies such as COVID-19.

Operational actions

The technical implications are (a) under DaO, UNFPA should continue to optimally make use of its comparative advantage as technical expertise and thought leader in SGBV as well as data and evidence-driven agency in integrated programming anchored on gender and human rights with technical expertise in multi-sectoral programming and the humanitarian aid-development nexus; (b) UNFPA should deliberately create strategic alliances with MDAs to increase opportunities for holistic programming for Gender equality and empowerment of women and girls, GBV prevention and elimination of harmful practices. This should be preceded by formative assessments on the GBV-harmful practices, climate change and environmental degradation nexus in development and humanitarian settings; and analysis of risk factors for GBV, gender inequality and human rights violations during humanitarian emergencies and the

Timeframe: Short-term

Priority level: High

Target: UNFPA CO, MDAs, and IPs

Origin: Conclusions: 3

4: The next CP (8) should continue and further strengthen the existing multi-sectoral coordination framework that guided CP7. It should improve coordination to eliminate any possibilities of parallel coordination frameworks that have the potential to undermine the multi-sectoral coordination structure and mandate at national and sub-national levels.

Timeframe: Short-term

Operational actions

There is a need to ensure that one of the major scores in the selection of potential IPs should be the physical presence in regions and districts of operation. The local government should also participate in vetting IPs that will implement activities in their areas of jurisdiction. This will further improve and strengthen relationships between IPs and local governments and is key for accountability and sustainability.

management system in the UNFPA Ghana CO to facilitate programmatic and financial accountability by paying particular attention to innovative strategies aimed at reducing the time between requisition and disbursement of funds to IPs. The UNFPA Ghana CO should have a dialogue with MDAs on strategies of strengthening the financial and programme accountability of local governments. The CO should also review the current financial disbursement mechanisms to local governments particularly to facilitate supervision, coordination and holding IPs accountable for results and deliverables.

Operational actions

The technical implication is that there is a need for training including coaching and mentoring of all IPs on the financial management systems, procedures, and accountability and reporting requirements of UNFPA. Particular attention should be given to the analysis of the workload of IPs about staffing. The human resource implication is that the staffing at the finance unit at UNFPA should be strengthened to enhance timely review of financial reports and feedback to IPs.

Timeframe: Short-term

Priority level: High

Target: UNFPA CO

Origin: Conclusions: 4

STRATEGIC RECOMMENDATIONS

6: Strong strategic leadership and capacity building is needed to support integrated programming at national and the sub-national levels.

Operational actions

There is considerable appreciation and efforts to adopt strategies for integrated programming in SRHR/ HIV, GEWE and PD particularly at the national level. However, there are capacity gaps and challenges in leadership and implementation of the integrated programming approach at the sub-national level. The technical implication is that advocacy by the CO among the top leadership of MDAs and local government for integrated programming should be a major priority for the next CP. There is a need to systematize, standardize, monitor and establish accountability mechanisms for integrating gender equality, rights and gender transformative programming in existing GoG programmes.

Timeframe: Medium

Priority level: High

Target: UNFPA CO, MDAs, MMDAs, IPs

Origin: Conclusions: 2

7: To strengthen equity, the human rights-based approach and leaving no one behind, the next CP should actively advocate for use of the differentiated service delivery model to facilitate an effective response to the peculiarities of needs and diverse contexts of hard-to-reach populations and communities.

Timeframe: Medium

Priority level: High government

Target: UNFPA CO, MDAs, local

Operational actions

Service delivery and programming models for the general population rarely effectively target hard to reach communities, persons with disabilities, people in fishing communities, people living in mountainous areas, and most-at-risk populations, to mention just a few.

The technical implication is that UNFPA CO should work with MDAs, local governments and partners to make deliberate efforts to explore different specialized and context specific models that are effective in reaching these groups and communities. The CO should advocate for the application of lessons learnt from HIV and AIDS and most recently COVID-19 programming where adoption of these models has increased effectiveness of targeting and meeting the needs of hard-to-reach population groups and communities.

Origin: Conclusions: 2

8. UNFPA CO and its partners should ensure that the next CP continues to strengthen focus on SRHR, Gender, Youth empowerment and data and evidence-based programming to ensure acceleration of the achievement of the 3 transformative results. This will increase the comparative advantage of UNFPA and further increase its credibility among multilateral and bilateral donors as well as among the key government of Ghana sectors.

Operational actions

The financial and human resource implications are that there is a need to deliberately mobilize resources to increase investment in SRHR, Gender, Youth empowerment and data with a focus on human and systems at UNFPA Country Office, among strategic MDAs and at local government.

At the UNFPA Country Office, more support is needed to ensure a balance between workload and staffing to foster effective and quality research, monitoring, learning and knowledge management.

Timeframe: Medium

Priority level: High

Target: UNFPA CO, NDPC, MDAs, local government

Origin: Conclusions: 6

9: UNFPA should support MoH/GHS to improve the robustness of the MPDSR system.

Operational actions

The technical implication is that the UNFPA Ghana CO should engage MoH/GHS in the strengthening of the MPDSR committees at the national and district levels; strengthening the community level intelligence/surveillance for maternal deaths; encouraging pregnancy mapping and tracking by VHTs; strengthening the accountability/feedback systems for health at community and national level and orienting political/technical leaders on the importance of MPDSR and safe motherhood..

Timeframe: Short-term

Priority level: High

Target: UNFPA CO, MOH

Origin: Conclusions: 2

10: Fistula repair should be integrated into other routine health services and more attention should be given to the re-integration of fistula survivors in the general community.

Operational actions

The technical implication is that the UNFPA Ghana CO should engage MoH/GHS to ensure that treatment interventions are integrated and supported through routine health care. Health facilities which provide this service can be supported and strengthened, including through capacity building for the various cadres of health personnel and equipping of these facilities to conduct routine repairs. The intervention should be linked to efforts to prevent obstetric fistula, to raise community awareness on fistula and to demand-generation through community mobilisation. UNFPA should mobilize resources to support MoH/GHS and other actors in the scale up of the re-integration of fistula survivors.

Timeframe: Medium

Priority level: Medium Target: UNFPA CO, MOH, local government

Origin: Conclusions: 3

11: MoH in liaison with UNFPA should support the scale up of interventions /mechanisms that address persistent FP commodity stock-outs by operationalizing the redistribution strategy.

Timeframe: Short-term

Priority level: High

Target: UNFPA CO, MOH

Operational actions

The technical implication is that UNFPA should support MoH with the scale up of interventions /mechanisms aimed at addressing FP commodity stock-outs.

These should include the following: strengthening systems for FP stock status, tracking and implementing the re-distribution strategy (inter-and intra-district); supporting the community-based distribution of contraceptives; building capacity for forecasting of RH supplies down to HC III level; strengthening the logistic management information system for commodities to the last mile, and strengthening the one warehouse strategy to deliver an adequate FP method mix.

Origin: Conclusions: 4

12: The UNFPA Ghana CO should continue the meaningful engagement of young people at all levels of adolescent and youth programming including the scale up investment in innovations by young people in the use of digital and online platforms and other approaches to increase access to SRH information.

Operational actions

The technical implication is that the UNFPA Ghana CO should advocate for strengthened opportunities and platforms for adolescents and young people as effective advocates for their SRH, for gender equality and to address their rights. This should involve capturing their priorities and insights in developing approaches to stimulate demand creation among their peers. Due to the increasing use of digital and online platforms, including social media by young people, they should be involved in the design of these platforms.

Timeframe: Short-term

Priority level: High

Target: UNFPA CO, MOH, IPs

Origin: Conclusions: 7

13: The CO should advocate for significant investment and systems strengthening to foster consistent and sustained social norm change targeting service providers, leaders and local communities. For these campaigns to be more effective, they should be informed by formative research.

Operational actions

For harmful social norms to be addressed effectively, there must be sustained social norm change campaigns with a good level of coverage to facilitate reaching a critical mass of community activists and to facilitate social diffusion. This should involve increasing the number of community activists and MAGs among others as well as building strong support systems following the socio-ecological model. The financial implication is that UNFPA should support formative research to assess the situation in specific communities which is essential to developing appropriate and effective interventions.

Timeframe: Short-term

Priority level: High

Target: UNFPA CO, local governments

Origin: Conclusions: 8

14: UNFPA and its partners should consider streamlining integrated SRHR/GEWE interventions for women, youth, and adolescent groups but with a strong focus on vocational skills training, combined with gender transformative programming and power analysis.

Operational actions

The technical implication is that UNFPA Ghana CO and IPs should review, strengthen and standardize the current integrated SRHR/GEWE package of services to increase its focus on vocational skills training and IGAs. UNFPA should invest in building the capacity of human resources of MDAs, local governments and CSOs in gender transformative and power analysis programming. These aspects should be strengthened to address drivers and risk factors for GBV inherent in patriarchal norms.

Timeframe: Short-term

Government and Rural Development; Local Government Service, and the various Metropolitan, Municipal and District Assemblies

Ministry of Local

Origin: Conclusions:
9

15: Build the Capacity of UNFPA CO Gender Unit and Implementing Partners to effectively address issues on GBV by using Evidence Based Information

Operational actions

GBV responses and interventions should be evidence-based to properly and effectively track the progress of the programmes. The UNFPA CO Gender Unit and Implementing Partners capacity should be built to identify and incorporate emerging issues on GBV / gender inequality.

Timeframe: Medium-term

Priority level: High

Target: UNFPA CO, MoGCSP, Local Government

Origin: Conclusions:
10

16: The UNFPA Ghana CO should support the building of further capacity for integration of youth and gender-friendly services within health facilities and communities in the country.

Operational actions

The next CP (8) should leverage resources for greater investment in establishing the capacity of health care workers to provide integrated youth and gender-friendly SRH services and to undertake effective community outreach to generate demand.

Timeframe: Medium-term

Priority level: Medium

Target: UNFPA CO, MOH, MOE

Origin: Conclusions: 7

17: The CO should advocate for and support the development of a clear, realistic and feasible scale up strategy and plan for effective GBV prevention and response interventions country-wide to create a strong impact in the reduction of GBV and harmful practices.

Operational actions

Advocacy efforts should be made to explore the use of the Expandnet model developed by WHO and that has proved to guide scale up in low- and middle-income country settings. The technical implication is that UNFPA should advocate for and support the use of these models to be adopted for scale up by other agencies and partners. It should invest human resources at the CO level, MDAs, local governments and CSOs to effectively use evidence-based models for scale up of GEWE and GBV interventions.

Timeframe: Medium-term

Children and Social Protection/Department of Gender
at the District level, DOVVSU, Municipal and District
Assemblies

Ministry of Gender,

Origin: Conclusions:

10

18: UNFPA in conjunction with MoH and MoE should strengthen current efforts to streamline and harmonize the different databases on GBV at national and sub-national levels.

Operational actions

The technical implication is that UNFPA in partnership with other UN agencies and MDAs should support the different databases on GBV through expanding its district coverage. This will require financial investments in building the capacity of human resources and addressing infrastructural gaps (equipment and ensuring constant internet connectivity).

Timeframe: Medium-term

Priority level: High

Target: UNFPA CO, MoGCSP, local government

Origin: Conclusions:
10

should focus on the momentum built on providing assistance for the conduct of the first fully digital census, the 2021 Population and Housing Census in Ghana and advocating for evidence-based information advancing the integration of the demographic dividend strategic areas into policies and programmes. In this regard, the CO should advocate for and support to increase and ensure adequate resource mobilisation for PD to match the current needs.

Operational actions

UNFPA should advocate PD issues to ensure that it is prioritized for funding by the government and donors. There is a need to build the technical capacity of human resources at CO and MDAs to effectively popularize and give visibility to PD issues.

Timeframe: Long-term

Priority level: High

Target: UNFPA CO, GSS

Origin: Conclusions:
11



Thank you!

For more information, read the evaluation materials available at UNFPA CO.

AVAILABLE EVALUATION MATERIALS

- Design report
- Evaluation report
- Presentation

For any questions on the evaluation, contact okrah@unfpa.org, Evaluation Manager

