



**EVALUATION OF THE GOVERNMENT OF GHANA/
UNITED NATIONS POPULATION FUND (UNFPA) GHANA
7th COUNTRY PROGRAMME
(2018 – 2022)**

REVISED FINAL EVALUATION REPORT

March 2022

Map of Ghana



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Abbreviations and Acronyms

| | | | |
|--------|--|---------|--|
| ADHD | Adolescent Health and Development | ASRH | Adolescent Sexual and Reproductive Health |
| AY | Adolescents and Youth | AYFHS | Adolescent and Youth-Friendly Health Services |
| APR | Annual Progress Report | CAOs | Chief Administrative Officers |
| CEDEP | Centre for the Development of People | CFR | Case Fatality Rate |
| CHAG | Christian Health Association of Ghana | CO | Country Office |
| CP | Country Programme | CPD | Country Programme Document |
| CPE | Country Programme Evaluation | CSE | Comprehensive Sexuality Education |
| CSOs | Civil Society Organisations | DAC | Development Assistance Committee |
| DCDOs | District Community Development Officers | DEOs | District Education Officers |
| DLG | District Local Government Level | DHIS II | District Health Information Software II |
| DHOs | District Health Officers | DOG | Department of Gender |
| DOVVSU | Domestic Violence and Victims Support Unit | EMoNC | Emergency Obstetric and Newborn Care |
| ERG | Evaluation Reference Group | ETL | Evaluation Team Leader |
| FBOs | Faith-Based Organisations | FGDs | Focused Group Discussions |
| FIDA | International Federation of Women Lawyers | FSWs | Female Sex Workers |
| GBA | Ghana Beyond Aid | GBV | Gender-based Violence |
| GDHS | Ghana Demographic and Health Survey | GE | Gender Equality |
| GES | Ghana Education Service | GEWE | Gender Equality and Women's Empowerment |
| GFR | General Fertility Rate | GHS | Ghana Health Services |
| GMHS | Ghana Maternal Health Survey | GNI | Gross National Income |
| GoG | Government of Ghana | GPS | Ghana Police Service |
| GSS | Ghana Statistical Service | HDI | Human Development Index |
| HDR | Human Development Report | ICPD | International Conference on Population and Development |
| IM | Independent Monitoring | IOM | International Organisation for Migration |
| IPs | Implementation Partners | J2SR | Journey to Self-Reliance |
| KIIs | Key Informant Interviews | KPs | Key Populations |
| KNUST | Kwame Nkrumah University of Science and Technology | LMIC | Lower Middle-Income Countries |
| MAGs | Men Action Groups | MARPs | Most-At-Risk Populations |
| MDAs | Ministries, Departments and Agencies | MDGs | Millennium Development Goals |
| M&E | Monitoring and Evaluation | MISP | Minimum Initial Service Package |
| MMR | Maternal Mortality Ratio | MoE | Ministry of Education |
| MoGCSP | Ministry of Gender, Children and Social Protection | MoH | Ministry of Health |
| MSM | Men Who Have Sex with Men | NCCE | National Commission on Civic Education |

| | | | |
|--------|--|----------|--|
| NDPC | National Development Planning Commission | NPC | National Population Council |
| NYA | National Youth Authority | ODA | Official Development Assistance |
| PAYDP | Purim African Youth Development Platform | PD | Population and Development |
| PHC | Population and Housing Census | PPAG | Planned Parenthood Association of Ghana |
| PPM | PRECEDE-PROCEED Model | RIPS | Regional Institute for Population Studies |
| SDGs | Sustainable Development Goals | SGBV | Sexual and Gender-Based Violence |
| SRHR | Sexual and Reproductive Health and Rights | SWAA | Society of Women Against AIDS in Africa |
| TFR | Total Fertility Rate | ToC | Theory of Change |
| ToR | Terms of Reference | UCC | University of Cape Coast |
| UG | University of Ghana | UN | United Nations |
| UNAIDS | Joint United Nations Programme on HIV/AIDS | UNCT | United Nations Country Team |
| UNDAFs | United Nations Development Assistance Frameworks | UNDG | United Nations Development Group |
| UNDP | United Nations Development Programme | UNEG | United Nations Evaluation Group |
| UNFPA | United Nations Population Fund | UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund | UNSDP | United Nations Sustainable Development Partnership |
| UNGT | UN Gender Team | UN Women | United Nations Entity for Gender Equality and the Empowerment of Women |
| WHO | World Health Organisation | | |

Key Facts Table

| Land | |
|---|--|
| Geographical location ¹ | West Africa, borders Burkina Faso to the northwest and north, east of Togo, south of the Atlantic Ocean and west of the Côte d'Ivoire. |
| Land area ² | 238,535 square kilometres |
| Terrain ³ | Generally low level except for Afadjato Mountain which is the highest point (883 m) above sea level, and a series of hills on the eastern border |
| | Ghana can be divided into three ecological zones: the low, sandy coastal plains, with many rivers and streams. the middle and western parts of the country, characterised by a heavy canopy of semi-arid rainforests, with many streams and rivers. and a northern savannah, drained by the Black and White Rivers Volta |
| People | |
| People ⁴ | It has over 54 ethnic groups, with the Akan being the largest group (45.7%), followed by Mole-Dagbani (18.5%), Ewe (12.8%), and Ga-Dangme (7.1%) and others. |
| Population ⁵ | Total Population (2021) (millions) 30,832.019; Male=15.2 (49.3%); Female= 15.6 (50.7%); Urban Population: 17,472,530 (56.7%); Rural Population: 13,359,489 (43.3%) Population growth rate 2.1% (2000-2021) |
| Government ⁶ | Republic per 1992 Constitution 1957: Independence from British colonial rule 1960: Ghana becomes a republic 1969: First military intervention in government (second republic) 1979: June 7 (third republic) 1992: Constitution of Ghana adopted (fourth republic) |
| Economy | |
| GDP Per Capita (US\$) Current Prices ⁷ | 8,863 (2018) |
| GDP Growth Rate (%) ⁸ | 6.3% (2018) |
| Proportion of Population below the National Poverty line (%) ⁹ | 23.4% (2016/2017) |
| Income distribution (GINI Coefficient) ¹⁰ | 43.0% (2016/2017) |

¹ Boateng, E. Amano, Davies, . Oliver, Maier, . Donna J. and Fage, . John D. (2021, March 18). Ghana. Encyclopaedia Britannica. <https://www.britannica.com/place/Ghana>

² GSS. (2012). 2010 Population and Housing Census Final Results.

³ Kumi-Kyereme, A., Amu, H., & Darteh, E. K. M. (2017). Barriers and motivations for health insurance subscription in Cape Coast, Ghana: a qualitative study. *Archives of Public Health*, 75(1), 1-10.

⁴ Ghana Statistical Service (GSS). (2021). *Ghana 2021 Population and Housing Census General Report Volume 3A: Population of Regions and Districts*. Accra, Ghana: GSS.

⁵ Ghana Statistical Service (GSS). (2021). *Ghana 2021 Population and Housing Census General Report Volume 3C: Background Characteristics*. Accra, Ghana: GSS.

⁶ Boateng, E. Amano, Davies, . Oliver, Maier, . Donna J. and Fage, . John D. (2021, March 18). Ghana. Encyclopaedia Britannica. <https://www.britannica.com/place/Ghana>

⁷ Rebased, G. S. S. (2019). Rebased 2013-2018 annual gross domestic product. Accra: Ghana Statistical Service. *Statistics for Development and Progress*, 9.

⁸ Rebased, G. S. S. (2019). Rebased 2013-2018 annual gross domestic product. Accra: Ghana Statistical Service. *Statistics for Development and Progress*, 9.

⁹ Ghana Statistical Service. (2018). Ghana Living Standards Survey Round 7 (GLSS 7), Poverty trends in Ghana 2005–2017.

¹⁰ Ghana Statistical Service. (2018). Ghana Living Standards Survey Round 7 (GLSS 7), Poverty trends in Ghana 2005–2017.

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|--|-----------------------|
| US\$ Labour Productivity Per Worker – Total ¹¹ | 4.178 (2016/17) |
| Working-Age Population Employed ¹² | 67.9% (2016/17) |
| Social and Health Indicators | |
| Human Development Index Rank ¹³ | 0.611 |
| Unemployment rate (overall) ¹⁴ | 9.1 |
| Per capita public health expenditure US\$ ¹⁵ | 964,682,652.87 (2010) |
| Literacy Rate (10 years +) - Total ¹⁶ | 67% (2014) |
| Total Fertility Rate ¹⁷ | 3.9 (2017) |
| Infant mortality rate per 1000 live births ¹⁸ | 37 deaths (2014-2017) |
| Under-five mortality rate per 1,000 live births ¹⁹ | 52 deaths (2014-2017) |
| Maternal mortality ratio per 100,000 live births ²⁰ | 310 deaths (2017) |

Sustainable Development Goals Status: Ghana

| Goal | Indicator and Source | Status |
|-------|--|-------------------------------------|
| SDG 1 | Poverty headcount ratio at \$1.25 a day (% of the population) (PPP) ²¹ | 28.6% |
| SDG 2 | Prevalence of stunting (low height-for-age) in children under 5 years of age (%) ²² | 19% (2014) |
| | Prevalence of wasting in children under 5 years of age (%) ²³ | 5% (2014) |
| | Prevalence of obesity. BMI \geq 30 (% adult population) ²⁴ | 15% for women 3.2 for men (2014) |
| | Maternal mortality ratio per 100,000 live births ²⁵ | 310 maternal deaths (2017) |
| | Neonatal mortality rate per 100,000 live births ²⁶ | 25 deaths (2017) |

¹¹ CEIC Data (n.d.). <https://www.ceicdata.com/en/indicator/ghana/labour-productivity-growth#:~:text=Ghana%20Labour%20Productivity%20Growth%20data,annual%20GDP%20per%20person%20employed>.

¹² GSS (2015). 2015 labour force survey. Retrieved:

https://www2.statsghana.gov.gh/docfiles/publications/Labour_Force/LFS%20REPORT_fianl_21-3-17.pdf

¹³ Baumann, F. (2021). The Next Frontier—Human Development and the Anthropocene: UNDP Human Development Report 2020. *Environment: Science and Policy for Sustainable Development*, 63(3), 34-40.

¹⁴ Ghana. Statistical Service. (2014). *Ghana Living Standards Survey Round 6 (GLSS 6): Poverty profile in Ghana (2005-2013)*. Ghana Statistical Service.

¹⁵ <https://www.moh.gov.gh/wp-content/uploads/2016/02/Ghana-National-Health-Accounts-2005-2010.pdf>

¹⁶ Ghana Statistical Service, Ghana Health Service, ICF Macro International. (2015). Ghana demographic and health survey 2014. Accra: Key indicators GSS, GHS and ICF Macro; p.1–506

¹⁷ Ghana Statistical Service, Ghana Health Service, ICF Macro International. (2015). Ghana demographic and health survey 2014. Accra: Key indicators GSS, GHS and ICF Macro; p.1–506

¹⁸ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

¹⁹ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

²⁰ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018.

²¹ <https://apps.who.int/gho/data/node.cco.ki-GHA?lang=en>

²² Ghana Statistical Service, Ghana Health Service, ICF Macro International. (2015). Ghana demographic and health survey 2014. Accra: Key indicators GSS, GHS and ICF Macro; p.1–506

²³ Ghana Statistical Service, Ghana Health Service, ICF Macro International. (2015). Ghana demographic and health survey 2014. Accra: Key indicators GSS, GHS and ICF Macro; p.1–506

²⁴ Ghana Statistical Service, Ghana Health Service, ICF Macro International. (2015). Ghana demographic and health survey 2014. Accra: Key indicators GSS, GHS and ICF Macro; p.1–506

²⁵ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

²⁶ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

| | | |
|-------|---|------------------------------------|
| SDG 3 | Under-five mortality rate per 100,000 live births ²⁷ | 52 deaths (2017) |
| | Incidence of tuberculosis per 100,000 live births ²⁸ | 144 (2019) |
| | HIV prevalence per 1,000 ²⁹ | 1.6% (2019) |
| | Healthy life expectancy at birth (years) ³⁰ | 58 years (2019) |
| | Adolescent fertility rate (births per 1 000 women ages 15-19) ³¹ | 75 births (2017) |
| | Proportion of births attended by skilled health personnel (%) ³² | 78.9% (2017-2018) |
| SDG 4 | Net primary enrolment rate (%) ³³ | 87.4% (2016) |
| | Expected years of schooling (years) ³⁴ | 11.5 (2019) |
| | Literacy rate of 15–24-year-olds, both sexes (%) ³⁵ | 85.1% (2014) |
| | Primary completion rate ³⁶ | 94.09% (females); 96.02 (males) |
| SDG 5 | Estimated demand for contraception that is unmet (% women married or in union ages 15-49) ³⁷ | 30% (2014) |
| | Proportion of seats held by women in national parliaments (%) ³⁸ | 13.09% (2019) |
| | Proportion of women aged 20-24 years who were married or in a union before age 15 (%) ³⁹ | 4.9% (2017) |
| | Proportion of women aged 20-24 years who were married or in a union before age 18 (%) ⁴⁰ | 20.5% (2017) |
| SDG 6 | Improved water source (% of the population with access) ⁴¹ | 80% (2014) |
| | Access to improved sanitation facilities (% population) ⁴² | 14% (2014) |
| SDG 7 | Proportion of population with access to electricity (% population) ⁴³ | 77% (2017) |

²⁷ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

²⁸ World Bank Data. <https://data.worldbank.org/indicator/SH.TBS.INCD?locations=GH>

²⁹ Ali, H., Amoyaw, F., Baden, D., Durand, L., Bronson, M., Kim, A., ... & Swaminathan, M. (2019). Ghana's HIV epidemic and PEPFAR's contribution towards epidemic control. *Ghana medical journal*, 53(1), 59-62.

³⁰ <https://apps.who.int/gho/data/view.main.HALEXv>

³¹ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

³² <https://apps.who.int/gho/data/node.cco.ki-GHA?lang=en>

³³ World Data ATLAS. <https://knoema.com/atlas/Ghana/topics/Education/Primary-Education/Net-enrolment-rate-in-primary-education>

³⁴ Baumann, F. (2021). The Next Frontier—Human Development and the Anthropocene: UNDP Human Development Report 2020. *Environment: Science and Policy for Sustainable Development*, 63(3), 34-40.

³⁵ Ghana Statistical Service, Ghana Health Service, ICF Macro International. (2015). Ghana demographic and health survey 2014. Accra: Key indicators GSS, GHS and ICF Macro; p.1–506

³⁶ Osei Kwadwo, V., & Konadu, O. A. (2020). Can Ghana Afford the Sustainable Development Goal on Education?. *Africa Education Review*, 17(2), 177-197.

³⁷ Guure, C., Maya, E. T., Dery, S., Vrom, B. D. C., Alotaibi, R. M., Rezk, H. R., & Yawson, A. (2019). Factors influencing unmet need for family planning among Ghanaian married/union women: a multinomial mixed effects logistic regression modelling approach. *Archives of Public Health*, 77(1), 1-12.

³⁸ Baumann, F. (2021). The Next Frontier—Human Development and the Anthropocene: UNDP Human Development Report 2020. *Environment: Science and Policy for Sustainable Development*, 63(3), 34-40.

³⁹ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

⁴⁰ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

⁴¹ USAID.

<https://www.usaid.gov/ghana/water#:~:text=With%20improved%20water%20sources%20available,access%20at%20a%20national%20level>

⁴² Ghana Statistical Service, Ghana Health Service, ICF Macro International. (2015). Ghana demographic and health survey 2014. Accra: Key indicators GSS, GHS and ICF Macro; p.1–506

⁴³ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

| | | |
|--------|---|----------------|
| | Proportion of population with primary reliance on clean fuels and technology (% population) ⁴⁴ | 21.5% (2017) |
| SDG 8 | Proportion of the population using the internet (%) ⁴⁵ | 38% (2017) |
| | Logistics performance index: Quality of trade and transport-related infrastructure (1=low to 5=high) ⁴⁶ | 2.44 |
| | Number of scientific and technical journal articles (per capita) ⁴⁷ | 1276 (2018) |
| SDG 10 | Gini index (0-100) ⁴⁸ | 43.5 (2016) |
| SDG 11 | Improved water source piped (% urban population with access) ⁴⁹ | 41.4% (2014) |
| | Urban population (% of total) ⁵⁰ | 51% (2010) |
| | Population living in slums (% of urban population) ⁵¹ | 30% (2018) |
| | Production-based SO ₂ emissions (kg/capita) ⁵² | 600 (2016) |
| SDG 13 | Energy-related CO ₂ emissions per capita (tCO ₂ /capita) ⁵³ | 0.47 (2017) |
| SDG 14 | Total Fisheries Production (Metric Tons) ⁵⁴ | 379,937 (2016) |
| SDG 15 | Terrestrial protected areas (% of total land area) ⁵⁵ | 15.1% (2018) |
| SDG 16 | Prison population (per 100,000 people) ⁵⁶ | 48 (2017) |
| | Proportion of the population who feel safe walking alone at night in the city or area where they live (%) ⁵⁷ | 82.5 (2017) |
| | Slavery score (0-167) ⁵⁸ | 76 (2018) |
| | Transfers of major conventional weapons (exports) (constant 1990 US\$ million per 100 000 people) ⁵⁹ | 19 million |
| | Bribery incidence (% of firms experiencing at least one bribe payment request) ⁶⁰ | 18.7% (2013) |
| SDG 17 | Tax revenue (% GDP) ⁶¹ | 14.1% (2018) |

⁴⁴ Ghana Statistical Service (GSS), Ghana Health Service (GHS), ICF. Ghana Maternal Health Survey 2017. Accra: GSS, GHS, and ICF. 2018

⁴⁵ World Bank. <https://data.worldbank.org/indicator/IT.NET.USER.ZS?locations=GH>

⁴⁶ World Bank. <https://data.worldbank.org/indicator/LP.LPI.INFR.XQ?locations=GH>

⁴⁷ World Bank. <https://data.worldbank.org/indicator/IP.JRN.ARTC.SC>

⁴⁸ World Bank. <https://data.worldbank.org/indicator/SI.POV.GINI?locations=GH>

⁴⁹ Ghana Statistical Service, Ghana Health Service, ICF Macro International. (2015). Ghana demographic and health survey 2014. Accra: Key indicators GSS, GHS and ICF Macro; p.1–506

⁵⁰ Ghana Statistical Service (GSS). (2013). *2010 Population and Housing Census: National Analytical Report*. Accra, Ghana: GSS.

⁵¹ World Bank. <https://data.worldbank.org/indicator/EN.POP.SLUM.UR.ZS?locations=GH>

⁵² World Bank. <https://data.worldbank.org/indicator/EN.ATM.CO2E.PC?locations=GH>

⁵³ Ritchie, H., & Roser, M. (2020). CO₂ and greenhouse gas emissions. *Our world in data*.

⁵⁴ Index Mundi.

<https://www.indexmundi.com/facts/ghana/indicator/ER.FSH.PROD.MT#:~:text=The%20value%20for%20Total%20fisheries.value%20of%2033%2C800%20in%201960.>

⁵⁵ World Bank. <https://data.worldbank.org/indicator/ER.LND.PTLD.ZS?locations=GH>

⁵⁶ Baffoe-Bonnie, T., Ntow, S. K., Awuah-Werekoh, K., & Adomah-Afari, A. (2019). Access to a quality healthcare among prisoners—perspectives of health providers of a prison infirmary, Ghana. *International journal of prisoner health*.

⁵⁷ Ghana Statistical Service. (2018). Ghana Living Standards Survey Round 7 (GLSS 7), Poverty trends in Ghana 2005–2017.

⁵⁸ Walk Free. Global Slavery Index, 2018. Ghana. <https://www.globalslaveryindex.org/2018/data/country-data/ghana/>

⁵⁹ World Data ATLAS (December 2019). Ghana, National Defense. <https://knoema.com/atlas/Ghana/Arms-exports>

⁶⁰ World Bank. <https://data.worldbank.org/indicator/IC.FRM.BRIB.ZS?locations=GH>

⁶¹ OECD (2020). Revenue Statistics in Africa 2020 — Ghana. <https://www.oecd.org/countries/ghana/revenue-statistics-africa-ghana.pdf>

Structure of the Evaluation Report

The Evaluation Report is structured according to the UNFPA Evaluation Handbook. The first chapter is the introduction. This chapter provides the purpose and objectives of the 7th GoG/ UNFPA Country Programme; the scope of the evaluation as well as the methodology and process. The second chapter presents the country's context, specifically outlining the main development challenges and national strategies, followed by the role of external assistance (both overseas development aid and the United Nations Development Assistance Framework).

The third chapter covers the UN and UNFPA strategic response as well as the UNFPA response through the current CP7 country programme. The fourth chapter provides the findings of the evaluation covering all the evaluation questions on relevance, effectiveness, efficiency, sustainability and coordination. The conclusions of the report are provided in the fifth chapter and these are given at strategic and programmatic levels. The sixth chapter provides the recommendations, and these are also given at strategic and programmatic levels. Finally, the report provides the following annexes: terms of reference, list of persons/ institutions visited and interviewed, documents reviewed, evaluation matrix, stakeholders map, and the CPE agenda.

Acknowledgements

The United Nations Population Fund (UNFPA) wishes to express gratitude to all institutions and individuals who contributed to the successful completion of the Country Programme Evaluation (CPE) of the 7th Government of Ghana/ UNFPA Country Programme, 2018-2022 in Ghana.

Special gratitude goes to the Ministries, Departments and Agencies (MDAs) that were consulted during the CPE including: The Ministry of Health (MoH)/Ghana Health Service (GHS), The Ministry of Finance; Ministry Of Gender, Children and Social Protection (MoGCSP)/ Department of Gender (DoG), National Population Council (NPC), Ministry of Local Government and Rural Development (MLGRD), National Development Planning Commission (NDPC); Ghana Statistical Services (GSS); and the National Youth Authority (NYA). We would like to particularly appreciate the following institutions and their staff which responded to the evaluation: Development Partners including the Royal Norwegian Embassy, High Commission of Canada and Korea International Cooperation Agency (KOICA); and UN Agencies which included UNDP, UNICEF, WHO, UNAIDS, UNHCR, and UNFPA.

Appreciation also goes to the leadership and staff of the CSO Partners who participated in the evaluation including Planned Parenthood Association of Ghana (PPAG), Hope for Future Generations (HFFG), Alliance for Reproductive Health and Rights (ARHR), National Council for Curriculum and Assessment (NACCA), Purim African Youth Development Platform (PAYDP) International Needs Ghana (INGH) and Media and Communication Advocacy Network (MCAN).

We thank the Metropolitan, Municipal and District Assemblies, all the focal persons as well as the communities for their contribution to this evaluation from the following districts: Greater Accra - Jamestown; Kaneshie and Bubuashie; Bono East – Techiman and Bamiri; Upper East - Kongo, Mirugu and Nabdum.

We would like to appreciate the strategic guidance of Mr. Niyi Ojuolape: UNFPA Ghana Country Representative; Dr Agnes Kayitankore: UNFPA Deputy Country Representative, and the supervisory support from the Evaluation Manager, Mr Eric Okrah and his team, who also provided technical oversight to the CPE. We would like to acknowledge the contributions made by the UNFPA Ghana CO programme staff, without whom the CPE would not have been successful.

We appreciate the participation of members of the Evaluation Reference Group, especially those who took the time to provide comments on improving the quality of the CPE design and reports. The information provided, despite other commitments, was very useful in enriching this report. The Evaluation Team hopes that the findings and recommendations presented in this report will positively contribute to building a sound and evidence-based foundation for the development of the next country programme.

Finally, we thank the CPE team of consultants for executing the evaluation.

EXECUTIVE SUMMARY

Background

The 7th CP was developed in collaboration with a diverse range of stakeholders, including the Government, Ministries, Departments and Agencies, development partners/UN agencies, civil society organisations, academia and the private sector to support the Government of Ghana (GoG) to respond to national priorities. The CP7 development was informed by the UN Sustainable Development Partnership (UNSDP) 2018-2022, which is aligned to the country's development and priorities and informed by the lessons learned from the previous programme.

Purpose of Evaluation

The goal of the 7th Country Programme Evaluation (CPE) was to demonstrate accountability to stakeholders for the results achieved, to support evidence-based decision-making, contribute important lessons learned to the organisation's knowledge base and provide independent inputs to the next UNFPA country programme cycle and the strategic direction of the organisation's continued role. The UNFPA Country Office (CO), Regional Office, UNFPA Headquarters, and the Executive Board, as well as key government agencies, national partners, development partners, including funders and UN agencies in the country, are the audience for this CPE.

Programme

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 (ICPD PoA). UNFPA Ghana CO delivers its country programme within a shared vision and sound partnership arrangements through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, and (iii) knowledge management. The CP contributes to the following outcomes of the UNFPA Strategic Plan 2018-2021: Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and reproductive rights free of coercion discrimination and violence; Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts; Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights and advanced in development and humanitarian settings and, Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development. The SRHR output was to strengthen national capacity in delivering high-quality integrated family planning and comprehensive maternal health services, for adolescents and youth, including in humanitarian settings. The AY component had one output which was to strengthen young people, especially adolescent girls, skills and knowledge to claim and make informed choices about their sexual and reproductive health and reproductive rights and well-being, including in humanitarian settings. The GEWE component was expected to strengthen the national capacity to advance gender equality; prevent and respond to sexual and gender-based violence and harmful practices; and promote women and girls' empowerment, including in humanitarian settings. The output of the PD component focused on improving national population data systems to map and address inequalities, advance achievement of the SDGs and the ICPD+25 and inform interventions in times of humanitarian crisis.

Methodology

The Country Programme Evaluation had five phases namely: the preparatory phase, design phase, data collection phase, reporting phase; and facilitation of use and dissemination phase. The country was partitioned into 3 zones (Coastal, Forest, Savanna). The CPE was based on a set of 10 questions corresponding to the evaluation criteria. The CPE triangulated data collection methods, including documents review, Key Informant Interviews (KIIs), and Focus Group Discussions (FGDs). Stakeholders for KIIs were selected for participation in the evaluation using purposive sampling and, in this regard, the stakeholders' map was used for stakeholder sampling for data collection. The participants for the FGDs were selected using purposive sampling to ensure that they had the relevant characteristics and experiences required to answer the evaluation questions. The CPE adopted an inclusive and participatory approach, involving a broad range of stakeholders and ensuring gender balance and youth representation/perspective. The CPE was conducted according to the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG, and the United Nations Norms and Standards for evaluation in the United Nations System.

Key Findings

UNFPA Ghana is well acknowledged as the main SRH service provider, with a focus on the most deprived and vulnerable populations. In **Sexual and Reproductive Health and Rights**, UNFPA contributed to the awareness creation regarding fistula, identification of victims, equipping health facilities to provide routine fistula repair services, and rehabilitating and reintegration of victims back into their societies. UNFPA, with other partners, has provided technical and financial support for fistula repairs, and equipping repair facilities. 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 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 strengthening of the preceptorship mechanism. UNFPA also through the CP7 contributed to the provision of technical and financial support to improve the availability of essential medicine and reproductive services. UNFPA contributed to the strengthening of the capacity of Disaster-Response Teams in eleven disaster-prone districts to implement the Minimum Initial Service Package (MISP) in Reproductive Health to coordinate and respond timely to reproductive health needs at the outset of a humanitarian crisis. UNFPA Ghana contributed through the partnership with the Ministry of Health, Ghana Health Service, Ministry of Gender, Children and Social Welfare and other development partners to ensure the stable and consistent supply of quality contraceptives. Health providers were trained across all regions on how to train clients on the use of self-administered injectable contraceptives. Overall, against the targets measured by the selected indicators, UNFPA and IPs excelled in performing in the SRHR sub-programme of CP7 despite the emergency caused by the COVID-19 outbreak. Interviewed key informants owed this to UNFPA's diligence, expertise, loyalty and ability to promptly act on its humanitarian commitments benefiting from its regional and global presence and networks in the humanitarian arena, whose substantial part falls within UNFPA's mandate area anyways. This enabled the UNFPA to continue with its plans and with high flexibility despite the COVID-19 pandemic, it was argued. Others made a connection between this high-level target achievement and the strategic partnerships UNFPA has with civil society organisations whose presence on the ground is strong with well-operating service facilities and clinics.

Regarding **Adolescents and Youth**, towards improved access of adolescent girls to youth-friendly and gender-sensitive Comprehensive Sexuality Education (CSE), the interventions in the Education sector continued to support girls' access to youth-friendly and gender-sensitive CSE in schools. In a consultative process involving key education stakeholders, a training package for the implementation of CSE in schools was drafted and piloted. The capacities of 175 (F: 78; M: 97) key Ghana Education Service (GES) personnel were strengthened to support CSE delivery and rollout in schools. To increase the capacities of education professionals on SRH, support was provided for the development of a CSE training package for schools. The development process involved key stakeholders and drew on existing CSE-related resources used in various contexts in Ghana. The Safe Schools Resource Pack including the teacher's handbook, training manual and peer to peer manual was adapted for delivery in special schools. Innovative approaches were used mainly through the Safe Space methodology to reach out to school adolescent girls to empower them with social, health and economic assets. Through these safe space activities, the marginalised girls have been empowered to make informed decisions, improve their economic status and reduce their vulnerabilities to SGBV and its consequences. The health sector interventions continued to mainstream adolescent friendliness in the provision of SRH services, including mother and child health service provision. They supported an increased uptake of skilled care among pregnant adolescents (antenatal, prenatal, skilled delivery), postpartum family planning services among adolescent mothers, decreased unintended and repeated pregnancies among adolescent girls; and facilitated linkages and referrals to social services. Ghana Health Service received support to integrate adolescent health services into the home visit and the outreach package of Community Based Health Planning and Services (CHPS). The GHS with support from UNFPA enhanced the capacity of more health professionals to provide quality youth-friendly and gender-sensitive Sexual and Reproductive Health services to adolescent girls. Through synergies with the UNFPA Supplies Programme and collaboration with USAID and MOH/GHS, technical support was provided for the deployment of the Integrated Logistics Information Management System at the central and regional levels to facilitate the distribution of contraceptives to young people in need. Demand creation activities such as adolescent health fairs (including sports and entertainment events) and Know-Your-Nurse-Know-Your-Client interactions (i.e., familiarisation visits to service delivery points) preceded the provision of SRH services, including contraceptives to adolescents at the facility and outreach levels. Community-based interventions continued to place emphasis and engage duty bearers on adolescent SRH issues, provide information and capacitate adolescent girls to demand services and support. More duty bearers (traditional and Community leaders, parents, Government agency representatives, CSOs, including women and girl centered CSOs, FBOs etc.) have received information on adolescents, gender and Sexual and Reproductive Health and rights issues to support adolescent girls make informed choices. Male beneficiaries of these interventions are now staunch advocates for consent in sex while some have resolved to end multiple relationships so they can have protected sex with just one partner. Increased generation of data, evidence and advocacy for/with adolescent girls on sexual and reproductive health was achieved through the use of media engagements that served as entry points to disseminating evidence, facilitating advocacy and social and behavioural change communication (SBCC) on SRH, Gender Equality, SGBV and related issues affecting adolescent girls. More adolescent girls were empowered to exercise their agency on sexual reproductive health. Marginalised adolescent girls, particularly out of school artisans in training, girls with disabilities, refugee girls and Kayayei were exposed to SRHR and legal literacy; and to mentoring and livelihood development opportunities which served as critical milestones for promoting their agency and ability to make informed choices on issues affecting them, including career development. All the measured three output indicators for the A&Y component were achieved during the review period. These indicators were concerning supporting vulnerable youth (with disabilities) in empowerment programmes to advocate for their reproductive rights, the support of adolescents and youth with comprehensive sexuality education and information in school or community settings, and support for training of teachers to deliver CSE in accordance with national guidelines.

In **Gender and Women Empowerment**, the programme has made significant contributions to the transformation of attitudes, values, norms that perpetuate GBV, and child and forced marriage. Men were adopting gender-equitable practices such as balancing power in partnerships and shared decision-making. To achieve the above significance, the CP7 assisted the traditional leaders in developing guidelines for dealing with child marriage, SGBV, and other harmful practices in conformity with the country's laws and regulations. The programme also used evidence-based tactics to prevent GBV and other harmful behaviours like male involvement and community social mobilisation. The CP7 has made significant contributions to capacity building for GBV prevention and services. UNFPA trained divisional and district police commanders in SGBV, reproductive health and rights, the role of the police in aspects of community-coordinated response systems and laws concerning gender-based violence. Sections of the media were partnered in activism against gender-based violence. The capacity of the Domestic Violence and Victims Support Unit coordinators of the Ghana Police was developed on the Legislative Instrument (LI) of the domestic violence act, Codified Handbook for Standardisation of Case Management and an SGBV care protocol. Furthermore, UNFPA Ghana CP7 launched integrated enterprise development centres which served as a safe space for marginalized girls to receive alternative livelihood training, as well as education on sexual and reproductive health and gender-based violence. UNFPA Ghana CP7 through their mentorship activities with PASS, the SISTAS Initiative, and the concluding child marriage programme contributed to the empowerment of 6,907 marginalised young girls and positioned them to improve the prevention of SGBV. Towards contribution to the Scale-up of Data Systems on GBV and other Harmful Practices, 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 in 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 CP7 has made significant contributions to the reinforcement of the policy, legal, and accountability frameworks on GEWE. This contribution was made by assisting in the development and/or revision of current laws and policies. For instance, UNFPA supported the Ministry of Gender, Children, and Social Protection to draft guidelines for engaging religious and traditional authorities on negative issues that impede the rights of women and children and the country at large. UNFPA provided technical and financial aid in the review of the National Gender Policy. UNFPA Ghana supported the establishment of the Orange Support Centre towards achieving its mandate of Zero GBV and harmful practices. In support of realising outcome 3 on GEWE, the Orange Support Centre provides effective GBV case management and facilitates safe and confidential referrals to other service providers. The measurement of the output indicators provides a high level of achievement across GEWE output indicators. Out of a total of 3 output indicators, only one on policy processes/frameworks that promote gender equality and empower women and girls to address child early and forced marriage was partially achieved within the review period

In **Population and Development**, UNFPA Ghana played a key role in Ghana's contributions to the ICPD+25 summit in Nairobi, Kenya. The CO provided support to the Ghana 2021 Population and Housing Census (PHC), which provided updated demographic, social and economic data to support national development activities and track the implementation of national, continental, and global development goals. In this regard, the support provided by UNFPA contributed to a great extent to the outcomes of improved national population data systems to map and address inequalities, advance the achievement of the SDGs and ICPD, and inform interventions during the humanitarian crisis such as the COVID-19 pandemic. Towards the achievement of the ICPD goals, the CO supported the initiatives around harnessing the Demographic Dividend in Ghana. To harness the Demographic Dividend in Ghana and address the needs expressed by the West and Central African countries, UNFPA Ghana in collaboration with WCARO facilitated a technical national transfer accounts (NTA) training workshop which is a method to measure Demographic Dividend for the national experts of the WCARO-covered countries. As a continuing concern for the elderly population, UNFPA responded to the request by the Ministry of Gender, Children and Social Protection to provide legal expertise to incorporate various comments of various stakeholders into the draft Aged Persons Bill. The aim was to formulate and promote a law that will be comprehensive and effective in advancing the issues of the aged population in Ghana. The drafting of the Bill was also aligned with the goals of the ICPD Summit in Nairobi safeguarding the welfare of the aged population. UNFPA Ghana, through the 7th CP, was instrumental in the contribution of support to the generation and utilisation of data at both national and sub-national levels in Ghana. UNFPA provides technical assistance for the generation, analysis and utilisation of disaggregated data, at national and subnational levels, to monitor the SDGs. UNFPA provided M&E support to the UN Programme Criticality Assessment including Peer Review on indicators on COVID 19 as well as developed a draft Results Framework for the reporting of progress on CPRP on COVID 19. UNFPA contributed to the provision of information on the mapping of the implications of COVID-19 on the 2021 PHC census. UNFPA supported NDPC to develop the Ghana Country Report on the progress of implementation of ICPD+25/AADPD+5. In addition, UNFPA participated in the Population and Development Cross-Sectoral Planning Group meeting to finalise the Ghana ICPD+25 Commitment Policy Framework which informed the National Medium-Term Development Policy Framework (2022-2025). UNFPA further provided updated information on Ghana, to the database of SDG indicators namely 3.7.1 (demand satisfied with modern contraception) and 3.7.2 (adolescent birth rate) for submission to the UNSD. UNFPA also supported the NDPC to develop the National Youth Development Index (YDI) and the Country Population Profile for the National Transfer Account for Demographic Dividend Programming in Ghana. The measurement of the output indicators provides a high level of achievement across PD output indicators. All the measured output indicators for the PD component were achieved during the review period. These indicators were the development of census monographs, the setting up of functional protection and monitoring systems with the capacity

to address sexual and gender-based violence and harmful practices, security personnel trained in the management of sexual and gender-based violence and harmful traditional practices data management system, and support for the development of population profiles to harness the demographic dividend.

Main Conclusions

At the **strategic level**, CP7 was well aligned with 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. UNFPA provided strategic leadership and advocacy for integrated programming with a focus on gender, human rights-based approaches and leaving no one behind. Most national policies and guidelines mainstreamed gender and human rights-based approaches. However, there were capacity gaps in leadership and the implementation of the integrated programming particularly at the district and community levels. UNFPA was an active member of the UNCT and a valued strategic partner of GoG and other key stakeholders. UNFPA embraced DaO under UNSDP 2018-2022 more so within the context of UN Joint Programmes. The CP had a well-articulated coordination framework for the implementation of the programme at national and sub-national levels. UNFPA had a robust financial management and tracking system that facilitated programmatic and financial accountability. However, there were delays between requisition of funds by IPs and disbursement by UNFPA and this affected the timely and quality implementation of interventions. UNFPA CO should review the length of time between requisition and disbursement of funds to enhance efficiency. The intervention logic in the results framework was quite robust. There was a clear strategic linkage between planned interventions and the outputs. The output and strategic actions generally contributed to the outcomes. All the outcome indicators in the CPD were specific and based on the global results framework. 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 was sub-optimal.

At the **programmatic level**, UNFPA supported the Ministry of Health, Ghana Health Service and Ministry of Gender, Children and Social Protection to strengthen the regional and district capacity for obstetric fistula management including social reintegration. UNFPA with other partners has provided technical and financial support for the provision of fistula repairs and equipment, orientation, and training of surgeons. Women with fistula are shamed, stigmatised and often left to live in isolation. There is a need to provide heightened attention to the re-integration of fistula survivors. It is further observed that although SBA improved over the years, the quality of obstetric care was low. 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 but it was not sustainable due to the substantial financial resources required. In addition, limited attention was given to the re-integration of fistula survivors. Integrated SRH outreaches for youth in specific convergence points were more sustainable than stand-alone youth facilities such as youth-friendly corners. 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. Harmful/hegemonic masculinity remained a challenge to the realisation of GEWE. Integrated women and girls' empowerment and livelihood strategies were effective in reducing the risk and vulnerability to GBV and harmful practices. The gender programme has steadily expanded during the 7th CP, however, human resources to respond to the increasing needs of the gender portfolio needs to be expanded to address the pressing needs of GBV and gender equality especially since in Ghana UNFPA is responsible for gender equality and GBV with the absence of UNWOMEN on the ground. 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, and utilisation of disaggregated data, particularly at the national level to monitor the SDGs; and assisting in the conduct of the 2021 Population and Housing Census and socio-economic and demographic surveys. The availability of disaggregated data for the subnational level, especially at district level data, remains a challenge.

Recommendations

At the **strategic level**, and in the **short-term**, during the design and 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. There is a need for the UNFPA CO to continue building and strengthening partnerships with other UN agencies under the umbrella of DaO so that resources can be sourced and pooled together to support joint activities of the UNCT, thereby enhancing the added value of UNFPA. Partnerships with bilateral development partners and MDAs should be strengthened. UNFPA should proactively explore strategic partnerships with other MDAs that have a mandate to address drivers of GBV and harmful practices related to effects of emergencies such as COVID-19, climate change, and environmental degradation. The next CP, i.e., CP8 should continue and further strengthen the existing multi-sectoral coordination framework that guided CP7. CP8 should streamline 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. There is a need to strengthen the financial management system to facilitate programmatic and financial accountability with particular attention to innovative strategies aimed at reducing the time between requisition and disbursement of funds to IPs. UNFPA CO should have a dialogue with MDAs on strategies for 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. In the **medium-term**, strong strategic leadership and emphasis on the capacity building should be present in the CO as it is needed to support integrated programming at the national and the sub-national levels. This was cited as one of the main reasons for the overachievement of set targets in CP7. There is a need 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. UNFPA CO and its partners should ensure that the next CP continues to strengthen its focus on SRHR, Gender, Youth Empowerment and data and evidence-based programming, to ensure acceleration of the achievement of the three (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.

At the **programmatic level** and in the **short-term period**, UNFPA should support MoH to improve the robustness of the MPDSR system. Fistula repair should be integrated into other routine health services and more attention should be given to the re-integration of fistula survivors into the general community. The MoH and the GHS in Ghana in liaison with UNFPA should support the scale-up of interventions /mechanisms that address persistent artificial FP commodity stock-outs by operationalizing the re-distribution strategy. The Ghana CO should continue the meaningful engagement of young people at all levels of adolescent and youth programming including the scale-up of investment in innovations by young people in the use of digital and online platforms and other approaches to increase access to SRH information. 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. In addition, UNFPA and its partners should consider streamlining and standardising the integrated SRHR/HIV/GBV package of services for women, youth, and adolescent groups but with a strong focus on vocational skills training, combined with gender transformative programming and power analysis. In the medium-term period, the CO should be working with and through its partners, to build further capacity for the integration of youth and gender-friendly services within health facilities and communities. In the **long-term**, the country programme should focus on the momentum built on assisting in the conduct of the first fully digital census, the 2021 PHC in Ghana and advocate for evidence-based information, to advance the integration of the demographic dividend strategic areas into policies and programmes. In this regard, CO should advocate and support and ensure the increase of adequate resource mobilisation for PD to match the current needs. Again, the country programme should focus on advocacy for domestic financing to support family planning programming and reduce donor dependency. Finally, UNFPA should engage the MoE in Ghana and stakeholders in the implementation of the Reproductive Health Education guidelines in the primary school education curriculum.

CHAPTER 1: INTRODUCTION

1.1 Purpose, Objectives and Audience of the Country Programme Evaluation

The purpose of the Country Programme Evaluation (CPE), according to the UNFPA Terms of references (ToRs) in Annex 1, was to provide an independent assessment of the UNFPA Ghana 7th CP (2018-2022) and to demonstrate accountability to stakeholders on the performance towards achieving development results and on invested resources. In addition to supporting evidence-based decision-making and contributing key lessons learned to the knowledge base of the organization and the next programming cycle. Specifically, the objectives of this CPE were:

- i. Provide an independent assessment of the relevance, effectiveness, efficiency, sustainability, coverage, and coordination of UNFPA support and progress towards the expected outputs and outcomes outlined in the results framework of the country programme.
- ii. Provide an assessment of the role played by the UNFPA Ghana, as part of the UNCT, in the coordination mechanisms of the UNCT, to enhance the United Nations' collective contribution to national developmental results.
- iii. Draw key lessons from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

The main audience and primary users of the evaluation are: (i) The UNFPA Ghana Country Office; (ii) the Government of Ghana (GoG); (iii) the United Nations Country Team (UNCT) in Ghana; (iv) West and Central Africa Regional Office (WCARO); (v) and donors operating in Ghana. The evaluation results will also be of interest to a wider group of stakeholders, including: (i) Implementing partners of the UNFPA Ghana CO; (ii) UNFPA headquarters divisions, branches and offices; (iii) the UNFPA Executive Board; (iv) academia; (v) local civil society organisations (CSOs) and international NGOs; and (vi) beneficiaries of UNFPA support (in particular women and adolescents and youth).

1.2 Scope of the Evaluation

Geographical scope: The evaluation 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.

Thematic scope: The evaluation covered 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.

Temporal scope: The evaluation covered interventions implemented within the time of the current 7th CP between 2018 and 2022.

1.3 Methodology and Process

1.3.1 Evaluation Criteria and Evaluation Questions

The evaluation criteria and guidance used in this evaluation report were provided in the UNFPA Evaluation Handbook and related UNFPA guidance on conducting Evaluation in the Covid-19 Era. The evaluation systematically used the four OECD/DAC criteria⁶² of relevance, effectiveness, efficiency and sustainability, in addition to three UNFPA criteria of coordination, coverage and connectedness.⁶³ The operational definitions of the evaluation criteria are provided in Table 1 in accordance with the ToR⁶⁴.

⁶²UNFPA Evaluation Office. (2019). Evaluation Handbook. How to Conduct a Country Programme Evaluation www.unfpa.org/EvaluationHandbook

⁶³OECD. 2021. Evaluation Criteria <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

⁶⁴ Ghana Final CPE ToR 28.04.2021

Table 1: Operationalisation of evaluation criteria⁶⁵

| | |
|-----------------------|--|
| Relevance | The extent to which the objectives of the UNFPA country programme correspond to population needs at the country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA. |
| Effectiveness | The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes. |
| Efficiency | The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.). |
| Sustainability | The continuation of benefits from a UNFPA-financed intervention after its termination is linked, in particular, to their continued resilience to risks. |
| Coverage | The extent to which major population groups facing life-threatening suffering were reached by humanitarian action. |
| Coordination | The extent to which UNFPA has been an active member of and contributor to existing coordination mechanisms of the UNCT. This also includes UNFPA membership of, and contributions to humanitarian coordination mechanisms of the HCT, where applicable. |

The design for the evaluation was also modelled on previous country-level evaluations led by members of this evaluation team. The evaluation questions are unpacked and linked to corresponding assumptions, indicators, data sources and data collection methods and tools as elaborated in the **Evaluation Matrix** which is presented in Annex 5. Table 2 provides the set of evaluation questions and criteria used in the evaluation.

Table 2: Evaluation Criteria and Questions

| Criteria | Evaluation Questions |
|-------------------------|--|
| 1. Relevance | <p>EQ1: To what extent is the country programme adapted to (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g., young people, vulnerable adolescent girls, refugees and people with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs.</p> <p>EQ2: To what extent have UNFPA programmes ensured a flexible and adaptive approach to ensure access to a continuum of comprehensive life-saving sexual and reproductive health and GBV prevention and protection services as part of the COVID-19 response and recovery efforts.</p> |
| 2. Effectiveness | <p>EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the planned outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?</p> <p>EQ4: To what extent and in what ways has UNFPA been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the</p> |

⁶⁵ Ghana Final CPE ToR 28.04.2021

| | |
|--|--|
| | supply of modern contraceptives and reproductive health commodity and addressing SGBV and harmful practices as part of the COVID-19 crises response and recovery efforts. |
| 3. Efficiency | <p>EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, (including value for money and internal coordination mechanisms) and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?</p> <p>EQ6: To what extent was the country office able to adapt the level and allocation of its resources to mitigate the consequences of the COVID 19 crisis?</p> |
| 4. Sustainability | <p>EQ7: To what extent has UNFPA been able to support implementing partners and beneficiaries (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?</p> <p>EQ8: To what extent has the country office successfully partnered (through different types of partnerships-civil society, including local NGOs, other United Nations agencies, academia, parliamentarians etc.) to ensure that UNFPA makes use of its comparative strengths in the achievement of the country programme outcomes across all the programmatic areas?</p> |
| 5. Coverage | EQ9: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalised groups (women and adolescents and persons with Disabilities broadly and youth with disabilities in particular; etc.)? |
| 6. UN Coordination | EQ10: To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT? |
| Note: | |
| <ul style="list-style-type: none"> • The CPE Team proposed that EQ3 should incorporate the measurement of planned outcomes. | |

1.3.2 Evaluation Approach

Complementary approaches and guiding principles were used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds gender and human rights principles throughout the evaluation process, including, the extent possible, participation and consultation of key stakeholders (rights holders and duty-bearers); and (iii) provides credible information about the benefits for recipients and beneficiaries of UNFPA support.

Theory-based approach

The theory of change played a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation verified the theory of change (ToC) underpinning the UNFPA Ghana 7th CP (Annex 5) and used it to determine whether changes at result levels occurred (or not) and whether assumptions about change hold.

Participatory approach

The CPE was based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. Out of the shared stakeholders' map (Annex 6), participants

in this evaluation included representatives from government, civil society organisations, IPs, academia, UN organisations, donors and beneficiary women, adolescents and youth. The UNFPA Evaluation Manager established an ERG comprised of key stakeholders of the CP who provided inputs throughout the evaluation.

Mixed-method approach

The evaluation primarily used qualitative methods for data collection, including document review, interviews, focus group discussions and observations that ensured adequate and appropriate collection of data despite the COVID-19 restrictions. Data collection was conducted using remote and virtual means. Quantitative data was compiled from existing data sources, through a desk review of documents, websites and online databases.

Gender Equality and Women Empowerment

Using a gender lens, the evaluation considered gender equality and empowerment of women (GEWE) as a guiding principle in data collection using the mixed-method approach, analysis and reporting. Questions were specifically asked on different marginalised and vulnerable groups relevant to Ghana, including women, adolescents and children exposed to gender-based violence, out-of-school children, persons with different abilities, refugees living in camps or internally displaced people and others based on socio-economic and geographical dimensions.

Humanitarian-Development Peace Nexus

The Evaluation considered the work of the UNFPA Ghana from a humanitarian-development peace nexus lens.⁶⁶ This helped to properly understand needs and the root causes of vulnerability, fragility and inequality. Beyond the immediate programme location, the analysis considered the broader political implications of intervening. The humanitarian-development-peace context challenges and opportunities were considered while assessing the effectiveness and sustainability of programmes.

Precede-Proceed Model (PPM)

Utilising the PPM model, the evaluation accounted for the complex nature of population health issues and considered the socio-ecological factors impacting health and social outcomes among the population being studied. The PPM model considered people's knowledge, skills and behaviour as well as their environment (interpersonal and community) for potential intervention targets. The use of this model enabled a comprehensive evaluation of the UNFPA Ghana 7th CP from a structured multi-component perspective.

Impact of COVID-19 on the CP

The COVID-19 global pandemic created public health, economic and social emergency in Ghana in early 2020 with an anticipated two years needed for recovery of the lost opportunities. The evaluation took into consideration the impact of COVID-19 in tandem with the government response policies and the emerging situation of the pandemic and assessed the additional activities supported, and adjustments made by UNFPA CO in Ghana through the 7th CP to support the COVID-19 response of the Government of Ghana.

1.3.3 Methods of Data Collection

The evaluation utilised several data collection methods, including key informant interviews (KIIs) with stakeholders, national and sub-national level implementing partners (IPs) and focus group discussions (FGDs) with programme beneficiaries. Sequenced simultaneously, the KII data were collected remotely over Microsoft Teams, Zoom or Google Meet in line with COVID-19 restrictions following semi-structured interview guides that were prepared for each group of the target evaluation participants. The FGDs were conducted through face-to-face interactions with the selected programme beneficiaries. The CO facilitated the appointments with the targeted evaluation participants according to the agreed evaluation agenda provided in Annex 8. The specific data sources are provided in the Evaluation Matrix (Annex 4). The Evaluation Matrix also contains the summarised versions of the data that was used to provide the findings to the evaluation. The data collection tools are shown in Annex 7.

Desk Review: The CPE involved the ongoing extensive review of documents that informed the evaluation design and established an understanding of the implementation framework for the CP, management and monitoring and

⁶⁶Oxfam Discussion Paper (2019). The Humanitarian Development Peace Nexus. What does it mean for multi-mandated organisations? Oxfam International. www.oxfam.org

evaluation processes. Review of documents was done continuously during the CPE phases, including during report writing, it was used to triangulate with data provided by primary sources, which enriched the evidence-base and content of the report. The reviewed documents were identified as per UNFPA Evaluation Handbook guidelines, whereas additional documents included planning, monitoring and evaluation reports on programme thematic areas.

Key informant interviews: KIIs were conducted with stakeholders at national and sub-national levels using semi-structured schedules based on the agreed evaluation questions. This methodology was useful in getting feedback and inputs on the processes and results of the CP from those who interacted with the programme both at field and policy levels based on the objectives of the CPE.

Focus Group Discussions: FGDs with the selected programme beneficiaries were held using face-to-face interactions, in line with national and local regulations and restrictions for the COVID-19 pandemic. The target beneficiaries included women, adolescents, youth, men, and most-at-risk populations (MARPs). The FGDs were facilitated by one of the two evaluation consultants, assisted by a trained senior research assistant. Each FGD comprised 6-12 participants who provided qualitative insights into the respective interventions, bearing in mind that the 7th CP interventions are implemented as integrated packages. The FGDs were conducted, where possible, in the local language of the beneficiaries and transcribed verbatim into English.

1.3.4 Sampling Plan of Evaluation Participants

The CPE adopted a participatory approach in selecting the stakeholders who participated in the KIIs and FGDs. They were identified based on the stakeholders' map provided by the UNFPA Ghana and the initial review of programme documents and discussions with the UNPA team during the design phase. The selection of the sample took into consideration the gender and diversity factors and vulnerability, guided by the UNFPA Evaluation Handbook which instructs well about the criteria to identify the stakeholders for data collection including types of interventions, financial allocation, national and regional coverage and inclusion of all types of stakeholders. The sample selected also followed the Handbook in the sense that it was illustrative, not statistically representative. It was guided by the UN Sustainable Development Group programming principle of 'Leaving No One Behind'⁶⁷. Table 3 provides a list of institutions of the stakeholders and beneficiaries interviewed. The total number of Key Informant interview participants reached in the evaluation was 38. Most of the participants were based at Ministries, Departments and Agencies (MDAs) constituting (31.6%) with close to a fifth (18.4%) drawn based on Civil Society Organisations (CSOs). The data shows that there was a good distribution of KIIs across the stakeholder groups that constitute CO staff, MDAs, CSOs and Development Partners. This rational distribution is supportive of a credible and reliable evaluation for the CP. The gender breakdown of the focus group participants is presented in Table 4.

Table 3: Sample size of Key Informant participants

| Stakeholder | Sample category | Participants | | Method |
|--------------------------------------|--|--------------|------|--------|
| | | Number | % | |
| UNFPA Country Office | CO Senior Management, Technical, and Support staff | 10 | 26.3 | KIIs |
| Ministries, Departments and Agencies | Partner organisations | 12 | 31.6 | KIIs |
| Civil Society Organisations | Partner organisations | 7 | 18.4 | KIIs |

⁶⁷ <https://unsdg.un.org/resources/leaving-no-one-behind-unsdg-operational-guide-un-country-teams-interim-draft>

| | | | | |
|-----------------------------|-----------------------|-----------|--------------|------|
| Development Partners | Partner organisations | 9 | 23.7 | Klls |
| Total | | 38 | 100.0 | |

Table 4: Gender breakdown of FGD participants

| Zone | Area | Category | Sex | | | Age range |
|----------------|-----------|--------------------------------|--------------|--------------|------------|------------|
| | | | Male | Female | Total | (in years) |
| Coastal | Jamestown | AY | 0 | 10 | 10 | 15 – 20 |
| | Mateheko | SRH & R (Teen mothers) | 0 | 8 | 8 | 15 – 20 |
| | Kaneshie | GEWE (MAAG) | 10 | 0 | 10 | 26 – 60 |
| Middle | Techiman | GEWE (Kayayei) | 0 | 11 | 11 | 12 – 20 |
| | Techiman | GEWE (Truck pushers) | 12 | 0 | 12 | 17 – 22 |
| | Bamire | SRH & R | 0 | 9 | 9 | 13 – 18 |
| Northern | Nabdam | AY (frontline health workers) | 3 | 6 | 9 | 27 – 31 |
| | Kongo | SRH & R | 5 | 3 | 9 | 19 – 37 |
| | Mirigu | GEWE (Queen mothers' group) | 0 | 10 | 10 | 15 – 17 |
| Total | | | 30 | 57 | 88 | |
| Percent | | | 34.0% | 65.6% | 100 | |

The data in Table 4 which provides zonal and gender distribution of the participants who were canvassed through FGDs in the evaluation shows that, overall, across all the 3 Zones, that is, Coastal, Middle and Northern, female participants constituted two-thirds (65.6%) of the participants in the FGDs. This representation is also observed across all three Zones and all the age groups. In addition, adolescents and youth and women and men are also represented well in the FGDs as shown by the varied age groups that were included that span from 12-20 years in the case of the Kayayei project (Gender component), 13-18 years for SRHR, 15-20 years for AY, and SRHR components (teen mothers project), and 26-60 years for MAAG (GEWE component). This rational distribution of participants for the FGDs is supportive of theoretically representative and reliable qualitative data for the evaluation.

1.3.5 Ethical Considerations

The evaluation was conducted in line with the UNFPA Evaluation Policy, United Nations Evaluation Group Ethical Guidelines, Code of Conduct for Evaluation in the UNEG⁶⁸, and the United Nations Norms and Standards for evaluation in the United Nations System.⁶⁹ The evaluation team adhered to the accepted codes of conduct: a) adhering to the international norms and standards, b) seeking consent from respondents, c) maintaining confidentiality, d) keeping sensitive information, e) avoiding bias, f) being sensitive to issues of discrimination, g)

⁶⁸United Nations Evaluation Group, UNEG Ethical Guidelines, http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=102 and UNEG Code of Conduct for Evaluation in the United Nations system.: http://www.uneval.org/papersandpubs/documentdetail.jsp?doc_id=100

⁶⁹<http://www.unevaluation.org/document/detail/102>

avoidance of harm and (g) respect for dignity and diversity. The ethical considerations were respected by ensuring that each member of the evaluation team maintained ethical behaviour. Before commencing the data collection phase, internal brainstorming sessions were held specifically to ensure that each member of the team was aware of the ethical standards and code of conduct principles and was well equipped to deal with ethical issues during the conduct of the evaluation. By the ToRs, the evaluators signed the UNEG Code of Conduct before the commencement of the evaluation process. Oral consents were obtained from all participants who took part in this evaluation. For adolescents below the age of 18 years, the evaluation team obtained both parental permission and child assent for them to participate in the interviews or FGD sessions. The special needs around GBV and disability-related work were considered while ensuring confidentiality with adequate and informed consent.

1.3.6 Data Validation and Analysis

The data for the evaluation of the 7th UNFPA Ghana CP (2018-2022) was necessarily qualitative, organized around three main thematic areas: sexual and reproductive health and rights, gender equality and women's empowerment, and population and development. The Evaluation Team used an iterative, multi-phased approach to analyse the data.

A review of the documents provided both contextual information and data that, in combination with primary data from online fieldwork, permitted the evaluators to provide detailed and credible answers to all the evaluation questions. The analysis was done individually and jointly by the team.

Qualitative data from primary sources were analysed using the content and thematic analysis framework, which involved organising data according to themes related to the evaluation objectives, evaluation questions and criteria. Some quotes and human stories were cited verbatim in the findings to support the thematic analysis.

Quantitative data from secondary sources were analysed using descriptive statistical methods involving tabulations and graphing of the data. The raw data were obtained primarily from the Ghana Statistical Services (GSS) and the UNFPA online dashboard, ensuring up-to-date data and indicators.

Data validation was a continuous process, the evaluators checked the validity of data and verified the robustness of findings at each phase throughout the evaluation. All findings of the evaluation were firmly grounded in evidence. The evaluation team used a variety of mechanisms to ensure the validity of the collected data, including:

- Triangulation techniques reinforced the credibility and validity of the findings, judgements and conclusions obtained based on the primary qualitative data.
- The regular exchange with the Evaluation Manager at the UNFPA Ghana CO.
- Internal evaluation team meetings to share and discuss hypotheses, preliminary findings and conclusions and their supporting evidence.
- The debriefing meeting with the CO and the Evaluation Reference Group (ERG) at the end of the field phase. The feedback allowed for further refinement of the evaluation recommendations and conclusions.

1.3.7 Data Quality Assurance

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) for this CPE was undertaken in accordance with the guidance and tools⁷⁰ and with the roles and responsibilities described in the evaluation ToRs (Annex 1). The quality assurance system for the draft and final versions of the evaluation report covered elements including the report structure and clarity, design and methodology, reliability of data, analysis of findings, the validity of conclusions and usefulness of the recommendations, as well as alignment with the integration of gender and human rights.

1.3.8 Evaluability Assessment, Limitations and Risks

The COVID-19 restrictions have impacted researchers globally since 2020. Therefore, the evaluation team considered mobility restrictions when developing the CPE design. The team was aware that mixed-methods evaluation studies would require the use of qualitative methods, which heavily rely on face-to-face interactions for

⁷⁰ <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>

data collection. The team, therefore, used Microsoft Teams/Zoom/Skype/ social media to conduct the KIIs and in addition, immediate peer debriefing and in-depth internal discussions mitigated barriers associated. Restrictions related to COVID-19 require that some data be collected remotely and therefore depended on respondents having access to the internet and telephones enabling remote communication, which may limit engagement from participants residing in remote and less-resourced settings.

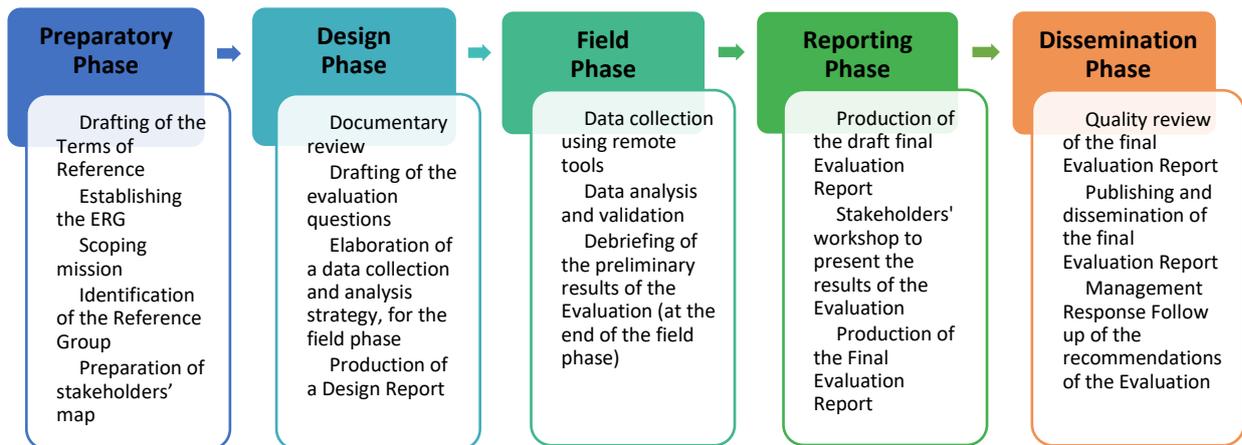
As noted earlier, the universe for the evaluation was all stakeholders engaged in the implementation of UNFPA interventions. These stakeholders, particularly implementing partners (IPs), were the major source for the generation of the required information. Some of the limitations of the proposed approach for data collection were: First, since most of the UNFPA interventions were implemented at national and sub-national levels, it was challenging to identify the direct beneficiaries of the interventions. The information generated through the IPs of UNFPA could have been biased to show their achievements. The second limitation of data generation is the use of remote access for interviews of participants, which may have affected the quality of data compared to face-to-face interviews.

The ToC was an essential building block of the evaluation methodology in this CPE. However, there is a strong possibility that UNFPA intervention in SRHR and gender equality was one of the factors affecting the change. Through the qualitative approach, it would not be possible to isolate the exact contribution of a UNFPA intervention to a particular change. To minimise these data biases or limitations, several measures were adapted: (i) the qualitative data was complemented with quantitative data to strengthen the validity of the findings; (ii) effective use of technology and good quality interviews of the selected stakeholders generated the required information/data.

1.3.9 Process Overview

The CPE was conducted through five phases, namely: the preparatory phase, design phase, field phase, reporting phase and dissemination phase, as shown in Figure 1. However, the team worked in a complementary manner to obtain and analyse data that answers the evaluation questions and facilitate a credible and reliable evaluation.

Figure 1: Phases of CP Evaluation Process⁷¹



Preparatory Phase

The preparatory phase of the CPE was led by the evaluation manager at the UNFPA Ghana CO, which included:

- Establishment of the ERG and drafting of ToRs with support from the UNFPA Regional Office, which was approved by the Evaluation Office.
- Selection and recruitment of consultants by the CO to constitute the evaluation team.
- Compilation of background documents which were shared with the evaluation team for desk review.
- Preparation of a first stakeholders map (Annex 6) and list of Atlas projects.

Design Phase

The evaluation team conducted the design phase in consultation with the Evaluation Manager and the ERG. This phase included:

- Desk review of initial background information and documents on the country context and CP.
- Formulation of a final set of evaluation questions based on the preliminary questions provided in the ToRs.
- Development of a comprehensive stakeholders' map and sampling strategy.
- Development of data collection methods and tools and identifying limitations. In addition to the development of an analysis strategy and work plan for the field and reporting phases.
- Development of the Evaluation Matrix (Annex 5).

Field Phase

- The evaluation team undertook valid and reliable data collection required to answer the evaluation questions over three weeks during September 2021.
- Towards the end of the field phase, the evaluation team conducted a preliminary analysis of the data with emerging findings and conclusions.
- A debriefing meeting with the CO and the ERG was held where the preliminary findings and emerging conclusions were presented and validated.

Reporting Phase

- Analytical work continued, considering the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.
- A draft evaluation report was prepared and underwent internal quality control.
- The draft report was reviewed for quality assurance by the UNFPA Evaluation Manager.
- consolidated comments and feedback provided by the members of the ERG.
- Based on the comments, the evaluation team made appropriate amendments and the final evaluation report was submitted to the Evaluation Manager.

⁷¹Evaluation Handbook. How to Conduct a Country Programme Evaluation at UNFPA. Available at: www.unfpa.org/EvaluationHandbook

Facilitation of Use and Dissemination Phase

- A PowerPoint presentation for the dissemination of CPE results was developed by the Evaluation Team.
- The Evaluation Manager and the CO Communications Officer will implement the communication plan to share the evaluation results and collect feedback.
- The Evaluation Manager will ensure that the final evaluation report is circulated to relevant units in the CO and consolidate all management responses in a final management response document.
- The Evaluation Manager, in collaboration with the Communications Officer at the UNFPA Ghana CO, develop an evaluation brief that makes the results of the CPE more accessible to a larger audience
- The final evaluation report, along with the management response and the independent EQA of the final report will be published on the UNFPA evaluation database by the Evaluation Office.

CHAPTER 2: COUNTRY CONTEXT

2.1 Development Challenges and National Strategies

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. The population of Ghana increased from 12.3 million in 1984 to 24.7 million in 2010 and is currently at 30.8 million with an annual growth rate of 2.1 percent (GSS, 2021). The population of Ghana of 30.8 million persons as indicated by the 2021 Population and Housing Census (PHC) has grown almost fivefold since the first post-independence census was conducted in 1960.

Ghana is a dynamic, democratic country with a rich resource base. Located in an increasingly volatile West African region, the vast majority of Ghana's approximately 30.8 million citizens enjoy civil liberties, stability, and security. Ghana consistently ranks among the top countries in Africa for speech, press, and religious freedoms. The last seven Presidential elections were free and fair, three of which resulted in the peaceful transfer of power from one political party to another. Over the past two decades, Ghana achieved significant economic and social development, averaging a GDP growth rate of 6.7 percent from 2000 to 2019 and attaining the World Bank's Lower Middle-Income Country status in 2011. Since 1991, Ghana has reduced the number of people living below the poverty line by 50 percent (dropping from 52.7 percent in 1991 to 23.4 percent in 2018). Women, who constitute 50.7 percent of the population, have advanced in the legislature, judiciary, business, and academic sectors but continue to experience inequities in access to land, agricultural inputs, financing, family planning, and health care, resulting in economic and social imbalances. Ghana's population is young, with 73.4 percent of the population under 35. Despite impressive economic growth, Ghana faces significant youth under- and unemployment challenges. The 2021 Census report on economic activity stated that unemployment among the youth (15-35 years) is 19.7 percent.

Table 5 shows Ghana's progress in each of the HDI indicators. According to the United Nations Development Programme (UNDP) Human Development Report (HDR) of 2020, Ghana is a middle-income country with a Human Development Index (HDI) of 0.611 (2019) which is within the category of medium human development. In 2019 Ghana was ranked 138 out of 189 countries. Between 1990 and 2019, Ghana's HDI increased from 0.465 to 0.611, an increase of 31.4 percent.

Ghana's life expectancy at birth (both sexes) increased by 7.3 years between 1990 and 2019, with mean years of schooling and expected years of schooling increasing by 2.4 years and 3.9 years respectively within the same period (Table 4). In addition, it is observed from the data in Table 4 that Ghana's Gross National Income (GNI) per capita increased by 127.6 percent between 1990 and 2019.

Table 5: Ghana's Human Development Index (HDI) trends, 1990-2019⁷²

| Year | Life expectancy at birth | | | Expected years of schooling | Mean years of schooling | GNI per capita (2017 constant PPP\$) | HDI value |
|------|--------------------------|------|------|-----------------------------|-------------------------|--------------------------------------|-----------|
| | Female | Male | Both | | | | |
| 1990 | 57.9 | 55.7 | 56.8 | 7.6 | 4.9 | 2315 | 0.465 |
| 1995 | 58.5 | 56.5 | 57.5 | 7.7 | 5.7 | 2471 | 0.483 |
| 2000 | 57.8 | 56.2 | 57.0 | 8.0 | 6.1 | 2682 | 0.494 |
| 2005 | 59.6 | 57.8 | 58.7 | 8.7 | 6.4 | 3111 | 0.520 |

⁷² Human Development Report, Ghana, 2020.

| | | | | | | | |
|-------|------|------|------|------|-----|------|-------|
| 2010 | 62.0 | 60.1 | 61.0 | 10.9 | 6.7 | 3676 | 0.565 |
| 2015 | 63.7 | 61.8 | 62.8 | 11.1 | 6.9 | 4614 | 0.590 |
| 2016 | 64.1 | 62.1 | 63.1 | 11.6 | 7.1 | 4638 | 0.598 |
| 2017 | 64.5 | 62.4 | 63.5 | 11.5 | 7.1 | 4864 | 0.602 |
| 2018 | 64.9 | 62.7 | 63.8 | 11.5 | 7.2 | 5057 | 0.606 |
| 2019* | 65.2 | 63.0 | 64.1 | 11.5 | 7.3 | 5269 | 0.611 |

2.1.1 Sexual and Reproductive Health and Rights

The 2017 Ghana Maternal and Health Survey, Maternal Mortality Ratio (MMR) for Ghana is 310 maternal deaths per 100,000 live births. This ratio is a decrease from the 2007 maternal mortality ratio of 520 per 100,000 live births. The MMR was highest in the Coastal Zone (336 per 100,000 live births) and lowest in the Northern Zone (276 per 100,000 live births). The MMR was highest in the Coastal Zone (336 per 100,000 live births) and lowest in the Northern Zone (276 per 100,000 live births). The Total Fertility Rate (TFR) in Ghana is 3.9 children per woman a decline from 1988 and 2014 at 6.4 and 4.2 respectively. The observed pattern and levels of age-specific fertility rates from 2007 to 2017 are supportive of the observed decline in TFR for Ghana. The contraceptive prevalence rate (CPR) among currently women (15-49) using modern contraceptives is 25 percent. The most used methods among currently married women are implants (10.3%), injectables (8.7%) and pills (2.5%). Among sexually active unmarried women aged 15-49, 30.6 percent use a modern method of contraception and male condom are the most used method (6.7%), followed by injectables (4.8%), emergency contraception (4.8%), and pills (4.6%). Modern contraceptive use among currently married women differs by place of residence (22.6% urban and 27.4% rural). Also, unmet need among currently married women is 29.9 percent according to the 2014 Ghana Demographic and Health Survey with 50.9 percent among adolescents 15-19 years.

Ghana is making efforts to curb the menace of HIV and AIDS at both policy and programme levels. The country is working towards achieving the UNAIDS' 90-90-90 targets. From the 2019 HIV Sentinel Survey Report, the HIV prevalence in the general population is 2.0 percent with regional variations. The highest prevalence is in the Bono (3.4%), Ashanti (3.2%), Greater Accra (3.2%), Oti (2.9%), and Western North regions (2.9%) regions, and the lowest is in the Northern and Northeast regions (<1%). The highest age group prevalence was recorded within the 40–44 age group (3.6%) and the lowest (0.6%) was within the 15-19 age group. The Ghana AIDS Commission reported a reduction in new HIV infections by 9 percent between 2015 and 2019 and of AIDS-related deaths by 2.1 percent in the same period, as well as the almost doubling of HIV testing among women since 2008. Ghana has included the “treat all” policy in its 2016-2020 National HIV/AIDS Strategic Plan. The adoption of “treat all” requires strengthening Ghana’s health systems to link and track HIV positive clients for immediate treatment. Although Ghana has viral load testing machines in 9 of the 16 geographical regions, viral load coverage remains low (10%-14%). KPs are disproportionately affected by HIV in Ghana. In 2018 HIV prevalence among MSM is 18.1 percent and in 2020, prevalence among FSW is 4.6 percent.

The HIV Sentinel Survey Reports by the Ghana AIDS Commission and the Ghana Demographic and Health Survey are the two main sources of data on HIV in the country, but they do not include data on KPs, and the number of HIV positive KPs linked to care and treatment. Several factors hinder KPs' access to HIV testing in Ghana, these include stigma and discrimination at both community and facility levels, shortages of HIV test kits, and gender bias in testing i.e., testing more focused on women than on men. If tested positive, the stigma and discrimination at the facility level prevent KPs from regular access to care.

2.1.2 Adolescents and Youth

Young people are classified by the UN as those aged 10 to 24 years; including adolescents (10 to 19 years) and youths (15 to 24 years). However, in Ghana, the youth are aged 15-35 years as stated in the National Youth Policy. Young people form an important stage of transition between childhood and adulthood. Adolescence is a period of opportunities; provides an opportunity for measures to be taken to ensure a healthy adult life. It is also a period of

risk that is marked by exploration and trial. Young people tend to take risks and/or adopt risky sexual and reproductive health behaviours including unprotected sex engagement that expose them to unwanted pregnancy, unsafe abortion, sexually transmitted infections, HIV, and others that dispose them to future ailments. For instance, the youth are now the most affected by HIV and AIDS in the World and a significant proportion reside in the sub-Saharan Africa region. In Ghana, the Adolescent and Youth-Friendly Health Services (AYFHS) programmes have been adopted and implemented for over two decades and are now under the Adolescent Health and Development (ADHD) programme.

The ADHD programme is required 'to make available appropriate health information and counselling services, provide comprehensive health services and other complementary interventions such as life and livelihood skills to adolescents and young people (10–24 years)'. Currently, most of the public health facilities operated by the Ghana Health Service have Adolescent/youth health corners across the country that offer sexual and reproductive health services designed to meet the specific needs of adolescents/youth. In 2013, there were a total of 291 ADH Corners established in public (276) and private (15) health facilities. In 2021 there were 1 674 adolescent service delivery points with the Upper East Region having seven ADHD corners with only four that are functional. Various Non-Governmental Organisations are also involved in the provision of comprehensive adolescent health services including SRH information and the establishment of Adolescent/Youth Health Corners in health facilities and schools. However, the use of health services by young people remains low, and there is a high rate of teenage pregnancy, unsafe abortion, and risky sexual behaviours among young people. Reports from the 2017 GMHS show an adolescent pregnancy rate of 2.5 percent, a decline from 2014 (2.9%). Most of the adolescent pregnancies were either unwanted (58.5%) or unplanned (90.5%). The survey reported that 7 percent of women aged 15-49 had an induced abortion. Induced abortion increases from 3 percent among adolescents aged 15-19 to 16 percent among young women aged 20-24 and 24 percent among those aged 25-29. Slightly more than a quarter of women (27%) used a non-medical method to induce abortion. Studies show high risky sexual behaviours including early sexual debut, having sex without using condoms, and having multiple sexual partners among adolescents in Ghana.

2.1.3 Gender Equality and Empowerment of Women

Progressively, Ghana has initiated programmes, policies, directives, and strategies to realise the vision of gender equality and women empowerment. The Affirmative Action (AA) law, yet to be passed and still at the level of Cabinet in Ghana, is aimed at balancing the number of women at the forefront of policies and political activities. On the other hand, the government policy on free senior high school which started in 2017 has witnessed a tremendous increase in enrolments in education into senior high schools. The media and other gender advocacy groups continue to champion the course of gender equality. Notwithstanding the significant efforts and strides in promoting gender equality, available studies show incidences of maternal mortality, poverty, domestic violence, sexual harassment, and child marriages, including many issues on women and children that have still not been adequately addressed in Ghana. Unless collective efforts are made to amicably resolve issues on women, the realisation of sustainable development could be overdue for most developing countries, including Ghana.

The existence of equal opportunities among men and women is the baseline for development which is the greater goal of the world. Many research works show that factors fuelling the gender inequality gap include poverty, illiteracy, inadequate skill development, and other cultural values. The cancer of gender inequality has been tackled from diverse angles. In Africa, governments have demonstrated their commitment to continue, expand and accelerate efforts to promote gender equality at all levels. Several declarations and charters and gender-friendly legislation were enacted to champion the course of gender equality. For example, the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa, and the Solemn Declaration on Gender Equality in Africa in 2003 and 2004. In Ghana, positive strides have been made by successive and present governments and organisations toward gender equality and women empowerment.

2.1.4 Population and Development

Ghana conducted its sixth post-independence Population Census and third Population and Housing Census (PHC) in July 2021. The PHC is a priority national development programme as it anchors all national development interventions, given its unique attribute of capturing data on all persons in a country. Ghana has currently conducted its 6th Population and Housing Census and has released the final results.

The global debate on population and development during the 18th, 19th and 20th centuries particularly at the population conferences of 1974, 1984, and 1994, drew attention to the strong interrelationships between population and development. The general outcome of this debate has been that countries across the globe have become relatively more conscious of the linkages between population and development and have consequently acknowledged the need to adopt comprehensive policies and programmes that are likely to reflect these linkages towards the enhancement of the quality of life of the generality of their populations.

From the 2021 PHC, majority (50.7%) of the population are females and this has been the trend for the past four censuses, giving a sex ratio of 97 males for every 100 females. They outnumber males in 10 out of the 16 regions. The population of Ghana increased by 6.1 million from the 24.7 million recorded in 2010, constituting an annual intercensal growth rate of 2.1 percent. This rate is less than what was observed in the previous intercensal period (2000-2010: 2.5%) and is the lowest observed since independence. At this rate, the country's population will double within 33 years and by 2050, the population of Ghana would be over 50 million (GSS, 2021). The national population density in the 2021 PHC is 129 persons per square kilometre. The 2021 results also show that Greater Accra (17.7%) has overtaken Ashanti (17.6%) as the nation's most populous region. The Ahafo (1.8%) has replaced Upper West (2.9%) as the nation's least populous region. The average household size, which has been on the decline since 2000, is 3.6 members in 2021 (GSS, 2021).

2.2 The Role of External Assistance

Ghana's development agenda is embodied in the 'Ghana Beyond Aid' (GBA) vision which calls for a shift in mindset, attitudes, and behaviours to reduce Ghana's dependence on foreign assistance. Ghana's 'Beyond Aid' vision is not a rejection of foreign assistance, instead, GBA reinforces a decades-long policy commitment to sustainable growth, inclusion, and self-reliance. The Journey to Self-Reliance (J2SR) Ghana Roadmap serves as the guidepost, tracking the country's commitment and capacity to move Ghana closer to self-reliance. Ghana's J2SR Roadmap FY 2020 scores indicate a moderate degree of commitment and a lesser degree (medium) of capacity to address key development challenges. Ghana desires to be prosperous enough to stand on its own two feet and engage with other countries competitively through trade and investments. As shown in Table 6, the net ODA receipts for Ghana were USD936.3 million in 2019. The accompanying net ODAS/GNI% for the same year was 1.4 percent. It is noted that ODA values have decreased in Ghana since 2017.

Table 6: ODA receipts for Ghana⁷³

| | 2017 | 2018 | 2019 |
|----------------------------------|---------|---------|---------|
| Net ODA (USD million) | 1,263.5 | 1,067.5 | 936.3 |
| Net ODA/GNI (%) | 2.2 | 1.7 | 1.4 |
| Gross ODA (USD million) | 1,410.4 | 1,265.7 | 1,095.6 |
| Bilateral share (gross ODA) (%) | 44.3 | 52.2 | 53.0 |
| Total net receipts (USD million) | 1,833.9 | 1,441.6 | 1,157.7 |

For reference

| | 2017 | 2018 | 2019 |
|----------------------------|-------|-------|-------|
| Population (million) | 29 | 30 | 30 |
| GNI per capita (Atlas USD) | 1,890 | 2,130 | 2,220 |

The data showcased in Figure 2 shows that the largest part of bilateral ODA in Ghana went into economic infrastructure (334%), followed by other social infrastructure (19%) and the education sector (123%). The data in Figure 3 shows the top ten donors of Gross ODA for Ghana. It is seen that the United States is the largest donor with USD210.0 million followed by International Development Assistance with USD149.5 million.

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https://public.tableau.com/views/OECDACAidatagancebyrecipient_new/Recipients?:embed=yand:display_count=yesand:showTabs=yand:toolbar=no?and:showVizHome=no

Figure 2: Bilateral ODA by Sector for Ghana⁷⁴

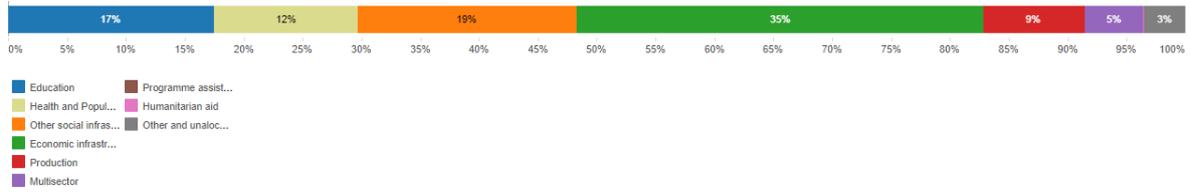
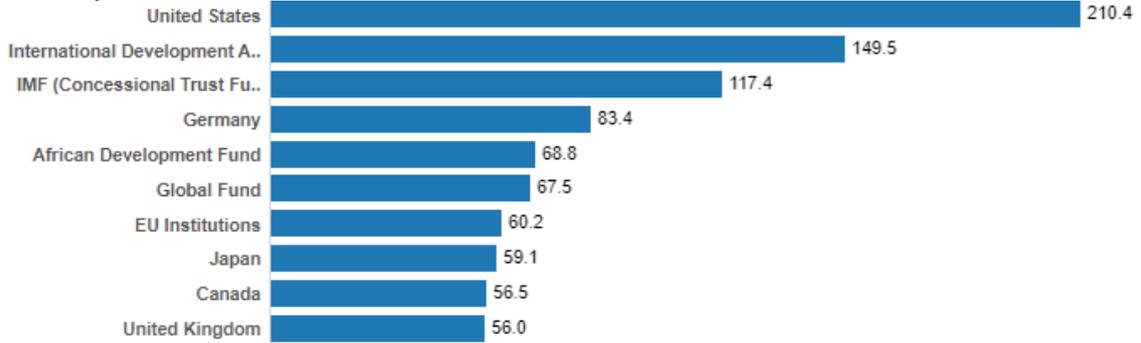


Figure 3: Top Ten Donors of Gross ODA for Ghana, USD million⁷⁵



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https://public.tableau.com/views/OECDDACAidataglancebyrecipient_new/Recipients?:embed=yand:display_count=yesand:showTabs=yand:toolbar=no?and:showVizHome=no

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CHAPTER 3: UNFPA RESPONSE AND PROGRAMME STRATEGIES

3.1 United Nations and UNFPA Strategic Response

UNFPA Ghana CO participates in activities of the UNCT under the leadership of the United Nations Resident Coordinator, to ensure inter-agency coordination and efficient delivery of tangible results in support of the national development agenda and the SDGs. The United Nations Country Team (UNCT) works in partnership with and supports the Government and people of Ghana towards achieving its national development priorities and results. The partnership is guided by the United Nations Sustainable Development Partnership (UNSDP) for Ghana, 2018-2022. The development of the partnership guidelines was led by the Government of the Republic of Ghana and guided by the United Nations Development Group (UNDG) programming and other related international principles, including a human rights-based approach, the 2030 Agenda for Sustainable Development to ensure greater focus on transformational results through sustainable partnerships. UN Country Teams have been agreeing to strategic planning frameworks, known as UN Development Assistance Frameworks (UNDAFs) with countries for almost two decades now. Their purpose is to target the collective support of UN Agencies at the country level towards meeting national development priorities and international commitments. New guidelines were agreed on by the UN Development Group to draw lessons from this experience. Also, the guidelines set good practices for these frameworks, so that they can be meaningful to the Member States in achieving the broad 2030 Agenda for Sustainable Development. It is also to ensure that the frameworks can take a human rights-based approach in line with UN values, and, as in Ghana, respond to the circumstances of Lower Middle-Income Countries (LMIC). The title for the UN programme for Ghana, UN Sustainable Development Partnership (UNSDP) 2018-2022, reflects the conviction that UN work should support SDG attainment and expresses the nature of work with the UN as a partnership rather than as a source of assistance.

The UNSDP 2018-2022, reflects Ghana's national goals and its commitments to global development initiatives and sets out the UN system's collective contributions to help the Government and other stakeholders achieve these goals. In particular, the UNSDP is aligned to The Coordinated Programme of Economic and Social Development Policies 2017- 2024, which sets out a vision for agricultural modernisation, industrial diversification, and youth employment; embeds national strategies to localise and achieve the Sustainable Development Goals; and articulates a self-reliant pathway to economic transformation and inclusive growth. The partnership framework set out in the UNSDP brings together the efforts of two dozen UN agencies to provide coherent, effective, and efficient support in keeping with the principle of 'Delivering as One.' In encompassing the entirety of the UN's activities in Ghana, the UNSDP presents the UN's One Programme for Ghana. It is implemented through annual joint work plans agreed on with Government Ministries and Agencies and carried out with many implementing partners in government, civil society, and academia. The UNSDP has been designed to meet the overarching programming principles that UN country programmes be gender-sensitive, human rights-based, environmentally sustainable, and focused on developing national capacities for results. The UNSDP for 2018-2022 builds on past work and recognises the importance of building up national capabilities all along the continuum from needs assessment to policy design, to implementation and monitoring results. As is expected in Ghana as an LMIC with a strong commitment to self-reliant development, the UN's direct provision of services will progressively decline as a strategic intervention.

3.2 UNFPA Response through the Country Programme

3.2.1 UNFPA Previous Cycle Strategy, Goal and Achievements

UNFPA has been working with the Government of Ghana towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 7th CP in Ghana. The previous programme cycle, CP6 (2012-2017) focused on three areas namely, Sexual and Reproductive Health and Rights, Gender Equality, and Population and Development. It is worth pointing out that CP6 was revised to align with the UNDAF Action Plan (UAP) and the Global UNFPA Strategic Plan during its implementation period. The outputs were refined to focus on well-defined programmatic areas within the UNFPA mandate and to maximise the results of the programme. CP6 contributed to improved quality of life of women and young people through a range of family planning and maternal health strategies, including fistula care, adolescent and youth sexual and reproductive health and reproductive rights (SRHR), gender and human rights, integration of population variables

into policies and programmes, data management and utilization, and enhanced capacity and advocacy for the 2020 census.

CP6 had several achievements that included an improvement in contraceptive prevalence rate, from 17 per cent in 2008 to 22 per cent in 2014; for married women, it increased marginally, from 24 per cent in 2008 to 26.7 per cent in 2014. In addition, CP6 supported the review of the National Youth Policy, the development of adolescents' sexual and reproductive health (SRH) standards, and the setting out of the minimum package for youth-friendly services. In five of the seven regions targeted by the programme, health workers were trained, and adolescent health development committees were established; some 3,330 adolescent girls in the targeted five regions accessed integrated SRH services between 2012 and 2015. In 5 out of the 7 regions targeted by CP6, health workers were trained, and adolescent health development committees were established. In addition, 3,330 adolescent girls in the targeted five regions were able to access integrated SRH services in the period between 2012 and 2015.

3.2.2 Current UNFPA Country Programme

UNFPA Country Programmes articulate 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 Country Programme, which follows a five-year cycle, is aligned with the UNSDP and with country programmes of other United Nations organisations. UNFPA Ghana is currently implementing the 7th Country Programme (2018-2022) of UNFPA support to the Government of Ghana. The 7th UNFPA Ghana Country Programme 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. It contributes to the result areas on social investment in people and inclusive, equitable, and accountable governance of the draft annotated outline of the United Nations Sustainable Development Partnership (UNSDP) for Ghana 2018-2022. The 7th CP was developed in collaboration with the Government of Ghana, Civil Society Organisations, Academia, United Nations agencies, and other strategic partners, and will build on existing partnerships; the country office has developed a partnership plan elaborating the area of collaboration.

The programme covers 30 districts within the 10 old regions of Ghana comprising Northern, Central, Western, Ashanti, Eastern, Volta, Brong Ahafo, Upper East, Upper West, and Greater Accra based on lessons from the previous programme. It utilises the Delivering as One approach and South-South cooperation to augment opportunities for joint programming and transfer of knowledge and technology and is governed by resilience-building and the principles of universality, human rights, equity, and inclusiveness, leaving no one behind and reaching the furthest behind first. The programme is implemented in a strong policy and partnership environment conducive to reproductive health and the rights of women and young people, focusing on sexual and reproductive health and rights including family planning, Gender Equality and Women Empowerment. Direct beneficiaries are women, adolescent girls, young people, and disadvantaged populations, including persons with disabilities, focusing on subnational levels with poor reproductive health and rights indicators. Programme components are implemented in an integrated manner to advance the demographic dividend agenda and address humanitarian preparedness and response. In addition, within a shared vision and sound partnership arrangement, UNFPA uses advocacy and policy dialogue, capacity development, service delivery and knowledge management as modes of engagement in the achievement of the goals of the 7th CP. At the global level, CP7 is also aligned with the UNFPA Strategic Plan (2018-2021). The goal of the strategic plan, 2018-2021, is to 'achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development, to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality.

The UNFPA Ghana CO delivers its country programme within a shared vision and sound partnership arrangements through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, and (iii) knowledge management. The overall goal of the UNFPA Ghana CP7 (2018-2022) is universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality, as articulated in the UNFPA

Strategic Plan 2018-2021. The CP contributes to the following outcomes of the UNFPA Strategic Plan 2018-2021 depicted in Figure 4.

Figure 4: UNFPA 7th Country Programme Outcomes

Outcome 1. Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Outcome 2. Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

Outcome 3. Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

Outcome 4. Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.

The UNFPA Ghana 7th CP (2018-2022) has four thematic areas of programming with distinct outputs that are structured according to three outcomes in the Strategic Plan 2018-2021 to which they contribute (see Figure 4).

Outcome 1: Sexual and reproductive health and rights

Output 1: Strengthened national capacity in delivering high-quality integrated family planning and comprehensive maternal health services, in particular for adolescents and youth, including in humanitarian settings. The programme builds a health system capacity to deliver voluntary family planning, midwifery, and basic EmONC services to respond to the Ghana Family Planning 2020 commitments; reduce regional disparities in skilled attendance at birth; and increase the number and distribution of primary facilities providing basic EmONC, respectively. This is achieved by: a) training health providers and equipping facilities to deliver a full complement of the modern contraceptive method mix; b) Building the capacity of regions to use the logistics management information system to forecast and monitor essential supplies, including contraceptive commodities; c) strengthening the health system to deliver integrated SRH services for vulnerable groups, including persons with disabilities; d) building the capacity of midwifery training institutions to deliver pre-service education; e) supporting rapid EmONC assessments to establish EmONC functionality; f) strengthening the capacity of designated EmONC facilities to meet standards for basic EmONC services; g) strengthening the capacity of regional and district hospitals for routine obstetric fistula repair, and h) building the capacity of disaster-prone districts to implement the Minimum Initial Service Package (MISP) for reproductive health.

Outcome 2: Adolescents and Youth

Output 1: Young people, especially adolescent girls, have the skills and knowledge to claim and make informed choices about their sexual and reproductive health and reproductive rights and well-being, including in humanitarian settings. This includes: (a) advocacy for and implementation of national guidelines on comprehensive sexuality education for in-school and out-of-school young people into school curricula and out-of-school programmes to ensure standardisation; (b) strengthening the capacity of government, youth, and civil society organisations and communities to support access to SRHR information and services for young people to

reduce adolescent pregnancies; (c) roll-out of a comprehensive package of youth-friendly integrated services, including use of modern technology, to strengthen SRH information-sharing and delivery of services to young people, including boys, those living with disabilities and refugees, in line with FP2020 commitments; and (d) strengthening the capacity of teachers, parents, and faith-based organisations, using a combination of advocacy, social mobilisation, and behaviour change communication, to fulfil SRHR of adolescent girls and young people.

Outcome 3: Gender equality and women's empowerment

Output 1: The strengthened national capacity to advance gender equality; prevent and respond to sexual and gender-based violence and harmful practices; and promote women and girls' empowerment, including in humanitarian settings. This includes a) capacity strengthening for the delivery of coordinated gender-based violence prevention, protection, and response interventions; b) advocacy and technical support for the implementation of policies and frameworks that promote gender equality and empowerment of women and girls; c) advocacy and technical support for the provision of health, socioeconomic asset-building interventions to adolescent girls, especially those marginalised and at risk of child marriage; d) advocacy and capacity-building to catalyse national efforts and accelerate rights-based approaches for the prevention of gender-based violence and harmful practices, including child marriage; e) support establishment of protection and monitoring systems with the capacity to assess and address sexual and gender-based violence; and f) support advocacy by civil society organisations for national accountability on international/regional human rights mechanisms.

Outcome 4: Population and development

Output 1: Improved national population data systems to map and address inequalities, advance achievement of the SDGs and the ICPD, and inform interventions in times of humanitarian crisis.

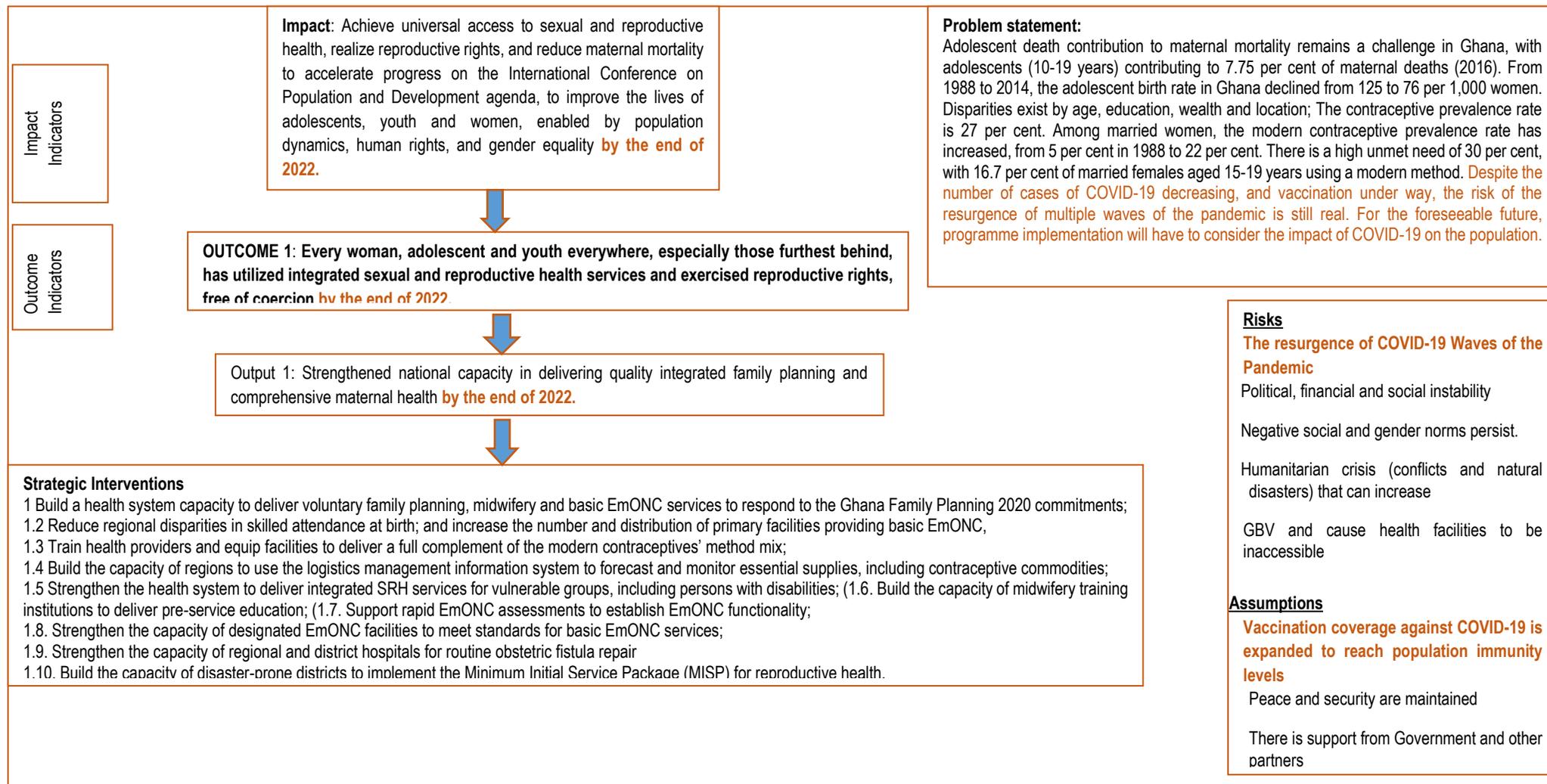
This includes: (a) advocating for evidence-based information advancing the integration of demographic dividend strategic areas into policies and programmes; b) providing technical assistance for the generation, analysis, and utilisation of disaggregated data, at national and sub-national levels, to monitor the SDGs; c) assisting in the conduct of the 2020 national census and sociodemographic surveys; d) supporting collection, analysis, and utilisation of disaggregated data in humanitarian settings; e) supporting generation and analysis of sexual and reproductive health and gender-based violence data; and f) strengthening the capacity of security personnel to manage sexual and gender-based violence database systems.

The Theory of Change (ToC) that describes how and why the set of activities planned under the CP is expected to contribute to a sequence of results that culminates in the strategic goal of UNFPA is provided in Annex 5 and Figure 5. The ToC was an essential building block of the evaluation methodology.

Theory of Change and Programmatic Focus: The CP7 focused on the aforementioned four outcomes and five outputs covering SRH, AY, GEWE and PD and there were various key interventions linked to each output. The Theory of Change was reconstructed by the Evaluation Team and the full diagrammatic representation for CP7 is shown in Annex 5. As an illustration, the diagrammatic representation for the SRHR sub-programme is showcased in Figure 5. Detailed descriptions of the linkages between results (outcome and output indicators) and interventions are found under Effectiveness (EQ3 and 4), where there is an evaluation of the Results and Intervention logic for the different strategic outcome areas. The Evaluation Team consulted various documents namely: Ghana Coordinated Programme of Economic and Social Policies 2017-2024, National Medium-Term Development Policy Framework 2018-2021, UNFPA Global Strategic Plans (2014-2017 and 2018-2021), UNFPA Country Programme Document, UNFPA Business Plan, UNFPA Country Office Annual Reports (2018 - 2022), Programme Review Report for CP6, UNSDP 2018-2022, and 2030 Agenda for Sustainable Development, among others. In addition, the Evaluation Team held consultations with the UNFPA CO Senior Management on Programme Management and Coordination and technical staff on their thematic areas. The major changes made were first to include an endpoint for all outputs and strategic outcome statements for CP7 which is the end of 2022 so that they are time-bound. The second major change made was to include the occurrence of the COVID-19 pandemic in the problem statement for programme implementation to consider the impacts of COVID-19 on the population. COVID-19 was also included as a risk to programme implementation. In addition, an assumption around COVID-19 was included in the ToC, namely that as a result of the expansion of the vaccination programme population immunity levels against COVID-19 would increase. The reconstructions of the ToC are marked in red in the diagrammatic presentation in Figure 5 and Annex 5.

Figure 5: Theory of Change for 7th GoG/ UNFPA CP (Reconstructed)

Outcome 1: Theory of Change for Sexual and Reproductive Health and Rights (see Annex 5 for the full Reconstructed ToC)



3.2.3 Country Programme Financial Structure

Allocation of Budget, 2018-2022

UNFPA committed US \$20.5 million over the five years of its 7th Country Programme (2018-2022) with 7.8 million dollars in regular resources and 12.7 million dollars in other resources. The proposed funding for the UNFPA Ghana 2018-2022 is provided in Table 5. The proposed funding for the 7th Ghana CP is shown in Table 7 is as follows: (a) Sexual and Reproductive Health and Rights (US\$7.8 million); (b) Adolescents and Youth (US\$4.8 million); (c) Gender Equality and Women's Empowerment (US\$4.4 million), and Population and Development (US\$ 2.2 million). In addition, an amount of US\$1.2 million was allocated for programme coordination and assistance.⁷⁶

Table 7: Proposed Indicative Assistance (in millions of \$), Ghana 7th CP (2018-2022)⁷⁷

| Strategic Plan Outcome Area | | Type of Funding | | | Funding Source Allocation | | Total as % of Total Budget |
|---------------------------------------|---|--------------------------|------------------------|-------------------|---------------------------|--------------|----------------------------|
| | | Regular Resources (US\$) | Other Resources (US\$) | Total (US\$) | Regular | Other | |
| 1 | Sexual and Reproductive Health | 500,000 | 7,300,000 | 7,800,000 | 6.4% | 93.6% | 38.1% |
| 2 | Adolescents and Youth | 3,100,000 | 1,700,000 | 4,800,000 | 64.6% | 35.4% | 23.5% |
| 3 | Gender Equality and Women's Empowerment | 1,500,000 | 2,960,000 | 4,400,000 | 33.6% | 66.4% | 21.8% |
| 4 | Population and Development | 1,500,000 | 700,000 | 2,200,000 | 68.2% | 31.8% | 10.8% |
| Programme Coordination and Assistance | | 1,200,000 | - | 1,200,000 | 100.0% | 0.0% | 5.9% |
| Total | | 7,800,000 | 12,460,000 | 20,460,000 | 38.1% | 61.9% | 100.0% |

Source: UNFPA Ghana Country Programme Document (2018-2022)

Table 8: Evolution of Overall Budget and Expenditure, 2018-2021

| Project | 2018 | | 2019 | | 2020 | | 2021 | |
|--|----------------|--------------------|----------------|--------------------|----------------|--------------------|----------------|--------------------|
| | Project Budget | Budget Utilization |
| Family planning and maternal health information and services | 89,967.00 | 86,067.87 | 1,167,113.81 | 702,158.15 | 721,285.08 | 749,971.17 | 405,408.83 | 382,943.55 |
| Gender equality, Gender based violence and Harmful practices | 14,4992.26 | 14,6502.83 | 421,567.06 | 372,436.90 | 1,416,753.49 | 1,355,254.00 | 1,098,627.22 | 1,096,199.07 |

⁷⁶UNFPA Ghana Country Programme Document (2018-2022).

⁷⁷UNFPA Ghana Country Programme Document (2018-2022).

| | | | | | | | | |
|---|--------------------|--------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Population data systems | 19,3822.49 | 19,1177.48 | 312,799.93 | 298,480.52 | 347,357.57 | 306,461.51 | 514,934.46 | 510,551.64 |
| Young people skills and knowledge for informed choices about SRHR | 88,8983.83 | 77,8270.14 | 2,844,728.57 | 2,585,210.48 | 2,818,378.54 | 2,550,842.71 | 2,096,244.86 | 2,026,874.04 |
| Overall total | 277,1154.48 | 265,1585.82 | 6,155,126.35 | 5,374,369.08 | 6,841,474.13 | 6,515,022.62 | 2,096,244.86 | 2,026,874.04 |

The evolution of the overall project budget and expenditure for the review period are shown in Table 8. Consistently, and overall, the utilisation rates are below close 100 percent or below 100 percent for all sub-programmes during the review period. The lowest utilisation rate of 60.2 percent 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%).

CHAPTER 4: EVALUATION FINDINGS

The information provided in this chapter consists of data from both primary and secondary sources. The primary sources included interviews and group discussions with UNFPA CP7 grantees, beneficiaries, development and implementing partners; whereas the secondary sources consist of authentic UNFPA programme documents, including, but not limited to, plans, monitoring and annual reports, implementation and tracking frameworks, as well as evaluation reports.

4.1 Relevance

EQ1: To what extent is the country programme adapted to (i) the needs of diverse populations, including the needs of marginalised and vulnerable groups (e.g., young people, vulnerable adolescent girls, refugees and people with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs.

Summary

The UNFPA 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 priorities are linked and aligned with the United Nations Sustainable Development Partnership for Ghana (UNSDP 2018-2022). This link is further reflected in the UNFPA Strategic Plan 2018-2021 which reaffirms the relevance of the current strategic direction of CP7. The programme interventions of the four components are consistent with priority components of ICPD PoA and SDG Agenda and the transformative and people-centred results of UNFPA's Strategic Plan 2018-2021. All four programme elements were implemented in an integrated manner and addressed humanitarian preparedness and response including that for COVID-19.

The Government of Ghana and UNFPA jointly developed the 7th CP through a participatory process involving national and sub-national stakeholders, including civil society, the private sector, young people, UN organisations and development partners. The 7th CP had national coverage, with some interventions in specific locations based on local context and availability of resources. As regards adaptation to the changing needs in the national context, UNFPA responded effectively and timely to the COVID-19 pandemic and also to the humanitarian situation caused by the protracted territorial occupation.

4.1.1.1 Sexual and reproductive health and rights

The development of CP7 programmatic interventions was founded on validated SRH baseline data derived from service data, the Ghana Coordinated Programme of Economic Social Policy (2017-2024); the Medium-term Development Policy Framework (2018-2021); UNFPA Strategic Plan (2018-2022); and global priorities, such as the MDGs and later, SDGs, the African Union 2063 agenda, and the ICPD Plan of Action. *“The beauty of using frameworks is that you fit in the framework. I must say that if agencies were developing their programme, there would be a lot of variances in the way the SDGs will be addressed”*

The responsiveness of interventions for SRH-specific health indicators was promoted by alignment with local contexts and strategic priorities across jurisdictional levels. The SRH Output 1 was associated with the Ghana Obstetric Fistula Prevention and Management Strategic Plan (2017-2021); Ghana Family Planning 2020 commitments which sought to reduce the disparity in skilled birth attendance and increase the number of primary health facilities providing basic Emergency Obstetric and Neonatal Care (EmONC) services. The SRH component addressed the needs of UNFPA-supported districts' beneficiaries. IPs consulted with beneficiaries before the start of activities, according to beneficiaries questioned during the FGD sessions.

All beneficiaries who participated in the evaluation of FGDs confirmed that the UNFPA activities and services that they received addressed their needs to access quality SRH and healthcare services, as well as access to information. Married women expressed they needed access to family planning services and contraceptives, safe spaces, learning and awareness of SRH. SRH services were pinpointed by beneficiary women as imperative to follow-up during and after pregnancies, provide family planning commodities and receive information and awareness. Of the additional services that beneficiary women find necessary are the ultrasound devices and some specific medications (e.g. inflammations, vitamins and medicines only served in bigger hospitals as mentioned by interviewees) and family planning IUD types different than what is offered⁷⁸. Discussions with the evaluation participants showed that youth activities concerning SRHR awareness and training were designed in a participatory approach ensuring responsiveness to their needs and concerns. Youth participation in the design of the advocacy activities ensured that the stereotypes are identified and addressed. National partners interviewed have identified the participatory manner through which the UNFPA's annual work plans used to be developed as one of the best practices that bolster working with UNFPA. They further recommended ensuring participatory multi-year planning in future collaboration between the Government of Ghana and UNFPA to be able to achieve outcomes and impacts.

4.1.1.2 Gender equality and women's empowerment

GBV remains a widespread problem in Ghana as it is in West Africa in general. The CP addressed issues of gender inequalities and GBV. According to the Ghana Family Life and Health Survey (GFLHS) 2015, the most common form of domestic violence reported by women in the 12 months prior to the survey was economic violence (12.8%), followed by social violence (11.6%) and psychological violence (9.3%)⁷⁹ (see Table 9). Social attitudes remain permissive to gender-based violence, with data from the Multiple Indicator Cluster Survey more than 3 in 10 women aged 15-49 (32.4%) agree that a husband is justified in beating his wife for several reasons, which includes if she refuses sex with him and among men, it was 16.5 percent.⁸⁰

It is important to note that these types of domestic violence did not occur in isolation. According to the GFLHS 2015, many respondents who reported having experienced domestic violence experienced multiple forms and types of violence: 23.3 percent of women and 18.9 percent of men who experienced domestic violence reported having experienced two types of domestic violence, while 9.4 per cent of women and 5.7 per cent of men reported having experienced three different types of domestic violence.

Table 9: Incidence of domestic violence in Ghana 2015 in the 12 months prior to the survey (in percentages)

| Respondent | Social violence | Physical violence | Sexual violence | Psychological violence | Economic violence | Total (at least one type) |
|------------|-----------------|-------------------|-----------------|------------------------|-------------------|---------------------------|
| | | | | | | |

⁷⁸ Some types of IUD birth control implants could be inserted into the arm.

⁷⁹ Ghana Family Life and Health Survey (GFLHS) 2015.

⁸⁰ Multiple Indicator Cluster Survey, 2017/18

| | | | | | | |
|-------|------|-----|-----|-----|------|------|
| Women | 11.6 | 6.0 | 2.5 | 9.3 | 12.8 | 27.7 |
| Men | 7.7 | 2.1 | 1.4 | 7.9 | 7.3 | 20.0 |

The CP contributed to gender equality and women's empowerment through (Output 3.1): *Strengthened national capacity to advance gender equality; prevent and respond to sexual and gender-based violence and harmful practices; and promote women and girls' empowerment, including in humanitarian settings.* Awareness about early marriage was specifically critical to protect girls against the risks of early and child marriage. Through the CP, UNFPA addressed the needs of various groups, with a focus on girls, adolescents and girls. Some beneficiary groups are still in need of further interventions, perhaps through specific and ongoing specific interventions that target the unique needs in future UNFPA programming, to ensure full consideration of the special and increasing needs of 'those furthest behind'.

4.1.1.3 Adolescents and Youth

The CP was focused on ensuring that young people, especially adolescent girls, have the skills and knowledge to make informed choices about their sexual and reproductive health and reproductive rights and well-being, including in humanitarian settings. This followed an in-depth review of the country programme and stakeholder consultations during the development of the 7th CP that recommended strengthening programme design to harness the demographic dividend and developing synergies and leveraging resources by working with United Nations agencies to maximise results in UNFPA mandate areas in the context of 'Delivering as One'.

4.1.1.4 Population and Development

Recommendations from reviews, assessments and evaluations during the development of the UNFPA Ghana 7th CP identified the need to strengthen disaggregated and decentralised data generation, analysis and use of data for policy development, advocacy, planning and reporting on the SDGs. The CP strengthened national capacities and provided technical support on data and information management systems on SRH and GBV through (Output 4.1): Improved national population data systems to map and address inequalities, advance achievement of the SDGs and the ICPD, and inform interventions in times of humanitarian crisis.

4.1.2 Alignment with national development strategies and policies

Ghana has an overarching Coordinated Programme of Economic and Social Policies (2017-2024) and the national medium-term development policy framework (2018-2021), supported by a range of progressive laws and policies. The UNFPA Ghana 7th CP was in alignment with national priorities in the **Ghana coordinated programme of economic and social policies 2017-2024** and the **medium-term development policy framework 2018- 2021**; 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.

The CPD indicates the contribution to the following national priorities through the programme outputs:

- **Sexual and reproductive health and rights** output contribute to building a health system capacity to deliver voluntary family planning, midwifery and basic EmONC services to respond to the Ghana Family Planning 2020 commitments; reduce regional disparities in skilled attendance at birth; and increase the number and distribution of primary facilities providing basic EmONC, respectively.
- **Adolescents and Youth** output contribute to a faster and more efficient response to advocacy for and implementation of national guidelines on comprehensive sexuality education, strengthening the capacity of stakeholders to support access to SRHR information and services for young people.
- **Gender equality and women's empowerment** outputs contribute to a faster and more efficient response to violence against women through enhanced social protection and response interventions, and advocacy and technical support for the implementation of policies and frameworks that promote gender equality and empowerment of women and girls
- **Population development** output contributes to advocating for evidence-based information advancing the integration of demographic dividend strategic areas into policies and programmes, technical assistance for the generation, analysis and utilization of disaggregated data, at national and sub-national levels, to monitor the SDGs and generation and analysis of sexual and reproductive health and gender-based violence data

The development of CP7 programmatic interventions was founded on validated SRH baseline data derived from service data, the Ghana Coordinated Programme of Economic Social Policy (2017-2024); the Medium-term Development Policy Framework (2018-2021); UNFPA Strategic Plan (2018-2022); and global priorities, such as the MDGs and later, SDGs, the African Union 2063 agenda, and the ICPD Plan of Action. This was elaborated by a Key Informant participant who retorted that:

'The beauty of using frameworks is that you fit in the framework. I must say that if agencies were developing their programs, there would be a lot of variances in the way the SDGs will be addressed'.

The responsiveness of interventions for SRH-specific health indicators was promoted by alignment with local contexts and strategic priorities across jurisdictional levels. The SRH Output 1 was associated with the Ghana

Obstetric Fistula Prevention and Management Strategic Plan (2017-2021) which sought to achieve a reduction in the disparity in skilled birth attendance and increase the number of primary health facilities providing basic Emergency Obstetric and Neonatal Care (EmONC) services. The FP2020 commitments sought to improve CPR and also increase government contribution to FP financing and procurement.

4.1.3 Alignment with the strategic direction and objectives of UNFPA and UN in Ghana

The UNFPA Ghana 7th CP was developed in consultation with Government, civil society, bilateral and multilateral development partners, including United Nations organisations, the private sector and academia. It was aligned with the UNFPA Strategic Plan (2018-2021)⁸¹, focusing on the goal to achieve universal access to sexual and reproductive health and reproductive rights, focusing on women, adolescents and youth. The CP was committed to the UNFPA's three transformative and people-centred results:

- a. An end to preventable maternal deaths.
 - b. An end to the unmet need for family planning.
 - c. An end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage.
- (see Figure 6)

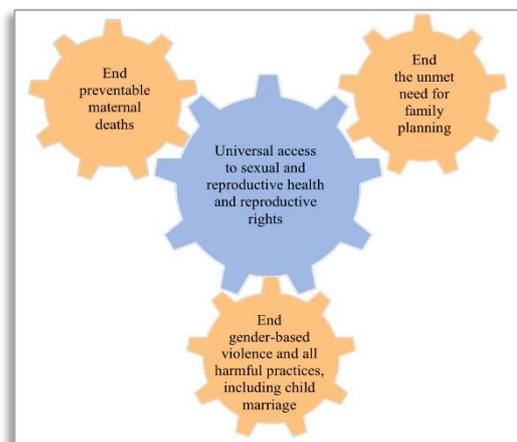


Figure 6: UNFPA Strategic Plan 2018-2021 Transformative Results

Source: UNPA Strategic Plan, 2017

Incorporating the ToC of the UNFPA Strategic Plan, the Ghana 7th CP contributed directly to its four outcomes; (Outcome 1): Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence; (Outcome 2): Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts; (Outcome 3): Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings, and (Outcome 4): Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development. Consideration was given to the principles of Human Rights, Leaving No One Behind, Gender Responsiveness, as well as Development-Humanitarian action and sustaining Peace.

However, the extent to which this was done is in question as will be discussed during the evaluation findings. The alignment of the Ghana 7th CP to the UNFPA Strategic Plan was also evident in the monitoring and reporting system by the Ghana CO, which was anchored around the outcome and output indicators of the UNFPA Strategic Plan. Finally, the Ghana 7th CP adopted the essence of the Business Model of the UNFPA Strategic Plan by employing different approaches to engagement, strengthening national capacities and promoting dialogue and knowledge sharing among stakeholders.

Moreover, the CP Outcomes were aligned with the strategic priorities and outcomes of the UNSDP 2018-2022. CP7. All 4 CP Outcomes contribute to the national priority: Social development: Creating an equitable, healthy and disciplined society. CP7 Outcome 1 and 2 contribute to the UNSDP Outcome 3: The Government of Ghana delivers equitable, quality and financially sustainable social services. CP7 Outcome 3 contributes to the UNSDP Outcome 3 contributes to the UNSDP Outcome 4: Marginalised and vulnerable populations demand and utilise social services while CP7 Outcome 4 contributes to UNSDP Outcome 7, namely, Transparent, accountable institutions at

⁸¹ UNFPA. 2017. UNFPA – Strategic Plan, 2018-2021

[https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9 - UNFPA strategic plan 2018-2021 - FINAL - 25July2017 - corrected_24Aug17.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA_2017.9_-_UNFPA_strategic_plan_2018-2021_-_FINAL_-_25July2017_-_corrected_24Aug17.pdf)

all levels that protect the rights of all people.⁸² The CP outputs are also aligned with the outcomes and outputs of the UNFPA Humanitarian Response Strategy (2012)⁸³

4.1.4 Alignment with the ICPD Programme of Action and SDGs

The Ghana 7th CP was anchored around the goals of the ICPD Programme of Action and the ICPD+20 (2014) actions as follows:

- **Sexual and reproductive health and rights** outputs contribute to the actions (i) Achieve universal access to SRHR as a part of universal health coverage by striving for zero unmet need for family planning, zero preventable maternal deaths and maternal morbidities, access for all adolescents and youth to comprehensive and age-responsive information, education and adolescent-friendly services. (ii) Uphold the right to SRH services in humanitarian and fragile contexts by providing access to comprehensive SRH health information, education and services.
- **Adolescents and Youth** outputs contribute to the action: delaying marriage beyond childhood and ensuring free and full choice in marriage-related decisions; exercise of the right to health, including access to friendly health services and counselling; access to health-promoting information, including on sexual and reproductive matters; acquisition of protective assets and agency, particularly among girls and young women, and promotion of gender-equitable roles and attitudes; protection from gender-based violence; and socialisation in a supportive environment.
- **Gender equality and women's empowerment** outputs contribute to the action: Address sexual and gender-based violence and harmful practices, in particular child, early and forced marriages and female genital mutilation. This was by committing to strive for zero sexual and gender-based violence and harmful practices.
- **Population development** outputs contribute to the action: Draw on demographic diversity to drive economic growth and achieve sustainable development. This was through the meaningful participation of adolescents and youth, supporting investments for their education, employment opportunities, family planning and SRH services and data systems.

Coherently with the SDGs, the 7th CP contributed to SDG Goal 3: Good Health and Well-being, SDG Goal 4: Quality Education, SDG Goal 5: Gender Equality, SDG Goal 10: Reduced Inequalities and SDG Goal 17: Partnerships for the Goals.

EQ2: To what extent have UNFPA programmes ensured a flexible and adaptive approach to ensure access to a continuum of comprehensive life-saving sexual and reproductive health and GBV prevention and protection services as part of the COVID-19 response and recovery efforts.

COVID-19 pandemic

Ghana, like most countries in the world, has been coping with the effects of COVID-19. UNFPA Ghana quickly recognized the socioeconomic and programmatic effects of the COVID-19 pandemic. The effects of restricted movement on vulnerable people, including adolescents, women, persons with disabilities, and the elderly were projected. This included a potential upsurge of cases of domestic violence, sexual and gender-based violence (SGBV), rape, unintended pregnancies, inadequate maternal care, neglect of vulnerable groups, and the psychological effects of the pandemic on youth. Overall, COVID-19 and associated restrictions have affected Ghanaian women disproportionately, with greater uncertainty, stress and health and psychological risks, compounding entrenched inequality. Emotional and physical abuse of women and children, including online, are thought to have increased sharply under COVID-19 pandemic conditions, while women have faced reduced access to support services and safe spaces. With COVID 19 pushing more families into poverty, forcing girls to marry may be a negative coping mechanism. Government partners indicated during the evaluation that there was a clear decrease in the indicators related to SRH due to the closure of clinics, reduced staff load and their engagement in COVID-related work.

⁸² UNFPA Strategic Plan 2018-2021: Results and Resources Framework for Ghana (2018-2021).

⁸³ UNFPA. 2012. Humanitarian Response Strategy. <https://www.unfpa.org/resources/humanitarian-response-strategy#:~:text=It%20ensures%20that%20UNFPA's%20humanitarian,young%20people%20in%20crisis%20situations.>

UNFPA, working within the UN system in Ghana, made a difference in the COVID-19 response by focusing on continuity in SRH information and services, as well as GBV prevention and response. To reach the most vulnerable in society, UNFPA focused on stigma reduction, risk communication and community engagement, and the provision of life-saving supplies, including Dignity Kits, modern contraceptives, maternal health drugs and supplies, and personal protective equipment (PPE). Guided by the fact that accurate information can save lives and fight stigma and discrimination, UNFPA worked to ensure that people received the information and services they needed. The COVID-19 response for UNFPA Ghana was guided by the principle that UNFPA Ghana hopes for a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled, even in the era of COVID-19.

The overall strategy for the UNFPA for the COVID-19 strategy consisted of a gender-sensitive risk communication engagement. UNFPA donated Personal Protective Equipment (PPEs) to the Ghana Health Service (GHS) in support of the government's COVID-19 response. The UNFPA partnered with key influencers to combat SGV through various fora that mainly consisted of sharing messages across social media. UNFPA also supported the Loozele Initiative, to sensitise 'Kayayei'. Resultantly 258 female head porters ('kayayei') were sensitised to COVID-19 through this initiative. UNFPA Ghana supported the Domestic Violence and Victims Support Unit (DOVVSU) of the Ghana Police Service to activate the SGBV DOVVSU helpline to assist victims of gender-based violence including domestic violence and child abuse. UNFPA Ghana YoLe Fellows conducted community COVID-19 outreaches. Women are disproportionately represented in the health and social services sectors, which increases their risk of exposure to the virus. Stress, limited mobility, and livelihood disruptions also increase women's and girls' vulnerability to gender-based violence (GBV) and exploitation, and if health systems direct resources away from sexual and reproductive health (SRH) services, women's access to family planning, antenatal care, and other critical services could suffer. This was the reasoning behind UNFPA's COVID-19 response plan in Ghana.

As part of the COVID-19 Response in the country, UNFPA Ghana conducted e-training capacity building on (Autism, SRHR & COVID-19) coping with autism in the COVID-19 era. In this initiative, a total of 19 participants were involved in sharing information on SRH and COVID-19 with adolescents living with autism. UNFPA also supported isolation centres such as the Pentecost Convention Centre, the Mercy Women's Catholic Hospital, the Tamale Central Hospital and the Ghanaman Soccer Centre of Excellence Isolation Centre. It also provided PPEs and hygiene items to support the Tetteh Ocloo State School for the Deaf, The Senior Correctional and Hope for Future Generations.

These interventions proved effective in ensuring that UNFPA programmes did not fall behind in achieving their transformative results while efforts to contain COVID-19 moved to the top of the agenda. The pandemic is not yet contained, and these interventions will continue to be implemented to serve many vulnerable people in Ghana. More vulnerable groups are being identified whose needs will be tackled within UNFPA's thematic intervention areas. The evaluation shows that it is hoped that the efforts of UNFPA and its partners will help to minimise the negative effects of COVID-19 on target populations and programme implementation and ensure continuity in the provision of essential services for the most vulnerable in society, especially women, adolescents, and youth.

4.2 Effectiveness

EQ3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the planned outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

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.

4.2.1 Outcome 1: Sexual and reproductive health and rights

4.2.1.1 Degree of achievement of SRHR outputs to the achievement of the planned outcome

As stated in the CPD, outcome 1 on SRHR was set to be achieved through (Output 1): Strengthened national capacity in delivering high-quality integrated family planning and comprehensive maternal health services, in particular for adolescents and youth, including in humanitarian settings.

In relation to **Output 1**, UNFPA Ghana 7th CP achieved the following on SRHR:

UNFPA's contribution 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

The extent of obstetric fistula in Ghana is currently unknown, but according to the Ghana Health Service Report on the Burden of Obstetric Fistula in Ghana (2015), between 711 and 1,352 new cases of obstetric fistula are diagnosed each year, resulting in an incidence rate of 1.6 to 1.8 per 1,000 births. Ghana launched the End Obstetric Fistula Campaign in 2005 under the project titled "Strengthening fistula prevention activities and access to treatment in Ghana". The campaign adopted approaches such as awareness creation, identification and mobilisation of cases and rehabilitation and reintegration of survivors back into their societies. UNFPA contributed to these initiatives by supporting the government through the Ministry of Health, Ghana Health Service and the Ministry of Gender, Children and Social Protection to strengthen the regional and district capacity for obstetric fistula management, including social reintegration. UNFPA, with other partners, has provided technical and financial support for fistula repairs, equipping repair facilities (including the two fistula centres in Tamale and Mankessim) and the training of surgeons, senior nurses and midwives.

UNFPA contributed to the creation of awareness by sensitising media personnel, communities and other stakeholders on obstetric fistula. Sensitization and partnership with the media increased the coverage and reached more people with information on obstetric fistula. Strategic partnerships (including the diplomatic community, Access Bank and the North American Women's Association) and resources were mobilised to support the National Fistula Programme and the coordination efforts of the Obstetric Fistula Task Force. With UNFPA's contribution, over 300 women and girls with Obstetric Fistula have been repaired. Due to limited resources, the reintegration component of the programme was not prioritised. Women with fistula are shamed, stigmatised and often left to live in isolation. Men, women, family, religious and community leaders need more education and awareness on obstetric fistula.

"When people see you coming towards them, they get up. Those who did not know of your predicament begin to find out why you smell then signal others to leave". (46-year-old fistula survivor)

Capacity building in delivering high-quality integrated family planning and comprehensive maternal health services and Basic Emergency Obstetric and Neonatal Care services

Midwifery programme

The midwifery workforce is concentrated in urban areas, while rural areas where most of the country's population lives remain mostly deprived of midwifery services. The programme, therefore, 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. Capacity building for midwives in Life Saving Skills and the use of the Safe Delivery application, which was developed by The Maternity Foundation in Denmark and supported by UNFPA, ensured the continuous education of midwives, both pre-service and in-service. Capacity building through innovation was crucial and the Safe Delivery App (a smartphone app that gives trained or skilled birth attendants direct and immediate access to evidence-based and up-to-date clinical recommendations on Basic Emergency Obstetric and Neonatal Care) was accepted and endorsed by the Nursing and Midwifery Council for use in midwifery training institutions.

Strategic partnerships with the MoH, GHS 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 strengthening of the preceptorship mechanism. Annual

national and international commemorative events, including the International Day of the Midwife (IDM) and the International Day to end Obstetric Fistula (IDEOF), served as platforms for advocacy. UNFPA advocated for the Government to develop policies that regulate midwives' work environment, including supportive supervision mechanisms, mentorship programs, and capacity-building opportunities.

Emergency Obstetric and Neonatal Care

UNFPA through the CP7 contributed to the strengthening of the health system's capacity to provide basic emergency obstetric and neonatal care throughout the 16 regions. With the support provided to the Midwifery structure, particularly the training and regulation, UNFPA contributed to the workforce which provides EmONC services. UNFPA also through the CP7 contributed to the provision of technical and financial support to improve the availability of essential medicine and reproductive services. Logistics officers were trained in system management and control. UNFPA supported the national EmONC Assessment as part of a national drive to establish equity, quality, and accountability gaps within the EmONC network of facilities, and to enable the GOG to map out with certainty which facilities, at all levels, were left-behind in the provision of essential obstetric and newborn care services.

Minimum Initial Service Package

UNFPA contributed to the strengthening of the capacity of Disaster-Response Teams in eleven disaster-prone districts to implement the Minimum Initial Service Package (MISP) in Reproductive Health, to coordinate and respond timely to reproductive health needs at the outset of a humanitarian crisis. Disaster Response Teams that benefited from the capacity building included those in Akatsi North, Tatale/Sanguli, Kumbungu, the Bolgatanga Municipalities, South Dayi, North Dayi, Krachi East, Afadjato South and Central Tongu districts. The response teams consisted of personnel from various national organisations and agencies, including the Ghana Health Service, the National Disaster Management Organisation, the Ghana Police Service (DOVVSU), the Ministry of Gender, Children, and Social Protection, the media, Regional Coordinating Councils, and some development partners (Plan International and World Vision Ghana), to ensure a well-coordinated and integrated approach in the implementation of MISP during emergencies.

Family Planning

UNFPA Ghana contributed through the partnership with the Ministry of Health, Ghana Health Service, Ministry of Gender, Children and Social Welfare and other development partners to ensure the stable and consistent supply of quality contraceptives. Health providers were trained across all regions on how to train clients on the use of self-administered injectable contraceptives.

'Family Planning supplies have been quite good: we've not had too many shortages; a lot of commodities run out of stock. Whatever support it takes for maternal health have been quite precise and supported area' ([reference for quote](#))

4.2.1.2 Achieved versus planned SHRH outputs in CPD

The data in table 10 showcase a high level of achievement across SRH output indicators. Out of a total of 7 output indicators, five of them were overachieved and two were achieved. The five that were cumulatively overachieved over the review period were women, girls and youth served at facilities that provide integrated SRH services, maternal death reports compliant with the MDSR protocol, high-level national advocacy events on MDSR supported, national and humanitarian institutions adopting UNFPA SRH curriculum, and national strategies and policies that mainstream youth and adolescent SRH issues in humanitarian and development contexts. The two output indicators that were achieved in the review period were concerning the development of the National Strategic Plan on the delivery of quality integrated SRH services in place, and national emergency plans, including MISP, for youth and adolescents.

Against the targets measured by the selected indicators, UNFPA and IPs performed despite the emergency and COVID outbreak. Interviewed key informants owed this to UNFPA's diligence, expertise, loyalty and ability to promptly act on its humanitarian commitments benefiting from its regional and global presence and networks in the humanitarian arena, whose substantial part falls within UNFPA's mandate area anyways. This enabled the UNFPA to keep going with its plans with high flexibility despite the COVID-19 pandemic, it was argued. Others

made a connection between this high level of target achievement and the strategic partnerships UNFPA has with civil society organisations whose presence on the ground is strong with well operating service facilities and clinics.

Table 10: Outcome 1: achieved versus planned indicators: SRHR

| UNFPA Strategic Plan Outcome 1 (sexual and reproductive health): Increased availability and use of integrated sexual and reproductive health service including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access. | | | |
|--|----------|--|--|
| Outcome indicators for CP7 Proportion of births attended by skilled birth attendants <i>Baseline: 73.7; Target: 80</i> Contraceptive prevalence rate (modern) <i>Baseline: 22.2; Target: 29.7</i> Unmet need for family planning <i>Baseline: 29.9; Target: 25</i> | | | |
| Output Indicators | Baseline | Target | Performance at the time of Evaluation |
| Number of designated EmONC facilities in targeted regions equipped to meet standards for basic EmONC | 8 | <p>Target: 92 Build a health system capacity to deliver voluntary family planning, midwifery and basic EmONC services to respond to the Ghana Family Planning 2020 commitments.</p> <p>Reduce regional disparities in skilled attendance at birth; and increase the number and distribution of primary facilities providing basic EmONC.</p> <p>Build the capacity of midwifery training institutions to deliver pre-service education.</p> <p>Support rapid EmONC assessments to establish EmONC functionality.</p> <p>Strengthen the capacity of designated EmONC facilities to meet standards for basic EmONC services.</p> | <p>Achievement: 2021 still in progress</p> <p>2018: T = 21; Actual = 0; Achieved 0%</p> <p>2019: T = 23; Actual = 23; Achieved 100%</p> <p>2020: T = 63; Actual = 39 ; Achieved 25.4%</p> <p>2021: T= xx; Actual = 79; Achieved xx%</p> |
| Health facilities equipped to provide routine fistula repair services | 5 | <p>Target: 8 Strengthen the capacity of regional and district hospitals for routine obstetric fistula repair.</p> | <p>Achievement: achieved</p> <p>2018 Actual = 0 2019 Actual = 7 2020 Actual = 10 2021 Actual = 12</p> |
| Couple years of protection for sexually active adolescents and youth 15-24 years | 49,019 | <p>Target: 67,769</p> <p>Train health providers and equip facilities to deliver a full complement of the modern contraceptive method mix.</p> <p>Build the capacity of regions to use the logistics management information system to forecast and monitor essential supplies, including contraceptive commodities.</p> | <p>Achievement:</p> <p>2018 Actual = 141,998 2019 Actual = 862,814 2020 Actual = 1,225,395</p> |
| Number of disaster-prone districts that have capacity to implement MISP at the onset of a crisis | 4 | <p>Target: 10</p> <p>Strengthen the health system to deliver integrated SRH services for vulnerable groups, including persons with disabilities.</p> | <p>Achievement: 2021 in progress</p> <p>2018 Actual= 6 2019 Actual= 8 2020 Actual = 11 2021 Actual= 0</p> |

4.2.1.3 Evaluation of breadth and depth of SRHR outputs to the planned outcomes

UNFPA Ghana is well acknowledged as the main SRH service provider, with a focus on the most deprived and vulnerable populations. The vital services that were provided are midwifery, and basic EmONC services to respond to the Ghana Family Planning 2020 commitments. Community-based distribution of FP commodities, increasing demand and uptake of FP services, and providing technical support to improve commodity forecasting, procurement, and supply chain management systems at national and district levels were the main interventions for improving capacity to increase demand for and supply of modern contraceptives. Strengthening comprehensive condom programming at national and sub-national levels; expanding coverage of SRH/HIV programming for key populations; and strengthening SRH integration at policy, system, and service delivery levels were among the interventions for increased national capacity to deliver integrated SRH services for vulnerable groups, including persons with disabilities. The 7th CP offered sufficient human, financial, material, and management resources to enable the execution of numerous interventions and the eventual provision of high-quality SRH services.

Towards achieving zero unmet needs for family planning in Ghana and to address the potential shortage in this regard, family planning commodities and medications were made available at the clinics, such as oral contraceptives and male condoms. National implementing partners interviewed during the evaluation confirmed that they have been reaching an increased number of beneficiaries through the SRH service package and awareness activities.

Partners interviewed during the evaluation noted that the innovative advocacy interventions implemented by UNFPA resulted in a changed conversation around SRHR and GBV. Partners specifically mentioned the initiatives where health service providers were trained on FP and all aspects of adolescent and youth-friendly services, and women and girls aged 15-49 took up various FP methods, especially implants. UNFPA procured 45 percent of quality contraceptives to support public health sector family planning delivery. During this CP, preceptors from 11 midwifery training schools were trained on how to establish conducive environments for teaching and learning. Several health logistics officers had their capacities strengthened in the management of health commodities.

In support of the output contribution to the planned outcomes, young women, men and adolescents who had benefited from SRHR awareness shared with the evaluators some points of what they learnt. For example, both women and men became aware of the importance of family planning and duration between different births for the woman's body to recover. Women and men understood the different family planning tools and how to manage them. They learnt to consider the future and well-being of children before having more children, they understood more about child rights as explained by experts to them. Pregnant women learnt how to manage their pregnancies, childbirth and their infants while ensuring good nutrition. Interviewed young men highlighted that, at first, they were ashamed to attend sessions around SRH, but when they started joining, they found a safe space to talk about sensitive matters, diffuse negative energy and change their mindsets. What they learned helped them to improve relationships with their wives/partners and children. They further shared that the way sexual education was presented was useful and not as embarrassing and that they now believe all men should attend SRH awareness sessions.

During FGDs, youth showed their appreciation of the Youth Friendly Centres and that they benefited to a high extent from the activities provided. They mentioned participating in book clubs, sports, art courses, poetry, writing and music. They gained knowledge on SRH and GBV, they mentioned learning about family planning, sexually transmitted diseases, HIV and AIDS, while they knew nothing about these topics before. Some became volunteer trainers in programmes related to UNFPA, such as the Youth Friendly Services. The life-skill training that was provided to them through the Centre enabled them to better communicate and approach their problems and some confirmed that the Centres have helped them to deal in a better way with domestic violence and harassment. Some said that they feel that their personalities changed for the better. When asked to rate the benefits of the Youth Friendly Centre to them, all youth said 10 out of 10 or 100 percent. Yet, few areas for improvement were drawn by the evaluation team from the FGDs, for example, the far distance, the inability to borrow books from the library, needs to be tabled within the regular youth committee meetings were not resolved, staff job rotation inside the Centre was not favourable to some of the youth. They also mentioned the need for advanced and accredited training courses for older youth, for example on ICT and languages.

Challenges mentioned by beneficiaries included the commute distances and the difficulty for people with special health or physical conditions to reach the clinics. Clients with disabilities faced specific barriers to accessing healthcare due to the lack of physical equipment to enter the facilities. Clients who suffer from mental, auditory, and visual disabilities are unable to communicate effectively with healthcare providers. 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 have 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.

"It is a safe space where I can speak about the things that are embarrassing. I believe the SRH sessions should be for all men and women and for children. It really changes the mindset. Some of the perceptions we had were not correct and now we shift this mindset. (young man)

"A lot of activities and training helped me in the Youth Friendly Centre. I learned a lot and have more abilities... This all reflected on my personality, I'm stronger now, I can share my knowledge. Really, there is a huge difference between me before and me now". (young woman).

4.2.2 Outcome 2: Adolescents and Youth

4.2.2.1 Degree of achievement of AY outputs to the achievement of the planned outcome

As set in the CPD, outcome 2 on AY was set to be achieved through (Output 2): ***Young people, especially adolescent girls, have skills and knowledge to claim and make informed choices about their sexual and reproductive health and reproductive rights and well-being, including in humanitarian settings.***

The findings on AY in this section focus on the extent to which the delivered outputs contributed to the achievements of the planned Outcome 2 to AY, i.e.: ***Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*** We highlight the contribution of the support provided by UNFPA to the Government of Ghana to advance the implementation of policies and strategies focusing on adolescent girls' health, education and well-being. The outcome narratives elaborate on the broader context and the agency inputs through a joint programme by UNFPA and UNICEF known as 'Empowering Adolescent Girls through Improved Access to Comprehensive Sexuality Education and Rights-Based Quality Sexual and Reproductive Health Services in Ghana'. The contributions from this joint programme are highlighted in this section on the extent to which the outputs contributed to the realisation of the planned outcomes.

Intermediate Outcome 1: Improved Access of Adolescent Girls to Youth Friendly and Gender-Sensitive Comprehensive Sexuality Education (CSE)

The interventions in the Education sector continued to support girls' access to youth-friendly and gender-sensitive CSE in schools. In a consultative process involving key education stakeholders, a training package for the implementation of CSE in schools was drafted and piloted. The capacities of 175 (F: 78; M: 97) key Ghana Education Service (GES) personnel were strengthened to support CSE delivery and rollout in schools. While further training and the delivery of the package by teachers in the schools was stalled because of pushback, adolescent girls and boys received information and education on SRH and sexual and gender-based violence (SGBV) prevention through club activities in 201 schools in 30 districts.

Immediate Outcome 1.1

Increased capacity of education and CSOs professional to respond to SRH and gender needs of adolescent girls:

To increase the capacities of education professionals on SRH, support was provided for the development of a CSE training package for schools. The development process involved key stakeholders and drew on existing CSE-related resources used in various contexts in Ghana. The core team of resource persons from the Ghana Education Unit (GEU), School Health Education Program (SHEP) Unit, Guidance and Counselling Unit (GCU), CSOs/NGOs and academia; reviewed the e-SHEP manual, CSE guidelines and other materials developed by the Planned Parenthood Association of Ghana, Marie stopes International, and other organisations, and customised a CSE training package for schools. To strengthen the institutional support system for adolescent girls' empowerment, 50,000 copies of Guidelines for prevention of pregnancy among schoolgirls and facilitation of re-entry into school after childbirth, have been printed and disseminated to stakeholders, including development partners, GES management, regional and district education directorates, CSOs/NGOs, and academia.

The Safe Schools Resource Pack including the teacher's handbook, training manual and peer to peer manual was adapted for delivery in special schools. Fifty-six (56) CSO professionals (F:26; M:30) representing 26 CSOs from the northern, central and southern sectors of Ghana participated in an orientation on the national CSE guidelines and gender-responsive programming. The integration of gender-responsive programming in the training content was necessitated given the need for capacity development of SRH-focused CSO professionals on gender issues, which was observed during the orientation of CSO professionals on the same guidelines in 2018. School and community mixed and all-female clubs served as the primary entry points to empower adolescent girls and boys with CSE in their respective schools and communities. The 201 school clubs (old: 108; new: 93) spearheaded by the Ghana Health Service (GHS), functioned mainly at senior high schools including 3 special schools (i.e., Schools for the Deaf in Greater Accra, Central and Western Regions), and targeted adolescents aged 15-19 years. In each school, the sickbay/infirmary nurses and guidance and counselling teachers managed the clubs and supported the club leaders to carry out educational activities for members and non-members. Through the capacity building and interactive sessions at the Adolescent Health Ambassadors' Camp and AHAMBACHA, the girls have increasingly gained the confidence to engage in advocacy and social change interventions to improve adolescent health in their home communities. The group of girls who won first place in AHAMBACHA were one of the few groups in Ghana who spoke confidently and openly about the relevance of CSE on social media during the harsh pushback against the concept.

Innovative approaches were used mainly through the Safe Space methodology to reach out to school adolescent girls to empower them with social, health and economic assets. Through these safe space activities, the marginalised girls were empowered to make informed decisions, improve their economic status and reduce their vulnerabilities to SGBV and its consequences. They are now better placed to make informed decisions on SRH and SGBV issues affecting them and find collective approaches to address such issues. The activities targeted at both in- and out-of-school adolescent girls promoted peer to peer learning, facilitated confidence-building and enhanced knowledge of adolescent reproductive health and rights. The adolescent pregnant and parenting teen's clubs is one intervention that is highly patronised and appreciated by community members. Nine clubs comprising 175 girls received basic delivery and baby care materials as part of their education on pregnancy, parenting and preventing future unintended pregnancies, including through postpartum contraception. Several girls have become ambassadors who are educating their friends and peers about the difficulties in adolescent pregnancy and encouraging them to stay away from pre-marital sex or use contraceptives to prevent unwanted pregnancy.

Intermediate Outcome 2: Improved Access of Adolescent Girls to Quality Youth Friendly and Gender-Sensitive Sexual and Reproductive Health Services

The health sector interventions continued to mainstream adolescent friendliness in the provision of SRH services, including mother and child health service provision. They supported an increased uptake of skilled care among pregnant adolescents (antenatal, prenatal, skilled delivery), postpartum family planning services among adolescent mothers, decreased unintended and repeated pregnancies among adolescent girls; and facilitated linkages and referrals to social services.

Ghana Health Service received support to integrate adolescent health services into the home visit and the outreach package of Community Based Health Planning and Services (CHPS). This was achieved by reaching pregnant adolescent girls and adolescent mothers using community engagements, support group meetings, static clinics and scheduled home visits. The Girls' Iron-Folate Tablet Supplementation (GIFTS) Programme has proved instrumental in preventing malnutrition and anaemia among adolescent girls in Ghana, giving the girls the opportunity to grow and develop and adopt positive health and nutrition habits and behaviours. The school platform was used to reach 304,991 adolescent girls enrolled in schools, while the health platform for the out-school was 65,329 adolescent girls. Ghana Health Service (GHS), GES, CDC, are the major partners collaborating with UNFPA in the implementation of the GIFTS programme.

Immediate Outcome 2.1

More health professionals have the capacity to provide quality youth-friendly and gender-sensitive Sexual and Reproductive Health services to adolescent girls

The GHS enhanced the quality of youth-friendly service (YFS) delivery through training of 673 frontline staff (F:390; M: 283) of varied categories (i.e., public and community health nurses, staff nurses, midwives, enrolled nurses, community health officers) on adolescent health and development (ADHD) and the new operational guidelines and standards for YFS. The facility needs assessments (conducted on 87 adolescent corners), supportive supervision, and provision of job aids, protocols and IEC materials further equipped the health professionals with the necessary skills to address the SRH needs of adolescents and young people in 366 health facilities, including school infirmaries in 30 districts in 8 regions. In addition, 66 (F:55 M:11) health professionals, comprising 6 doctors and 60 midwives enhanced their competencies in applying Life Saving Skills (LSS) and manual vacuum aspiration (MVA), which positioned them to provide post-abortion care services in their respective health facilities. Five hundred (500) adolescent health registers and 1,000 nurses' manuals were distributed to relevant health professionals and health facilities. Quarterly technical working group and youth advisory board meetings informed the further revision of the new operational guidelines, and 1,000 copies of the updated guidelines have been printed for dissemination in 2020.

The deployment of an e-learning platform by the GHS enabled the enrolment of 473 mainstream service providers and adolescent health focal points (F:379; M:94) from 252 health facilities on 4 foundation modules on adolescent health and development. This virtual platform was introduced to complement the traditional/face-to-face method of training and expand the reach of service providers trained in ADHD, particularly those who have not or are unable to access the traditional training platforms. Through their enrolment in the e-learning programme, the mainstream health service providers are better placed to provide or facilitate the required services when they meet adolescents during their work. As a result of the training, the teachers and health workers did not only successfully implement the GIFTS programme, but also creatively addressed myths and misconceptions around the GIFTS programme.

Immediate Outcome 2.2

A strengthened and functioning procurement, supply and logistics management system for last mile distribution of contraceptives to young people

The Ministry of Health (MoH) received 44,000 sets of Jadelle as a contribution to meeting Ghana's Family Planning (FP) commodity needs. To avoid the establishment of parallel distribution systems, processes for facilitating an integrated public health sector distribution system were initiated in partnership with Global Fund and USAID. The integrated public health sector distribution system will serve to fill the gap of moving government health commodities from the central medical stores to 10 regional medical stores in Ghana to avert stock-outs and ensure the preferred FP method of choice is available for the poor vulnerable client when needed. Through synergies with the UNFPA Supplies Programme and collaboration with USAID and MOH/GHS, technical support was provided for the deployment of the Integrated Logistics Information Management System at the central and regional levels.

Capacity strengthening of service providers and public-private partnerships were employed to facilitate the provision of at least 3 modern contraceptive methods at primary service delivery points. Notably, 592 (F: 562; M:30) service providers received training/coaching on FP counselling and administration, particularly on implant insertion and removal, and DPMC SC self-inject (i.e., Syanna Press); and data management. In addition, 149 community-based distributors (F:29 M:121), including private pharmacies and chemical sellers were also engaged in stakeholder consultations on FP reporting mechanisms and the delivery of youth-friendly contraceptive services, particularly at the periphery levels. It is expected that the skills acquired by the service providers and community-based distributors will contribute to increasing the uptake of modern contraceptives. The number of clients reached with modern contraception for the period 2019 was 943,992 (F: 877,913, M: 66,079).

Immediate Outcome 2.3

More adolescent girls accessing adolescent-friendly health services

Demand creation activities such as adolescent health fairs (including sports and entertainment events) and Know-Your-Nurse-Know-Your-Client interactions (i.e. familiarization visits to service delivery points) preceded the provision of SRH services, including contraceptives to adolescents at the facility and outreach levels. These activities (organized by GHS and CSO partners) created a platform for the health personnel to provide friendly education on personal hygiene, abstinence, unwanted pregnancies and unsafe abortions, contraceptives, and healthy relationships amongst others, and to link the adolescents with the relevant SRH services. The Know-Your-Nurse-Know-Your-Client interactions especially was a key breakthrough, as the health personnel were very open, friendly and welcoming to adolescent girls, who in turn were able to build relationships with the providers and break their fears about the facilities and providers.

Free FP service provision, treatment and support to girls during



SRH services namely pregnancy and HIV testing, screening and treatment of STIs, reproductive tract and vaginal yeast infections were provided to 73, 626 adolescent girls in 30 districts in 8 regions (i.e., Greater Accra, Central, Volta, Oti, Western, Ashanti, Bono East and Upper East regions). The outreach services especially provided a safe, accessible and supportive environment for the girls to access SRH services. For a

number of the girls, this was the first time that they had the opportunity to open up on sensitive issues such as vaginal itching and offensive discharges to a trusted person (i.e. the outreach nurses) and had a solution to their challenges. Several of the girls had been infected for a very long time, some more than two years, making the intervention very important to them. The free treatment and support provided to the adolescent girls to access critical medicines in the treatment of STIs, candidiasis etc. remain a key intervention ensuring as many girls as possible that are infected receive treatment.

FP services were provided to 16,967 (F: 15,803; M: 1, 164) adolescents in 30 districts in the 8 regions, and the commodities administered included oral pills, injectables, implants, IUD insertion, and male condoms. Using the Marie Stopes International Impact Calculator Model which is designed to assist health and development sectors to estimate the impact of reproductive health interventions, a total of 15,803 adolescent girls reached with FP commodities had the potential to avert 1,516 unintended pregnancies, avert 534 unsafe abortions, provide an

Free FP service provision, treatment and support to girls during outreaches

| Total annual impacts  | 2019 | 2020 |
|--|--------|--------|
| Demographic impacts | | |
| <i>Unintended pregnancies averted</i> | 1,516 | 857 |
| <i>Live births averted</i> | 688 | 389 |
| <i>Abortions averted</i> | 628 | 355 |
| Health impacts | | |
| <i>Maternal deaths averted</i> | 3 | 2 |
| <i>Child deaths averted*</i> | 18 | 10 |
| <i>Unsafe abortions averted</i> | 534 | 302 |
| DALYs and economic impacts | | |
| <i>Maternal DALYs averted (mortality and morbidity)</i> | 203 | 114 |
| <i>Child DALYs averted (mortality)*</i> | 1,494 | 845 |
| <i>Total DALYs averted</i> | 1,697 | 959 |
| <i>Direct healthcare costs saved (2018 GBP)**</i> | 59,764 | 33,783 |
| Couple Years of Protection (CYPs) | | |
| <i>Total CYPs (FP only)</i> | 7,931 | 0 |

programme regions and districts were trained on the new modules and tools and equipped with relevant knowledge and skills to respond to gender- and age-specific needs of adolescents, including on ASRH, FP and SGBV. A total of 45,893 adults and 72,958 children and adolescents in 36 programme districts participated in community dialogues.

Targeted capacity building and sensitization activities also enabled 23,781 stakeholders from political, traditional and religious constituencies, and key identified groups such as parents, men and boys, media personnel, law enforcers and community paralegals to spearhead advocacy and social and behavioural change activities on SRH, gender equality, SGBV, and issues affecting adolescent girls. These activities created enabling environments that promoted the agency, voices and informed decisions of 72,323 adolescent girls. National budget and economic consultations and consultations on social protection priorities, for the first time, provided adolescent girls with a platform to discuss and advocate for investments in sexual and reproductive health services.

The IVR based Agoo platform reached 59,606 adolescents and 60,264 young people with key sectoral messages on health and social issues including SRH. A new service linked adolescents and youth users on Agoo seeking SRH information with a helpline managed by health professionals. The ReProTALK digital platform and related social media platforms reached 651,015 young people with information on adolescent health and youth-friendly services. A total of 47,500 young people signed up as new U-Reporters.

Immediate Outcome 3.1

More duty bearers (traditional and Community leaders, parents, Government agency representatives, CSOs, including women and girl-centred CSOs, FBOs etc.) have received information on adolescents, gender and Sexual and Reproductive Health and rights issues to support adolescent girls make informed choices

Lessons learned from a national FBO conference held in 2018 formed a basis for engaging key identified groups in 30 districts in 8 regions. In replicating the inter-faith-based model organized at the 2018 conference, regional conferences and dialogues on CSE, SGBV, Gender and the Demographic Dividend were conducted for Christian and Muslim clerics and leaders, where the FBO leaders that participated in the 2018 conference shared their experiences with the regional participants. The beneficiaries of these regional meetings further engaged their counterparts at the district levels. Through these step-down engagements, 891 (F: 517; M: 374) FBO leaders, including Christian and Muslim women and youth leaders from 30 districts, have demonstrated commitment to mobilization and advocacy on SRH including maternal health, Gender Equality and SGBV prevention issues in their religious communities, using existing structures such as the pulpits, men, women and youth groups, and other standing committees in the respective churches, mosques and related institutions.

The engagement of traditional leaders at the national, regional and district levels relied on the FBO engagement model. After engaging traditional leaders (comprising 200 chiefs and 164 queen mothers) in training and orientation

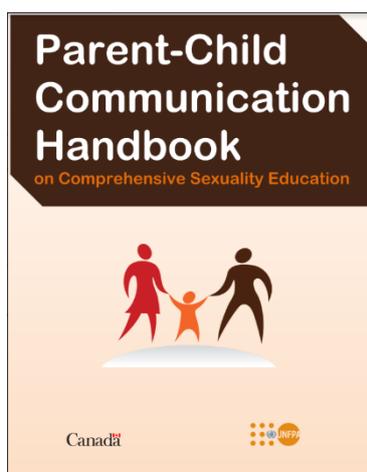
estimated 7,931 couple years' protection (CYP) and yield economic savings of 59,764 pounds (GBP) in direct health cost savings.

Intermediate Outcome 3: Increased Capacities and Favourable Environment for Adolescent Girls to Defend and Promote Their Sexual and Reproductive Rights

Community-based interventions continued to place emphasis and engage duty bearers on adolescent SRH issues, provide information and capacitate adolescent girls to demand services and support. Three hundred and four (334) Government and NGO Community facilitators across the

on concepts of SRH, SGBV and harmful practices and emerging issues, particularly the teenage pregnancy and SGBV/HP situation, they consequently committed to promoting gender-equitable behaviours to positively address SRH and SGBV issues in their respective jurisdictions (totalling 30 districts in 8 regions).

Some traditional leaders have further formed adolescents support groups in their communities to not only create awareness and support ASRH information provision, but also advocate for the rights of girls, especially in the face of SGBV/HP challenges, and serve as referral points for SRH and SGBV issues. In line with the Legislative Instrument (LI) of the Domestic Violence Law, two rapid SGBV response centers were launched at two markets, namely Agbogloboshie and Madina, located in Accra. The introduction of these community paralegal structures, led by the DV Secretariat under the Ministry of Gender, Children and Social Protection is to facilitate easy access by market women and other marginalized populations at the market centers such as Kayayei to service delivery and redress of violence offences either directly or through referrals to other stakeholders.



The PCC Handbook used to train parents on communicating with

As the primary sexuality educators of young people, 2,561 parents (F: 717; M: 1,844) actively participated in parent networks and support groups (e.g., community parent network advocacy group-CoPNAG) to learn, bond and provide reciprocal support which aided coaching and counselling of their children/wards on issues of sexuality, among others. As a follow-up to lessons learned on interaction with refugee parents in 2018, a Parent-Child Communication (PCC) Handbook was developed, piloted and used to train 200 parent representatives (F:118; M:82) selected from 30 districts in 8 regions, including refugee communities, who in turn oriented the members of their respective networks. Within the PCC training concept, different topics such as communication, SRH, gender, puberty, SGBV, relationships, parenting, and STIs are addressed. The training on PCC deepened my understanding of the parent networks and support groups on critical approaches to paying more attention to their adolescent children, particularly girls and communicating effectively with them on SRHR and key development issues.

Through these interventions, 16,593 males (Men: 6,262; Boys: 10,331), including truck and wheelbarrow pushers, meaningfully participated in identifying structural inequalities within their respective contexts and unearthed solutions and commitments to promote gender-equitable behaviours to positively address SRH and SGBV issues in 285 communities. Male beneficiaries of these interventions are now staunch advocates for consent in sex while some have resolved to end multiple relationships so they can have protected sex with just one partner. Some have also testified of a change in perspective on how they view women; from seeing them as sexual objects to viewing them as dignified humans who have rights.

Immediate Outcome 3.2

Increased generation of data, evidence and advocacy for/with adolescent girls on sexual and reproductive health

Media engagements served as entry points to disseminating evidence, facilitating advocacy and social and behavioural change communication (SBCC) on SRH, Gender Equality, SGBV and related issues affecting adolescent girls. A media advocacy engagement in this context refers to any media-related activity embarked upon to give visibility to programme interventions, as well as increase the capacity of media personnel for content production on the joint programme.

These media engagements contributed to increasing the knowledge base of the general public on the three thematic areas generally, and the issues of adolescent girls specifically. To demonstrate real-life experiences on some results gained under the programme, 350 human interest stories have been documented on varied categories of identified groups namely adolescent girls and boys, parents, the legislature and FBO leaders, among others. Similarly, two interventions i.e., engaging men and boys and parent networks have been identified as promising practices, and documentation of those interventions was conducted.

Immediate Outcome 3.3

More adolescent girls are empowered to exercise their agency on sexual reproductive health

The exposure of 61,498 marginalized adolescent girls, particularly out of school artisans in training, girls with disabilities, refugee girls and Kayayei to SRHR and legal literacy; and 10,825 girls to mentoring and livelihood development opportunities served as critical milestones for promoting their agency and ability to make informed choices on issues affecting them, including career development. Safe spaces programs such as disability sports day, and girls' night out on legal literacy enabled the provision of SRH and legal literacy to 10,825 girls, including 785 Kayayei, and 547 girls with disability (i.e., physical, visual, hearing and albinism), and 194 refugee girls. The girls that participated in mentoring, leadership and coaching programmes are co-creating platforms to express their needs, desires and support required by families and community members.

The digital and social media messages respectively reached 630,000 and 534,782 young people, including adolescents. Feedback received from young people in review meetings indicates an increase in knowledge and willingness to commit to positive living and SRH outcomes. In partnership with the CSO Savana Signatures and Viamo, Agoo users have also been linked to the SHE+ helpline. The SHE+ provides adolescents and young people with information on SRH through a Call Centre managed by health professionals. Over 1000 callers (age 18 to 24 years) used the helpline for relationship counselling, STI prevention and sex education.

4.2.2.2 Achieved versus planned Adolescents and Youth outputs in CPD

The data in Table 11 provides a high level of achievement across A&Y output indicators. All the measured three output indicators for the A&Y component were achieved during the review period. These indicators were concerning supporting vulnerable youth (with disabilities) in empowerment programmes to advocate for their reproductive rights, the support of adolescents and youth with comprehensive sexuality education and information in school or community settings, and support for training of teachers to deliver CSE in accordance with national guidelines.

In this regard, it can be confidently concluded that the AY sub-programme for CP7 excelled in meeting its targets as measured by the selected output indicators. This is despite that part of the implementation period for CP6 has been characterised by the COVID-19 pandemic with its associated negative impacts. The major reason cited for this success has been the flexibility in the UNFPA despite the pandemic. Others also made the connection between these high levels of targets achievement and the strategic partnerships UNFPA has, and in the case of the AY component, with partners who are actively involved in supporting interventions for the young people. The support for the Youth Leadership Fellowship Programme (YoLe) regarding the empowerment of youth also facilitated the achievement of results in this sphere as it ensured the availability of a human resource base for programme support.

Table 11: Outcome 2 - achieved versus planned indicators: A&Y

| Strategic plan outcome 2 (Adolescents and Youth): Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. | | |
|---|--|---|
| Outcome Indicators for CP7 Adolescent birth rate (aged 10- 14 years; aged 15-19 years) per 1,000 women in that age group Baseline: 14%; Target: <10% | | |
| Output Indicators, Baseline and Targets | Key Interventions | Achievements by Q4 of 2021 against Output Indicator Targets |
| Output 1: The increased national capacity to conduct evidence-based advocacy/interventions for incorporating adolescents and youth sexual reproductive health needs in national laws, policies, and programmes, including humanitarian settings. | | |
| Number of adolescents and youth benefiting from comprehensive sexuality education and information in school or community settings. | Advocacy for and implementation of national guidelines on comprehensive sexuality education for in-school and out-of-school young people into school curricula and out-of-school programmes to ensure standardisation. | Achievement: 2018: T = 50,000; Actual = 15,275; Achieved 30.5% 2019: T = 250,000; Actual = 134,066; Achieved 53.6% 2020: T = 15,837; Actual = 40 829; Achieved 257.8% 2021 ¹ : Q3: T = 145, Actual = 448; Achieved 309.0% |

| | | |
|--|--|--|
| | Strengthening the capacity of government, youth, and civil society organisations and communities to support access to SRHR information and services for young people to reduce adolescent pregnancies. | |
| Number of adolescents and youth with disabilities reached with knowledge and skills to advocate for their reproductive rights. | Roll-out of a comprehensive package of youth-friendly integrated services, including use of modern technology, to strengthen SRH information-sharing and delivery of services to young people, including boys, those living with disabilities and refugees, in line with FP2020 commitments. | Achievement: 2018: T = 50; Actual = 50; Achieved 100% 2019: T = 500; Actual = 832; Achieved 166.4% 2020: T = 360; Actual = 0 2021: Q1: T=60; Actual=60; Achieved 100% Q3: T=120; Actual=41; Achieved 34.2% |
| Number of teachers trained to deliver comprehensive sexuality education in accordance with national guidelines. | Strengthening the capacity of teachers, parents, and faith-based organisations, using a combination of advocacy, social mobilisation, and behaviour change communication, to fulfil SRHR of adolescent girls and young people. | Achievement: 2018: T = 300; Actual = 600; Achieved 200% 2019: T = 1,200; Actual = 0; Achieved 0% 2020 ² 2021 ² |

4.2.2.3 Evaluation of breadth and depth of AY outputs to the planned outcomes

UNPPA Ghana through a joint programme with UNICEF supported the Government of Ghana to advance the implementation of policies and strategies focusing on adolescent girls' health, education and well-being. The programme implementation deepened partnerships with key government, civil society, faith-based organizations (FBO), traditional leaders, academia, and the media at the national and sub-national levels on public advocacy, knowledge management and capacity-strengthening interventions to empower adolescent girls with health, educational and social assets, and highlight their experience, voice and agency.

The interventions in the Education sector continued to support girls' access to youth-friendly and gender-sensitive CSE in schools. Consultative processes and capacity building activities involving key GES personnel and education stakeholders facilitated the pilot of a training package for the implementation of CSE in schools, and the adaptation of the Safe School Resource Pack (SSRP).

Club activities in schools also enabled the delivery of safe space SRH and SGBV modules to more than 10,000 adolescent girls and boys. The dissemination and rollout of Guidelines for prevention of pregnancy among schoolgirls and facilitation of re-entry into school after childbirth; and the Resource Handbook for Girls' Education Officers further supported girls' empowerment and school retention. Safe spaces programmes in out of school settings, involving nearly 100,000 girls and boys, complemented in-school school CSE delivery, which was stalled given a push back from the Ghanaian public.

In the Health sector, the programme continued to support adolescent-friendly SRH and SafetyNet health services to adolescent girls, including pregnant girls and adolescent mothers. On the supply side, more than 1,361 health professionals from 765 facilities strengthened their capacity to deliver youth-friendly SRH and SafetyNet health services. For instance, from April 2019 – to March 2020, these health professionals reached 33,725 adolescent girls with SafetyNet health services, and 89,429 girls with other SRH and contraceptive services. With a national

reach of 900,000 adolescent girls, the GIFTS programme has provided the girls with opportunities to grow, develop and adopt positive health and nutrition habits and behaviours.

Community-based interventions continued to place emphasis and engage duty bearers on adolescent SRH and SGBV issues, provide information and capacitate adolescent girls to demand services and support. A total of 45,893 adults including parents, caregivers, and 72,958 children and adolescents participated in community dialogues on ASRH sexual and gender-based violence, and gender norms/socialisation, among others. Targeted capacity building and sensitization activities also enabled 23,781 stakeholders from political, traditional and religious constituencies, and key identified groups such as parents, men and boys, media personnel, law enforcers and community paralegals to spearhead advocacy and social and behavioural change activities on SRH, gender equality, SGBV, and issues affecting adolescent girls. These activities created enabling environments that promoted the agency, voices and informed decisions of 72,323 adolescent girls.

Three innovative digital solutions – U-Report, ReProTALK and Agoo – created platforms for adolescents and young people to interact on SRH, gender, SGBV and general health and social issues. The platform U-Report recruited 47,500 new reporters on SRH issues, while the ReProTALK platform reached over 600,000 young people with information on adolescent health and youth-friendly services. With the Agoo platform, 59,606 adolescents and 60,264 young people listened to key sectoral messages on health and social issues including SRH.

The 12-member joint programme steering committee (JPSC) continued to provide oversight, guidance and leverage partnerships for successful programme implementation. The JPSC convened two meetings to approve the updated 2018-2019 Workplan, review the progress of implementation of the 2019 workplan, and endorsed the provisional 2020 workplan. Participation of the JPSC members in a joint field visit to the Central Region increased visibility and understanding of programme interventions and identified recommendations for future programming.

4.2.3 Outcome 3: Gender equality and the empowerment of women and girls

4.2.3.1 Degree of achievement of GEWE outputs to the achievement of the planned outcome

According to the CPD, Outcome 3 on GEWE was achieved through one output; (Output 3): Strengthened national policies and international development agendas through the integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.

With **Output 3**, UNFPA Ghana 7th CP achieved the following on GEWE:

The programme has made significant contributions to the transformation of attitudes, values, norms that perpetuate GBV, and child and forced marriage.

Men were adopting gender-equitable practices such as balancing power in partnerships and shared decision-making. To achieve the above significance, the CP7 assisted the traditional leaders in developing guidelines for dealing with child marriage, SGBV, and other harmful practices in conformity with the country's laws and regulations. The programme also used evidence-based tactics to prevent GBV and other harmful behaviours like male involvement and community social mobilisation. The initiative promoted the creation of community-level male engagement mechanisms such as Male Action Groups under male involvement (MAGs). These groups were educated and made aware of issues on sexual reproductive and health, SGBV, the domestic violence act and the need to create healthy and safe relationships with women and adolescents.

“For the boys, in fact, one striking thing when I was there ... that they did not know the law, but when the DOVVSU police officer told them that you can suffer between a minimum of five years and twenty-five years, we started making jokes with it that ‘eei’ for one sex because I did. I will be going for twenty-five years, you know, that was striking” [FGD with Male Action Group]

The CP7 has made significant contributions to capacity building for GBV prevention and services

UNFPA trained divisional and district police commanders in SGBV, reproductive health and rights, the role of the police in aspects of community-coordinated response systems and laws concerning gender-based violence. Sections of the media were partnered in activism against gender-based violence. A total of 10,961 men and boys were engaged in an interactive session on gender quality, sexual and reproductive health and the prevention of SGBV. This capacity-building helped increase male involvement in the creation of safe spaces for women and adolescent girls and SGBV prevention. Also, Kayayies and truck pushers were trained as peer educators and SGBV champions to their peers.

“Under child marriage, we reach out to what we call kayaye, these are head potters who walk across the streets, they migrate from the Northern parts of Ghana to the southern parts and the intention is to support them with sexual reproductive health information and services with livelihood empowerment, so what we do is called an integrated programme” (KII with IP).

The capacity of the Domestic Violence and Victims Support Unit coordinators of the Ghana Police was developed on the Legislative Instrument (LI) of the domestic violence act, Codified Handbook for Standardization of Case Management and an SGBV care protocol. Furthermore, UNFPA Ghana CP7 launched integrated enterprise development centres which served as a safe space for marginalized girls to receive alternative livelihood training, as well as education on sexual and reproductive health and gender-based violence.

“Sexual reproductive, livelihood empowerment, legal literacy, we have what we call the integrated centres so in these centres, we provide safe spaces for the girls and then we also do mentorship; we do yearly mentorship with the Chief Justice for these girls and then we follow up on them, we support them in every way possible”. (KII with IP)

UNFPA Ghana CP7 through their mentorship activities with PASS, the SISTAS Initiative, and the concluding child marriage programme contributed to the empowerment of 6,907 marginalised young girls and positioned them to improve the prevention of SGBV. Also, 6,000 adolescent girls had their capacity built to enhance their decision-making capabilities about their relationships, sexuality and marriage [UNFPA 2019 Ghana Country Office Report].

Contribution to the Scale-up of Data Systems on GBV and other Harmful Practices

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 in 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.

“There were major issues about abuse and under-reporting of abuse. So, we needed to establish a mechanism that will encourage people to report cases so that they will be comfortable that when they go to report cases, there will be services available”. (IPs at the national level)

The CP7 has made significant contributions to the reinforcement of the policy, legal, and accountability frameworks on GEWE

This contribution was made by assisting in the development and/or revision of current laws and policies. For instance, UNFPA supported the Ministry of Gender, Children, and Social Protection to draft guidelines for engaging religious and traditional authorities on negative issues that impede the rights of women and children and the country at large. UNFPA provided technical and financial aid in the review of the National Gender Policy.

“UNFPA is also supporting the Department of Gender to review and update our national Gender policy”. (IPs at the national level)

“UNFPA has supported us to draft some guidelines for engaging traditional and religious authorities on issues concerning, let me put it like traditional issues, issues that are inhibiting our progress as a country; negative cultural practices and all that”. (IPs at the national level)

UNFPA provided technical support for the Ministry of Planning for the development of the Africa regional report on the ICPD + 25. Also, the CO help in policy advocacy and the implementation of key policies in the health and gender sectors of the country.

“I think in terms of the work that we do at the policy advocacy level, we definitely support the implementation of key policies in the gender sector and in the health sector, and also in the population development and data management sector”.

The establishment of the Orange Support Centre for providing support (virtual & in-person) to SGBV survivors

UNFPA Ghana supported the establishment of the Orange Support Centre towards achieving its mandate of Zero GBV and harmful practices. In support of realising outcome 3 on GEWE, the Orange Support Centre provides effective GBV case management and facilitates safe and confidential referrals to other service providers.

4.2.3.2 Achieved versus planned GEWE outputs in CPD

The data in table 12 provides a high level of achievement across GEWE output indicators. The measurement of achievement of the output indicators is restricted to the year 2020 due to the available data. Out of a total of 3 output indicators, only one on policy processes/frameworks that promote gender equality and empower women and girls to address child early and forced marriage was partially achieved within the shown implementation period. The reach to people with gender-based violence prevention, protection and response programmes/interventions was achieved throughout the review period. The indicator concerning adolescent girls, especially those marginalised and at risk of child marriage reached with health, social and economic asset-building programmes/interventions were overachieved within the review period. Limiting the measurement to the review period as shown in Table 7, it can then be confidently said that against the targets measured by the selected indicators UNFPA and IPs excelled in performing in CP7 despite the emergency and this was so despite the COVID-19 pandemic that led to shifts in resources.

Table 12: Outcome 3 - achieved versus planned indicators: GEWE

| UNFPA Strategic plan Outcome 1(Gender Equality and Women’s empowerment): Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality | | | |
|--|-----------------|---|--|
| Outcome indicators for CP7 Proportion of every partnered woman and girl aged 15 years and older subjected to physical, sexual, psychological or economic violence, and by age <i>Baseline: 27.7%; Target: 22%</i> | | | |
| Output Indicators | Baseline | Target | Performance at the time of Evaluation |
| Number of people reached with gender-based violence prevention, protection and response programmes/interventions | 3,000 | Target: 10,500 Support advocacy by civil society organizations for national accountability on international/regional human rights mechanisms. Strengthened capacity for the delivery of coordinated gender-based violence prevention, protection and response | Achievement: 2018: Actual = 734; 2019: Actual =11,230 2020: Actual = 8275 2021 ¹ |
| Number of policy processes/frameworks that promote gender equality and empower women and girls | 5 | Target: 10 Advocate and provide technical support for the implementation of policies and frameworks that promote gender equality and the empowerment of women and girls | Achievement: 2018: Actual = 1 2019: Actual = 2 2020: Actual = 3 |

| | | | |
|---|-------|--|--|
| | | | 2021 ¹ |
| Number of adolescent girls especially those marginalized and at risk of child marriage reached with health, social and economic asset-building programmes/interventions | 9,239 | <p><i>Target: 18,239</i></p> <p>Advocate and provide technical support for the provision of health, socioeconomic asset-building interventions to adolescent girls, especially those marginalized and at risk of child marriage</p> <p>Advocate and build capacity to catalyse national efforts and accelerate rights-based approaches for the prevention of gender-based violence and harmful practices, including child marriage.</p> <p>Support establishment of protection and monitoring systems with capacity to assess and address sexual and gender-based violence.</p> <p>Improve access to SGBV information, essential services and crisis support for vulnerable women and girls</p> <p>Enhance national capacity to address SGBV in all settings including in humanitarian crises</p> <p>Build the capacity of community-level structures and institutions to prevent and respond to SGBV and other harmful practices especially in humanitarian crises.</p> <p>Provide lifesaving, multisector services for survivors of gender-based violence and the most at-risk women and girls</p> | <p>Achievement:</p> <p>2018: Actual = 4,677</p> <p>2019: Actual =13,316</p> <p>2020: Actual =18,592</p> <p>2021¹</p> |

4.2.3.3 Evaluation of breadth and depth of GEWE outputs to the planned outcomes

UNFPA 7th CP 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 in Ghana.

Safe spaces established by UNFPA for women and girls provided different awareness and social and recreational activities that aimed at combating GBV and promoting women empowerment. The awareness sessions on GBV and gender equality added to their knowledge about equality, the harmful impacts of early marriage, women's rights, children's rights and the negative effects of violence on their psychology and health. Women learnt about their rights, how to deal with different types of harassment and how to protect themselves and report GBV, noting that oral harassment is widespread. They realized the adverse impacts of early marriage. The Safe Spaces addressed the digital divide through the provision of digital literacy courses. Some vocational training was provided with an eye on tackling gender stereotypes, introducing training in vocations that are not common for women, such as mobile phone maintenance, plumbing, carpentry and electricity. Other vocational training included embroidery, weaving and spinning and mosaic.

As with the case of the SRH awareness, men were at first reluctant to join the sessions or approve for female members of their families to join. However, once they started, they trusted the Safe Spaces, made new friends, and found an opportunity to be listened to, they said they were indeed safe and useful. Beneficiaries also said that there were some topics they could not speak about, and they now know who to approach and who to speak with at the Safe Spaces. The IPs interviewed during the evaluation indicated that the programme created an enabling platform for activities with a focus on GBV in the locations targeted by UNFPA. Overall, there is better awareness about GBV, where to seek services and how to access them. There is increased reporting about GBV and SGBV cases, with a supportive network that is clear and accessible to all. They also see a difference in how cases are managed than a few years before and the responses of the survivors. It is a merit that women can access GBV support and SRH services in the same place/centre. Feedback from beneficiaries showed that they trust that there is anonymity and confidentiality in their reported cases.

Despite the achievements by the CP on GBV, UNFPA staff and IPs find that there still is a lot to be done in this area to address inequalities and GBV in Ghana. There is a 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 regarding gender issues. Government partners as well stressed the need to focus on the implementation of the developed strategies and policies and to address the gaps at the local level. Through the 7th CP, UNFPA was one of the few organizations that focused on the elderly, being one of the most marginalized groups. Especially with COVID-19, the elderly people were hit hard, and their access to direly needed health services and medications was hindered.

"UNFPA had a big role in breaking the silence vis-a-vis violence and they also strengthened and institutionalized the protection system and supported in policies and strategies and their development". Government representative.

4.2.4 Outcome 4: Population development.

4.2.4.1 Degree of achievement of PD outputs to the achievement of the planned outcome

According to the CPD, Outcome 4 on PD was achieved through one output; (Output 4): Improved national population data systems to map and address inequalities, advance achievement of the SDGs and the ICPD, and inform interventions in times of humanitarian crisis.

The findings on PD in this section focus on the extent to which the delivered outputs contributed to the achievements of the planned Outcome 4 in respect of PD, i.e.: **Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.** We highlight the contribution of the support provided by UNFPA to the Government of Ghana to advance the implementation of policies and strategies focusing on population and development. The outcome narratives elaborate on the broader context and the agency inputs in support of population and development in Ghana. The contributions by UNFPA are highlighted in this section on the extent to which the outputs contributed to the realisation of the planned outcomes.

With Output 4, UNFPA Ghana 7th CP achieved the following on PD:

UNFPA Ghana played a key role in Ghana's contributions to the ICPD summit in Nairobi, Kenya. The CO provided support to the **2021 Population and Housing Census (PHC)**. The 2021 PHC was conducted to provide updated demographic, social and economic data to support national development activities and track the implementation of national, regional, and global development goals. With support from the CO, the Ghana Statistical Services (GSS) successfully conducted the PHC in 2021. As the lead partner, UNFPA's continued contribution to the conduct of the 2021 PHC was important to ensure that the UN Principles and Recommendations for 2020 PHCs are observed in all phases of census implementation to assure improved data quality, timeliness and utilisation. Given the ever-increasing importance of census data to the implementation of the national and global development agenda in general and UNFPA's programmes, it was important to ensure that UNFPA increased its support to the 2021 PHC programme, with a strategic focus on areas that significantly improved the quality and consequently timeliness, credibility and utilisation of the results and/or products. The 2021 PHC final results released by the Ghana Statistical Services yielded a total population of 30,792,608 persons in Ghana with females constituting

50.7 percent and males being 49.3 percent. Specifically, in this regard, the CO contributed financially and technically to the pre-enumeration, enumeration and post-enumeration activities of the 2021 PHC. The CO represented the donor/ diplomatic and UN community on both the National Steering Committee and the National Technical Advisory Committee (TAC) of the Census. The Steering Committee provided total direction and mobilised resources while the TAC provided technical direction for the census. On the TAC, the CO played pivotal roles in the Field Operations and Quality Assurance, Monitoring and Evaluation sub-committees. The CO office actively participated in two series of trial censuses conducted by the GSS including providing technical support in the training of trainers (ToT) training for senior-level personnel for the second phase of the 2020 PHC trail census. The UNFPA was made part of four external assessors responsible for the verification of the training exercise. The training offered an opportunity to generate a pool of enumerators and supervisors who were subsequently used for the main census in July 2021. The CO also conducted the independent monitoring of the 2021 Census as part of quality data assurance and participated in the dissemination of the Census reports. The support provided by UNFPA for the 2021 Census in Ghana contributed to a great extent to the outcomes towards **improved national population data systems to map and address inequalities, advance the achievement of the SDGs and ICPD, and inform interventions in times of humanitarian crises such as the COVID-19 pandemic.**

Towards the achievement of the ICPD goals, the CO supported the initiatives around **harnessing the Demographic Dividend (DD)** in Ghana. In the effort to harness the DD in Ghana, and to address the needs expressed by the West and Central African countries, UNFPA Ghana in collaboration with WCARO, facilitated a technical training workshop for the national experts from WCARO-covered countries on National Transfer Accounts (NTA) methods to measure the DD. A Demographic Dividend Model was developed to advocate and inform DD programming in Ghana. ICPD and DD provided evidence to inform the review of strategic plans and policies and programme interventions by MDAs in Ghana. Further, the Medium-Term National Development and Policy Framework 2022-2025 which guides the national agenda was informed partly by the ICPD+25 Commitment Policy Framework.

As a continuing concern for the **elderly population**, UNFPA responded to the request by the Ministry of Gender, Children and Social Protection to provide legal expertise to incorporate various comments of various stakeholders to the draft Aged Persons Bill. The aim was to formulate and promote a law that would be produced to be comprehensive and effective in promoting issues of the aged population in Ghana. This was also in support of the goals of the ICPD Summit in Nairobi safeguarding the welfare of the aged population.

UNFPA Ghana through the 7th CP was instrumental in the contribution of support to the generation and utilisation of data at both national and sub-national levels in Ghana. UNFPA **provides technical assistance for the generation, analysis and utilisation of disaggregated data, at national and sub-national 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 CPRP on COVID 19. UNFPA contributed to the provision of information on the mapping of the implications of COVID-19 on the 2021 PHC census. UNFPA further provided updates on Ghana, to the database of SDG indicators namely 3.7.1 (demand satisfied with modern contraception) and 3.7.2 (adolescent birth rate) for submission to the UNSD. UNFPA also supported the NDC to develop the Youth Development Index (YDI for Ghana. In addition, UNFPA participated in the Population and Development Cross-Sectoral Planning Group meeting to finalise the Ghana ICPD commitment matrix which was included in the National Medium-Term Development Policy Framework.

4.2.4.2 Achieved versus planned PD outputs in CPD

The data in table 13 provides a high level of achievement across PD output indicators. All the measured output indicators for the PD component were achieved during the review period. These indicators were concerning the development of census monographs, the setting up of functional protection and monitoring systems with the capacity to address sexual and gender-based violence and harmful practices, security personnel trained in the management of sexual and gender-based violence and harmful traditional practices data management system, and support for the development of population profiles to harness the demographic dividend. In this regard, it can

be confidently concluded that the PD sub-programme for CP7 excelled in meeting its targets as measured by the selected output indicators. This is despite that part of the implementation period for CP7 has been characterised by the COVID-19 pandemic with its associated negative impacts. The major reason cited for this success has been the flexibility in the UNFPA despite the pandemic. Others also made the connection between these high levels of targets achievement and the strategic partnerships UNFPA has, and in the case of the PD component, with partners who are actively involved in population and development and data systems.

Table 13: Outcome 4 - achieved versus planned indicators: PD

| Strategic plan outcome 3 (Population and Development): Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development. | | |
|---|---|---|
| Outcome Indicators for CP7 Census conducted in line with new international standards. Baseline: 0; Target: 1 | | |
| Output Indicators, Baseline and Targets | Key Intervention (broad activity) | Achievements by Q4 of 2021 against Output Indicator Targets |
| Output 1: 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. | | |
| Number of census monographs produced. | Providing assistance for the conduct of the 2020 national census and sociodemographic surveys. | Achievement: 2018: T=0; Actual=3 2019: T = 0; Actual =3 ⁸⁴ 2020: T =0; Actual =3 ⁸⁵ 2021: T = 0; Actual =17 |
| | Providing technical assistance for the generation, analysis and utilization of disaggregated data, at national and subnational levels, to monitor the SDGs. | Achievement: 2018: T = Yes; Actual = Yes 2019: T = Yes; Actual = Yes 2020: T = Yes; Actual = Yes 2021: T = Yes; Actual = Yes |
| Number of functional protection and monitoring systems with the capacity to address sexual and gender-based violence and harmful practices. | Supporting generation and analysis of sexual and reproductive health and gender-based violence data. | Achievement: 2018: T = 1; Actual = 1; Achieved 100% 2019: T = 1; Actual = 1; Achieved 100% 2020: T = 1; Actual = 1; Achieved 100% 2021: T = 1; Actual = 1; Achieved 100% |
| Number of security personnel trained in the management of sexual and gender-based violence and harmful traditional practices data management system. | Strengthening the capacity of security personnel to manage sexual and gender-based violence database systems. | Achievement: 2018: T = Yes; Actual = Yes 2019: T = Yes; Actual = Yes 2020: T = Yes; Actual = Yes 2021: T = Yes; Actual = Yes |
| Number of population profiles to harness the demographic dividend. | Advocating for evidence-based information advancing the integration of demographic dividend strategic areas into policies and programmes. | Achievement: 2018: T = 1; Actual = 1; Achieved 100% 2019: T = 1; Actual = 1 Achieved 100% 2020: T = 1; Actual = 1; Achieved 100% 2021 ⁴ |

⁴Data for 2021 not yet available; T=Target

⁸⁴From 2010-2020, three monographs have been supported (Children and Adolescents, Elderly People and Profile of Men and Women.

⁸⁵ 17 monographs have been produced so far from the 2021 Census.

4.2.4.3 Evaluation of breadth and depth of PD outputs

The most prominent achievement for the PD sub-programme in the review period was UNFPA's contribution to the PHC in Ghana and Harnessing the Demographic Dividend. This support was aimed toward 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.

The strategic outcome and the output of the PD component were coherent and well-focused with baseline and measurable targets and achievements as well as SMART indicators. The theory of change for this component was based on a comprehensive intervention logic. It is observed that the relationships between activities for planned interventions for the output were clear. This was similarly observed considering the linkages between the output and the outcome. The measurement indicators articulated in the indicator framework were sufficient to measure the progress made concerning PD. In support of work on population and development indicators, UNFPA participated in the Population and Development Cross-Sectoral Planning Group meeting to finalise the Ghana ICPD commitment matrix which was included in the National Medium-Term Development Policy Framework.

In support of quality data emanating from the PHC, UNFPA provided technical support to the Census National Steering Committee and the National Technical Advisory Committee. UNFPA also facilitated the participation of personnel of GSS at the Regional Training Course in CSPro Android Data Collection. The training was useful in that it provided the capacity to GSS personnel for the use of tablets in the 2021 PHC. The tablets enabled the electronic collection of census data and its capture in real-time. The collection of data using tablets, particularly in the era of COVID-19 contributed greatly to the outcome of maximising census coverage, ensuring that no one is missed during the census enumeration and timely release of data.

4.2.5 Unintended Effects

The COVID-19 pandemic took its toll on the operations and implementation of the 7th CP in Ghana, nevertheless, the UNFPA CO was fast at adapting to the crisis and adjusting its operations and implementation modalities. Several unintended results had emerged that could be tapped on for future programming. Innovative Mobile Medical Clinics (MHC) were designed and deployed to remote areas providing access to SRH services to the hard-to-reach populations.

Albeit, adolescents found online sessions boring and preferred outdoor activities. The COVID-19 pandemic accelerated progress on the digitalization of SRH services and information and GBV protection and referral systems. Since the eruption of the crisis, UNFPA and stakeholders took concrete strides to provide remote services and awareness and capacity building through online sessions, phone consultations, digital applications, SMS text messaging, voice calls and interactive voice response. The government of Ghana focused on digital transformation across different sectors including health and SRH services. UNFPA also put more emphasis on media, communication and visibility activities in an emergency, where the communication and media outlets played an important role in advocacy and access to information. Further, several studies and policy papers were conducted to assess the impact of COVID-19 on SRH and GBV with recommendations to the government and partners.

EQ4: To what extent and in what ways has UNFPA been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity, and addressing SGBV and harmful practices as part of the COVID-19 crises response and recovery efforts?

4.2.6 Ensuring Continuity of SRH services and Integrating Gender and Women's Empowerment in CP

UNFPA was able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodities and addressing SGBV and harmful practices as part of the COVID-19 crises response and recovery efforts. In this regard, SRH and GEWE were mainstreamed by UNFPA at the programmatic and organisational levels. Addressing the needs of girls, adolescents and women has been considered across all activities, since the design of the 7th CP, throughout design, implementation and monitoring. More women participated in the implementation of CP7 interventions,

including within Safe Spaces and leaders in Youth Centres as well as the YOLE programme. Moreover, accessing services through online and digital tools allowed for equitable access for women and men equally. Capacity strengthening activities targeting national partners and IPs covered GEWE and human rights issues. UNFPA Ghana CO, on the same front, ensured using gender-sensitive and transformative language in all its media material and publications, as well as in annual reports.

UNFPA staff interviewed during the evaluation indicated that the ways and extent to which GEWE considerations were integrated into the CP varied between humanitarian and development settings in Ghana. In the humanitarian setting, the programme is flexible, and decision-making largely lies within the UNFPA CO, implications of gender inequalities and GBV were seen and could be addressed. However, with development programmes, decision-making is done by the government on all aspects of the programme, including priorities and implementation approaches and the design of activities and targeting. UNFPA used the successes and lessons learned from the humanitarian programme to advocate for work with the government in the development setting. This was a good entry point, yet still limited because not all actors report and not all have systems in place. An example is the GBV IMS which has influenced the national strategies and led to the development of SOPs for essential GBV prevention and response service package led by the government. The developed SRHR strategy endorsed by the government was gender-sensitive that looked at women through a lifecycle approach. Working on the CRVS, the government looked at the gender issues likely affecting the registration of women's deaths. In some locations, UNFPA considered the needs of men and boys according to an internal paper that clarified relevant approaches in this regard.

Some government officials interviewed showed commitment to addressing gender issues and focusing on international standards and a survivor-centred approach⁸⁶. There are difficulties applying the international standards at the national level in Ghana due to culture, stigmatization and protection laws. For example, reporting on gender violence and rape is mandatory by law, but this is not usually accepted at the field level. Several interviewees referred to the rape criminalization law and the amendments needed. The newly developed SOPs on GBV prevention provided a base where national actors can move forward. Internal guidelines for the different agencies for the implementation of the SOPs were developed and are aligned. Institutional challenges continue in terms of the quality and available services, as well as the capacity of the staff in these institutions.

IPs working with UNFPA who were interviewed during the evaluation commended on the capacity building they received by UNFPA on SRH, GEWE and human rights approaches. The M&E plans developed by IPs in close coordination and support from UNFPA ensured that they monitor and report on gender-sensitive indicators. There were efforts to link these indicators to contribution to SDGs 3 and 5. IPs further provided a series of training to their staff focusing on different elements such as gender equality, human rights, children's rights and inclusion. IPs also ensured the prevention of sexual exploitation and abuse (PSEA) and developed measures for their applications.

4.2.7 Integrating Human Rights in CP

In its 7th CP, working on SRH was a priority for UNFPA guided by the human rights principles for individuals and groups. UNFPA ensured accountability and participation of different beneficiary groups and accountability to the affected populations and having incentive-based volunteers as well. UNFPA focused on the principles of Leaving No One Behind and ensured non-discriminatory and quality interventions. Besides working on SRHR at the policy level, UNFPA was one of the few organizations also working on this domain at the CBOs level. Like with GEWE, working on the integration of Human Rights within the humanitarian programmes was less challenging than with the development programme.

People interviewed during the evaluation pinpointed social barriers to work and advocating for LGBTQ groups. UNFPA provided the service regardless of any sexual orientation, yet there were incidences where staff had refused to provide the service considering sexual orientation. As capacities were built on rights-based approaches, the services were made available for all groups including minorities and special groups.

⁸⁶ A survivor-centred approach to violence against women seeks to empower the survivor by prioritizing her rights, needs and wishes. It means ensuring that survivors have access to appropriate, accessible and good quality services

It is worth noting that, out of the UN@75⁸⁷ youth dialogue in Ghana ‘Building Back Better after the pandemic’, Human Rights came as the number one focus area that youth living in Ghana believed needed more attention and effort. UN@75 was a global dialogue launched by the UN Secretary-General on building the future that people want, and a one-minute survey was created to collect the voices of the people, both online and in-person discussions. UNFPA and sister UN Agencies supported the conduct of the survey within their activities. UNFPA supported youth volunteers with a capacity-building session on facilitating online dialogues and a lesson-learned session.

4.2.8 Humanitarian-Development-Peace Nexus

The UNFPA’s CP reflected a strengthened humanitarian-development-peace (HDP) nexus approach across its three outcomes and all the work it undertakes to ensure coherence between the three response pillars humanitarian, development and peace. UNFPA has been active to make SRH and GBV services and products accessible to refugees and host communities. The evaluation accounted for the UNFPA’s CP contribution to the HDP nexus through elements contained within the CP, including the collaboration among peacebuilding, development and humanitarian actors through the UNCT and the Humanitarian Partners Forum. The UNFPA CP and humanitarian, development and peacebuilding organizations in Ghana contributed collectively to the same outcomes and the strategic priorities of the UNSDP. It contributed to the result areas of social investment in people and inclusive, equitable and accountable governance of the United Nations Sustainable Development Partnership (UNSDP) for Ghana 2018-2022.⁸⁸ The collaboration with other partners included implementation of joint activities, and assessments and monitoring, especially during the COVID-19 crisis.

UNFPA’s assistance initiatives implemented at camps provide models of excellence and quality services that are accessible to both refugees and vulnerable populations. The CP took short, medium and long-term perspectives in its interventions that ranged between the provision of SRH services and GBV response to refugees inside camps and those in urban host communities, to strengthening national capacities, supporting PD information and data management systems, as well as the development of national SRH Strategy, Youth strategy and CMR guidelines and SOPs.

Although addressing the drivers of the crisis was not a primary objective of UNFPA’s humanitarian programme, UNFPA was able to contribute by building trust among groups and between the Government and the population and by ensuring equitable access to SRH and GBV services. The safe spaces in the host communities serve everyone, promoting social cohesion within Ghana. Discussions during the evaluation highlighted the heavy load of the humanitarian programme on one hand and the limited funding for development interventions on the other.

4.3 Efficiency

EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, (including value for money and internal coordination mechanisms) and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?

4.3.1 Funding Modalities, Reporting and Administrative Arrangements

The Ghana CO maintained a very good funding level for the 7th CP from donors. Albeit national partners find that more funding was needed to allow UNFPA to respond to needed assistance on national priorities (e.g., GBV), as well as to provide further capacity strengthening to the government.

The implementation of programmatic interventions was done through government and NGO IPs which 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. During the

⁸⁷ UN. 2020. UN75 2020 and beyond, The Future We Want- The United Nations We Need.

<https://www.un.org/en/un75/presskit#:~:text=In%20January%202020%2C%20the%20UN,headed%20if%20current%20trends%20continue.>

⁸⁸ Country Programme Document, Ghana 2018-2022.

evaluation, IPs reported that UNFPA supported building their institutional and individual capacities. This includes specialized training on SRH and GBV, census technical support, as well as on M&E, project management and soft skills. They believe that they would additionally benefit from leadership and strategic managerial skills, as well as financial capacities and governance. In general, all interviewed IPs were satisfied with the technical, administrative and logistical support provided by the UNFPA teams, despite the many logistical and administrative processes required by UNFPA. Financial support provided by UNFPA to IPs was adequate for the implementation of service delivery activities. However, the funds were not sufficient to cover some of their administrative costs, funds were only partially enough for the needed procurement, M&E or the human resources working on the operations. Another challenge for them was the inflexibility of the budget allocations provided to the IPs, where in some cases the IPs find it more convenient to make budget changes according to the developments during actual implementation on the ground. But when the COVID-19 pandemic started, UNFPA was responsive with budget reallocations, for example, to procure necessary digital equipment for the continuation of activities (for example, laptops, internet for staff working from home). UNFPA staff differentiated between the capacities of government IPs and those of NGO IPs. UNFPA has been working with NGOs for some years on SRH and GBV services, which enabled them to gain experience. There were some difficulties faced by the Ghana CO with IPs. This included the lengthy government clearance processes for their operations, some were not cleared despite support by UNFPA. IPs mentioned that such delayed approvals limited the time allowed for implementation within their agreements, and in relation, the increased workload to implement and respond to the UNFPA requests timely. Other difficulties included the high turnover of IPs' staff who fail to retain capacitated staff, and sometimes limited communications capacity. There has been improvement in using advanced technology tools and digital solutions (e.g., kobo for assessments, data visualization and M&E dashboards), which would be beneficial to expand on in future programming with adequate investments.

"UNFPA are so efficient honestly. They are so responsive and provide us with excellent technical support. UNFPA is one of the donors that I'm always comfortable to work with. I would really highlight here that its staff is so competent, efficient, and responsive. They keep us in the loop at all levels". IP representative

"The delay and the challenge were at the end of one year and the beginning of the other. The annual plan and budget would be signed in May. Since 2019, the situation improved, and we signed in January/February. It would be better that it gets done in December so we can implement properly". IP representative

4.3.2 Personnel

The technical capacities of the programme personnel were high, as reflected by IPs, government partners and UN staff. The UNFPA CO has specialized teams for PD, SRHR, GBV, youth and M&E in place, and maintained the positions of Heads of Departments and support functions including Operations and Resource Mobilisation and Partnerships. Field presence bolstered the efficiency of implementation.

The strong Senior Management Team consisting of the Country Representative, Deputy Representative and Heads of Departments, is supportive of sound resource mobilisation, advocacy and policy influence efforts.

Feedback by national partners was positive about the technical capacities of the UNFPA team in Ghana. Almost all the interviewed CO staff from the different teams found that the CO should allow for capacities equivalent to the funding availability and programme intended outputs. They reflected that the current total number of staff in some of the programme components was not sufficient compared to the workload nor the amount of funding, which posed challenges and workload issues. The Population and Development programme area would specifically benefit from additional staff because of the demand for support with technical expertise for the generation, analysis and utilisation of disaggregated data, at national and sub-national levels. During COVID-19, the CO capacity was strengthened, evidently through the YOLE programme which provided an additional human resource base to support quality developmental and humanitarian response programmes. In addition, the YOLE Fellowship programme, the first of its kind in the UNFPA family, provided an expanded human resource which contributed to the achievement of the set targets in the country programme.

EQ6: To what extent was the country office able to adapt the level and allocation of its resources to mitigate the consequences of the COVID-19 crisis?

The UNFPA CO came forward with funding and human resources, which was appreciated by the RC and UNCT during the evaluation. UNFPA was able to mobilise resources such as for communication and advocacy for the youth in the UNCT, especially inevitable during COVID-19 and issues related to gender equality. In addition, fund allocations were made by UNFPA based on national priorities and the vision and mandate of the UNCT in Ghana (further discussion under 4.1 Relevance section). UNFPA CO ensured that regular audits were carried out and made public in line with good financial management practices. UNFPA was heralded by key stakeholders, including other UN agencies, for spearheading the integrated approach that contributed to financial and programmatic efficiency by reducing duplication and operational costs, as well as increasing interactions and feedback between UNFPA CO and IPs, particularly in the districts. The M&E function within UNFPA provided a commendable framework for tracking the alignment of IPs' work plans with the Results Matrix thus contributing to efficiency in the implementation of programmes, including those targeted at mitigating the impacts of COVID-19.

4.4 Sustainability

EQ7: To what extent has UNFPA been able to support implementing partners and beneficiaries (notably women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?

The UNCT in Ghana recognizes that the ownership and durability of the humanitarian work are not sufficiently tackled, especially on GEWE issues, and that more sustainable solutions need to be sought. A high level of funding allocations is inevitable to ensure sustained humanitarian support continues. Prospects for the sustainability of the UNFPA's work were built around the engagement of national partners and stakeholders, building national capacities and influencing policies.

UNFPA provided technical support to the MDAs such as GSS, NDPC, NPC, MoE, NYA GHS, GES, among others, and the technical capacity built had the potential to allow these institutions to carry on implementing the various interventions in the future. The CP7 was implemented through existing national and district structures and mandates. UNFPA's strengthening of existing structures ensured that the ownership of the programmes was assured.

"The technical capacity of district structures which has been built is an asset which will continue to be utilized". IP representative at the district level.

"The technical capacity of district staff has been built after training by the IPs under the thematic components", reported a KI participant at the district level. IP representative at district level.

The planned programme interventions were implemented by CSO partners with the active participation of communities. Field discussions and monitoring reports revealed that this resulted in increased ownership of the interventions. The programme utilised community-driven approaches that allowed communities to take lead on local activism for gender equality and empowerment of women and girls. Evidence from the field showed that these structures had the potential to continue implementing activities even when formal support ends.

In the views of the interviewed national partners, UNFPA's work encompassed elements that suggest high prospects for sustainability. These included the technical training of trainers that was provided by UNFPA to strengthen institutional capacity in a wide array of fields and at different levels, including GBV response and SRH information and service provision. The information systems, tools and infrastructure, established public-private partnerships as well as advocacy at the national level contributed to creating an enabling and sustainable environment for SRHR, GBV youth and PD. In this regard, UNFPA and partners continued to support and contribute to the empowerment of young people. UNFPA contributed to the creation of awareness by sensitizing media personnel and other stakeholders on obstetric fistula. The contribution to the sensitisation and partnership with the media increased the coverage and reached reach more people with the education on obstetric fistula. Midwives were trained on how to use the safe delivery application. The CO as a leader in youth empowerment provided support to key platforms for youth engagement including the setting up of the YoLe Fellowship programme. Recognising the very important role that young people play in the achievement of the SDGs, the

UNFPA CO supported Youth Advocates Ghana, a youth-led civil society organisation to co-host the 2nd African Youth SDG summit platform. YoLe Programme was launched in November 2018 and has had extraordinary successes in the provision of a platform for professional skills building and leadership, and in helping young people sharpen their skills in leadership and innovation in diverse areas.

Ownership and durability were especially considered within the CP's work on population and development, a main strategic partner to UNFPA was the Ghana Statistical Services (GSS). For the first time in Ghana, UNFPA supported the Government in the use of digital technology to conduct the PHC in line with UN recommendations for the 2020 rounds of censuses. UNFPA provided leadership for the planning and executing of the independent monitoring (IM) of the 2021 PHC and follow up actions. UNFPA also supported the conduct and release of the results of the 2021 PHC. At communities and beneficiary levels, the UNFPA interventions had a positive impact evident in their sustained access to SRH services and GBV support. Trained volunteers through the youth centres and the safe spaces can implement community and outreach activities. In this regard, UNFPA worked with the youth to develop a strategic plan for resource mobilization and sustainability. A challenge shared by UNFPA staff during the evaluation is that donors are competing to develop different policies, but not committing funding for their implementation. Ghana has so many policies in place, nevertheless, they are not well coordinated and implemented. This calls for coordinated action by the UN and development partners in Ghana that contributes to the Government of Ghana's efforts. Feedback from national partners reflected that they believe that without UNFPA, some services and advancements would not continue as they are anchored around the implementation of projects by UNFPA.

The evaluation however was not able to account for consideration of the CP to wider contextual challenges faced by Ghana, including the overall high unemployment and poverty rates in Ghana. Moreover, the integration of refugees into the labour market remains challenging. These challenges would have a toll on Ghana's ability to continue to provide humanitarian assistance. A challenge that is aggravated by the risks of a decline in international humanitarian support and the uncertainty of the range of the impact of the COVID-19 global crisis. This risk to the sustainability of services was realized by UNFPA (document reviews) in light of donor fatigue and reallocation of resources to fund other emergency crises.

EQ8: To what extent has the country office successfully partnered (through different types of partnerships-civil society, including local NGOs, other United Nations agencies, academia, parliamentarians etc.) to ensure that UNFPA makes use of its comparative strengths in the achievement of the country programme outcomes across all the programmatic areas?

UNFPA's niche is the provision of high-quality data on all the thematic components of the CP and being able to support other UN agencies on their data needs. According to the interviews held with some key national-level stakeholders, UNFPA has a pivotal role to influence the strategic decisions made by UNCT. However, this requires UNFPA's proactive and continuous engagement with all key stakeholders within the context of the CP.

UNFPA trained divisional and district police commanders in SGBV, reproductive health and rights, the role of the police in aspects of community-coordinated response systems and laws concerning gender-based violence. UNFPA also supported the Ministry of Gender, Children, and Social Protection to draft guidelines for engaging religious and traditional authorities on negative issues that impede the rights of women and children and the country at large. In addition, UNFPA provided technical and financial aid in the review of the National Gender Policy. In addition, for the first time in Ghana, UNFPA supported the Government in to use of digital technology to conduct the PHC in line with UN recommendations for the 2020 rounds of censuses.

4.5 Coverage

EQ9: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalised groups (women and adolescents and persons with Disabilities broadly and youth with disabilities in particular; etc.)?

The UNFPA's 7th CP has a robust humanitarian component that is focused on the inclusion of people affected by conflict and disasters as well as refugees and asylum seekers and the vulnerable host communities. According to

UNFPA, estimates, the total number of people in need in Ghana is 118,000 of which 29, 346 are women of reproductive health, 2, 451 are pregnant women and 35 992 are young people⁸⁹.

⁸⁹ UNFPA Ghana [Ghana Humanitarian Emergency | United Nations Population Fund \(unfpa.org\)](https://unfpa.org/ghana)

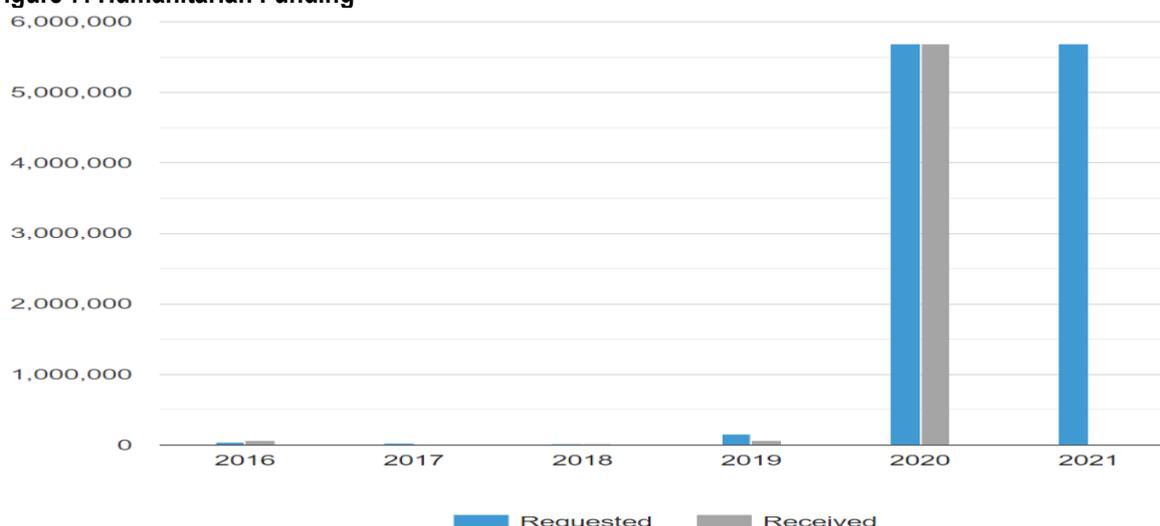
Humanitarian needs



Source: UNFPA Ghana: [Ghana Humanitarian Emergency | United Nations Population Fund \(unfpa.org\)](https://www.unfpa.org/ghana)

UNFPA has consistently had under USD500 000 earmarked for humanitarian funding from 2016 to 2019. In 2020 and 2021, the funds requested and received for humanitarian interventions were close to USD6 million. This was largely necessitated by the need to respond to the impact of the COVID-19 pandemic on the population. It is commendable that UNFPA CO could respond in this manner to mitigate the effect of COVID-19 which invariably threatened to cause further strife, particularly on the vulnerable populations (see Figure 7).

Figure 7: Humanitarian Funding⁹⁰



Source: UNFPA Ghana [Ghana Humanitarian Emergency | United Nations Population Fund \(unfpa.org\)](https://www.unfpa.org/ghana)

UNFPA Ghana has since then worked with the government and other partners to ensure a comprehensive programme of interventions tailored to improving the lives of women and girls, particularly the vulnerable ones such as the Kayayei. Kayayei is a phenomenon involving women and girls aged between 10 and 35 years who migrate mainly from northern parts of Ghana to market centers in Accra and other large cities where they work as head porters. Some of these girls are in search of better livelihood opportunities while others escape from harmful practices, gender-based violence and ethnic or family conflicts. However, as it stands, the Kayayei peculiarity seems to be worsening as more and more girls, with some as young as nine years, are found in this group despite Ghana's law of compulsory basic education.

In collaboration with Ghana Health Service and the Planned Parenthood Association of Ghana (PPAG), UNFPA conducts regular reproductive health clinics at the various markets where the organization supports partners to work with the Kayayei. The services include information and counselling advice on sexual and reproductive health issues, including HIV prevention and the provision of free family planning. UNFPA believes that the Kayayei can play an important role in economic and social development in their communities.

⁹⁰ UNFPA Ghana [Ghana Humanitarian Emergency | United Nations Population Fund \(unfpa.org\)](https://www.unfpa.org/ghana)

The focus of UNFPA's interventions in CP7 was clearly on women, adolescents and girls, as well as refugees and vulnerable Ghanaians, and to an extent, people with disabilities. However, beneficiary support had not been sufficient to address all the special and increasing needs of 'those furthest behind', especially in development settings. Some marginalized and vulnerable groups were left behind with unmet needs. Of those, the stakeholders interviewed pinpointed that the extent of inclusion of the most vulnerable and marginalized was not fully considered. These include the elderly, people with disabilities, women in menopause age, migrant workers, survivors of human trafficking and commercial sex workers. These groups face challenges in access to SRH services and information, as well as GBV protection due to physical, communication and social constraints.

UNFPA CO, in a continuous effort to ensure that women, adolescents, young people and other vulnerable and excluded groups, including persons with disabilities, are empowered to make decisions regarding their sexual and reproductive health and life options is promoting the human rights and social inclusion of adolescents and young people living with disabilities through the "We Decide Young Persons with Disabilities. A Programme for Equal Opportunities and a Life Free of Violence" initiative.

Although several humanitarian-related situations were encountered in 2020, including sporadic floods and elections-related vigilantism, the COVID-19 pandemic was by far the biggest and most impactful emergency faced nationally and globally. The UNFPA CO promptly responded to the first two cases in the country by updating its Minimum Preparedness Actions Plan and contingency plan to include COVID-19, activated the Business Continuity Plan, established an effective communication tree/network, initiated self-isolation by all staff, established telecommuting and COVID-19 protocols, provided support (addressing physical, medical and psychological needs of staff and contract workers) and procured PPEs and hygiene items to staff, contract workers and partners.

The CO also developed and established information management, response monitoring and communications channels, regularly updating the UNCT, WCARO and HQ with status updates. UNFPA-GHANA was active in and supported established interagency platforms and working groups including Medical, Psychosocial, Crisis Operations Management, Communications Sub-working Groups and the IAWGE, Youth and Gender Teams. UNFPA led the SGBV/Gender subcluster, as per its mandate. With limited resources, UNFPA leveraged its relationships with sister agencies, such as WFP, and partners, including the Ministry of Health/Ghana Health Service, Ecobank and Prudential Insurance to provide support to frontline workers, COVID19 isolation centers and the vulnerable in society such as the Kayayei (Head porters), persons with disabilities, as described above, and juveniles in correction facilities.

"Honestly, my testimony is flawed because what UNFPA provides in what concerns GBV is very good and they always had a quick response and when UNFPA provides direction it is always followed. UNFPA have the highest standards and so their directions are followed and leads to positive results". IP representative

4.6 UN Coordination

EQ10: To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT?

The 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. Both UN agencies and GoG MDAs appreciated the important role that UNFPA continues to play in bringing multi-disciplinary strategic partners together to increase the efficiency and effectiveness of 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. It was further highlighted that the current UNFPA Country Representative has served as acting Resident Coordinator on various occasions and is an active champion of the empowerment of youth in Ghana. In this regard, all key UN agencies who responded to the interviews indicated the important role that UNFPA played in the country's overall development agenda,

contributing effectively to improving UNCT coordination mechanisms, particularly towards strengthening advocacy in several areas was useful to other UN agencies members.

UNFPA was elected as the chair of the UN data group for 2020. UNFPA was a co-chair in 2019. The data group supported the 2019 Ghana Voluntary National Review (VNR) activities, especially regarding the consultations on the themes; of data use and sharing of Ghana Statistical Service to build greater statistical capacity and reuse of the open-source common set of software.

The UN Youth Group chaired by UNFPA, coordinated the involvement of the Group in the processes leading to the review of Ghana's National Youth Policy to ensure that the draft document was up to international standards. The group also collaborated to commemorate 2019 Human Rights Day.

IPs interviewed during the evaluation mentioned that the partnership with UNFPA allowed them to participate in different coordination groups and understand what the developments are in SRH and GBV areas at the national level. Through the groups, they become updated on the procedures, tools and implementation strategies and cope within their entities at an early stage. They added that UNFPA provided technical support to the GBV working group at the policy level and the field level, providing strategies for coordination, implementation and access to information and services.

Furthermore, UNFPA was well-positioned and actively participated where possible within the UN coordination groups, retreats and discussions to advocate for SRH and GBV issues where possible. For example, within the youth group, UNFPA had been active in supporting the coordination of all the reporting and the planning of the UNCT leading to the establishment of the UN Interagency Group on youth. As a fast-track country, the implementation of the UN Youth strategy enabled better coordination and reporting of results. It also strengthened the implementation of Delivering as One among the UN Agencies in Ghana.

UNFPA through its 7th CP took concrete strides in building capacities at local and national levels in Ghana, primarily on SRH services, empowerment of youth, GBV response, PD information management systems and policy development. Over the multiple years of the CP, these efforts increased the ability of people, organisations and the government to address humanitarian needs, risks and vulnerability. At the same time, development capacity-building efforts ensured to maximize effectiveness, resilience and country ownership to manage and deliver SRH and GBV products and services to the target groups in the longer term. The evaluation accounted for interconnected capacity development results at the individual, organizational and enabling environment levels.

4.7 Individual capacity building

Through comprehensive training packages, UNFPA improved individual skills, knowledge and capacities, extended to multiple local and national stakeholders, implementing partners and government staff, as well as beneficiary men, women, youth and girls. Through these capacity building initiatives, marginalized young girls were empowered and positioned to improve the prevention of SGBV, Kayayei girls with disabilities participated in the annual Chief Justice Mentorship Programme in line with UNFPA's Global Programme to end Child Marriage, Kayayei participated in the inaugural Kayayei Business and Leadership Fair, several girls were mentored under The First Lady's Project namely, "Because I want To Be", YoLe capacity was built, several girls received SRHR and legal literacy training, health service providers were trained on FP and all aspects of adolescent and youth-friendly centres, Health logistics officers had their capacities strengthened on the management of health commodities, midwives were trained in several life-saving skills to recognise and respond to life-threatening obstetric and neonatal conditions.

During the evaluation, interviewees mentioned that there is a need for more capacity building for IPs in the governance, leadership, accountability and M&E aspects. Some also indicated the need for further technical capacity building of their staff.

4.8 Organizational capacity building

UNFPA contributed to improving organizational performance by supporting systems, processes, plans and guidelines. Focusing on SRHR, examples include a partnership with the Ministry of Health, Ghana Health Service,

Ministry of Gender, Children and Social Welfare and other development partners to ensure the stable and consistent supply of quality contraceptives. Health providers were trained across all regions on how to train clients on the use of self-administered injectable contraceptives. UNFPA Ghana with other development partners provided financial and technical support to strengthen the national health system, advocating for supportive policies of family planning and building the capacity of health logistic officers in the management of health commodities.

The Ghana CO contributed to the training of senior managers from the Ministry of Health and the Ghana Health Service in the newly deployed eLMIS system, which allows for better real-time visibility of logistics and commodity security information for decision-making. CO also provided financial and technical assistance to the Ghana Health Service to hire a private logistics firm to handle the last-mile distribution of health commodities from the central level to the last mile, resulting in increased commodity availability at all levels of the supply chain during the period. There was no such thing as a stock out. UNFPA provided financial support to Ghana Health Service to train 700 providers/nurses trained in DMPASC. An average of 45 nurses from all the 16 regions attended the training.

On adolescents and youth, the YoLe Fellowship Programme was launched in November 2018 with the first cohort of **16** young people, graduates of the institution of higher learning in Ghana, the second cohort of **21** young people and with a current cohort of **25** young people. The **objectives** of YoLe were to (i) create opportunities within UNFPA Ghana for innovation, policy development, programming and management; (ii) Provide a platform for Professional skills building and leadership; and (iii) Help young people hone their skills in leadership and innovation in diverse areas. The components of YoLe include: (i) In and Out of Office Training; (ii) Experienced Facilitators from UNFPA, and (iii) Fellows working with officers in the various units in the UNFPA CO. In addition, the CO supported the Ghana Health Service to train Adolescent Health ambassadors who in turn supported in-school adolescent club activities. The ambassadors acted as peer mentors to young people. The CO supported NYA to sustain the ReProTalk Bulk SMS Platform which disseminated health messages including SRHR to 500,000 young people. Messages were developed in collaboration with relevant stakeholders including the young people themselves. Resultantly adolescent girls had education on sexual and reproductive health issues and how to make informed decisions. The CO worked with UNESCO, NPC, GES and other stakeholders to develop standardized CSE guidelines in line with international guidelines to ensure a standardized approach to the teaching of CSE for in and out of school young people.

In GBV response, UNFPA strengthened national systems to provide CMR and GBV services to survivors. As one of the 12 country offices implementing the Global Programme to End Child Marriage, UNFPA Ghana increased its efforts through implementing partners to vigorously involve diverse stakeholders in strengthening their skills in preventing and reacting to SGBV/HPs, including child marriage. UNFPA Ghana contributed through supporting programmes that empowered and strengthened the capacities of over 11,230 stakeholders across the country, allowing them to play a more active role in preventing and responding to SGBV/HPs, as well as serve as champions and advocates for gender equality. With health, social, and economic asset-building programs and interventions, 13,316 adolescent girls, particularly those who are marginalized and in danger of child marriage, were reached. The Child Marriage Advocacy Toolkit was updated following a study of its use to incorporate more practical tools that will allow community members and identifiable groups to do extensive analyses of the challenges that underpin the practice to plan out solutions. UNFPA supported interventions engaged 8,275 critical stakeholders, mostly relevant identifiable groups and men and boys on their role in the prevention of SGBV and other harmful practices such as child marriages. UNFPA, under the Global Programme, to End Child Marriage and the Joint Programme on Adolescent Girls CSE still employed rights-based approaches and packages to reach adolescent girls at risk or affected by child marriage and other vulnerabilities. 18,592 adolescent girls especially those marginalized and at risk of child marriage reached with health, social and economic asset-building programmes and interventions.

On PD, the Ghana CO provided quality assurance through monitoring the training of census enumerators and supervisors and conducted the Independent Monitoring of the 2021 Census. The CO also provided technical support to the Census National Steering Committee and the National Technical Advisory Committee. As the lead partner, UNFPA's continued contribution to the 2021 Population and Housing Census in Ghana was important to ensure that the UN Principles and Recommendations for 2020 PHCs were observed in all phases of census implementation to assure improved data quality, timeliness and utilisation. In addition, the PD sub-programme in CP7 made significant contributions to harnessing the Demographic Dividend in Ghana. In support of harnessing the Demographic Dividend in the country, and to address the needs expressed by the West and Central African

countries, the RIPS, KNUST, Ibadan University and the CREFAT organised a technical national transfer accounts (NTA) training workshop during the review period on the methods to measure the Demographic Dividend for the national experts of the WCARO-covered countries. In regards to the ICPD PoA, UNFPA supported the development of the Ghana Country Report on progress of implementation of the ICPD+25 and the ICPD+25 Commitment Policy Framework 2019-2030. In addition, CO supported the Ghana participation in the 2019 Nairobi Summit.

4.9 Enabling environment

UNFPA contributed to improving policy frameworks in Ghana on SRHR, Youth and GBV. UNFPA supported the development of the Reproductive, Maternal, Newborn, child, Adolescent Health and Nutrition (RMNCAH & N) Strategic Plan 2020-2025, the National Health Policy, the UN Youth Strategy, as well as the Child Marriage Advocacy Toolkit. Furthermore, UNFPA CO in Ghana has been instrumental in the contribution of support to the generation and utilisation of data at both national and sub-national levels. UNFPA CO supported these initiatives through consultation workshops with the participation of strategic partners including Government ministries, academia, NGOs and international development partners. UNFPA also provided the necessary technical input and assessments in collaboration with partners and the Government.

CHAPTER 5: Conclusions

5.1 Strategic Level

Conclusion 1. The GoG/UNFPA's 7th Country Programme is well aligned with 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.

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. 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 as risk factors for GBV and harmful practices (early and child marriage).

Origin: EQ1, 2; evaluation criteria: relevance

Recommendation: Strategic level R1.

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.

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.

Origin: EQ1 and 3; evaluation criteria: relevance, effectiveness

Recommendation: Strategic level R5.

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.

Origin: EQ10 and 5; evaluation criteria: coordination and efficiency

Recommendation: Strategic level R2

Recommendation: Strategic level R3.

Conclusion 4. 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 often affected the timely implementation of interventions.

The UNFPA Ghana CO has a clear and vigorous system of ensuring checks and balances, and that IPs were accountable for deliverables and funds disbursed on time. This vigorous system however requires further strengthening to reduce the time between requisition and disbursement of funds to IPs.

Origin: EQ5 and 10; evaluation criteria: efficiency and coordination

Recommendation: Strategic level R4.

Conclusion 5. The Intervention logic in the results framework is quite robust and clear.

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.

Origin: EQ3; evaluation criteria: effectiveness

Recommendation: Strategic level R5.

Conclusion 6. Data as a foundation for evidence-based programming was well articulated in the CPD. However, investment in data in terms of human and financial resources for CP7 is sub-optimal.

*Origin: EQ3 and 5; evaluation criteria: effectiveness and efficiency
Recommendation: Strategic level R7.*

5.2 Programmatic Level

Conclusion 7: Although SBA improved over the years, the quality of obstetric care was low.

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 newborn care could have contributed to the observed low quality of obstetric care.

Origin: EQ 3; Evaluation criteria: effectiveness; Programmatic Level R1.

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.

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 who had been repaired and required rehabilitation/reintegration.

Origin: EQ3; Evaluation criterion: effectiveness; Programmatic Level R3.

Conclusion 9: Integrated SRH outreaches for youth in specific convergence points were more sustainable than stand-alone youth facilities such as youth-friendly corners.

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 services, then integration despite being sustainable will not serve the purpose because the youth will not prefer these services.

Origin: EQ 4; Evaluation criterion: effectiveness; Programmatic Level R9.

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.

Origin: EQ 4; Evaluation criterion: effectiveness; Programmatic Level R8; R11

Conclusion 11: Harmful/hegemonic masculinity remained a challenge to the realisation of GEWE.

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 in reducing the prevalence of GBV becomes limited.

Origin: EQ 3; EQ 4; Evaluation criteria: effectiveness; Programmatic Level R9.

Conclusion 12: Integrated women and girls' 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.

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.

Origin: EQ 3; EQ 4; Evaluation criterion: effectiveness; Programmatic Level R10.

Conclusion 13: UNFPA in Ghana is responsible for Gender and GBV given the absence of UNWOMEN

UNWOMEN is not operational on the ground in Ghana. Human resources to respond to the increasing needs of the gender portfolio needs to be expanded to address the pressing needs of GBV and gender equality.

Origin: EQ 3; EQ 4; Evaluation criterion: effectiveness; Programmatic Level R10.

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, and utilisation of disaggregated data, at national and sub-national levels to monitor the ICPD PoA commitments and SDGs; and providing assistance for the conduct of the 2021 national census and sociodemographic surveys.

Challenges remained particularly about adequate funding and capacity building initiatives, especially in the areas of further analysis of demographic and population data.

Origin: EQ 3; Evaluation criteria: effectiveness; Programmatic Level R14.

CHAPTER 6: Recommendations

Based on the conclusions, the following recommendations were developed and fine-tuned in a consultative process with the Government of Ghana, Evaluation Reference Group and partners. The timeframe for the implementation of the recommendations has been indicated under short-term, medium-term and long-term periods.

6.1 Strategic Level

Short-term

1. During the design and 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.

Operational Implications: The next country programme, i.e., the 8th CP, should be 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, for 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 to respond to the changing environment and needs.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO, MDAs, MoGCSP, DOWSU, Local Government, and the Municipal and District Assemblies, and IPs; **Based on Conclusion:** 1.

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

Operational Implications: 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 for UNFPA's programmes.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO, IPs; **Based on Conclusion:** 2.

3. There is a 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 a mandate to address drivers of GBV/DV and harmful practices related to effects of emergencies such as COVID-19.

Operational Implications: 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 an analysis of risk factors for GBV, gender inequality and human rights violations during humanitarian emergencies and the COVID-19 pandemic.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO, MDAs and IPs; **Based on Conclusion:** 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.

Operational Implications: 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.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO, MDAs, local government; **Based on Conclusion:** 3.

5. There is a need to further strengthen the financial 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 for 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 Implications: 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 regarding staffing. The human resource implication is that the staffing at the finance unit at UNFPA should be strengthened to enhance the timely review of financial reports and feedback to IPs.

Priority: High; **Time Frame:** Short-term; **Target level:** UNFPA CO; **Based on Conclusion:** 4.

Medium-term

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

Operational Implications: 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.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA CO, MDAs, MMDAs and IPs; **Based on Conclusion:** 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.

Operational Implications: 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, MMDAs/local governments and partners to make deliberate efforts in exploring 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 the effectiveness of targeting and meeting the needs of hard-to-reach population groups and communities.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA CO, MDAs, local governments; **Based on Conclusion:** 2.

8. UNFPA CO and its partners should ensure that the next CP continues to strengthen its 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 Implications: 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 humans and systems at UNFPA Country Office, among strategic MDAs and MMDAs/local governments. 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.

Priority: High; **Time Frame:** Medium-term; **Target level:** UNFPA CO, NDPC, MDAs, local governments; **Based on Conclusion:** 6.

6.2: Programmatic Level

Short-term

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

Operational Implications: 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.

Priority Level: High; **Time Frame:** Short-term; **Target:** UNFPA CO, MoH; **Based on Conclusion** 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 Implications: 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 that 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 of fistula and to demand-generated 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.

Priority Level: Medium; **Time Frame:** Medium-term; **Target:** UNFPA CO, MoH, local governments; **Based on Conclusion** 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.

Operational Implications: 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.

Priority level: High; **Time Frame:** Short-term; **Target:** MoH, UNFPA CO; **Based on Conclusion 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 Implications: 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, 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.

Priority Level: High; **Time Frame:** Short-term; **Target:** UNFPA CO, MoH, IPs; **Based on Conclusion: 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 Implications: 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.

Priority Level: High; **Time Frame:** Short-term; **Target:** UNFPA CO, local governments; **Based on Conclusion: 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 Implications: The technical implication is that UNFPA Ghana CO and IPs should review, strengthen and standardise 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.

Priority Level: High; **Time Frame:** Short-term; **Target:** UNFPA CO, MoGCSP, MoH, MoE; Ministry of Local Government and Rural Development; Local Government Service, and the various Metropolitan, Municipal and District Assemblies; **Based on Conclusion: 9.**

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

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.

Priority Level: High; **Time Frame:** Medium-term; **Target:** UNFPA CO, MoGCSP, local government; **Based on Conclusion:** 10.

Medium-term

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

Operational Implications: 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.

Priority Level: Medium; **Time Frame:** Medium-term; **Target:** UNFPA CO, MoH; MoE; **Based on Conclusion:** 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 on the reduction of GBV and harmful practices.

Operational Implications: Advocacy efforts should be made to explore the use of the *Expandnet* model developed by WHO and which 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.

Priority Level: Medium; **Time Frame:** Medium-term; **Target:** UNFPA CO, MoH, Ministry of Gender, Children and Social Protection/Department of Gender at the District level, DOVVSU, Municipal and District Assemblies; **Based on Conclusion:** 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 Implications: The technical implication is that UNFPA in partnership with other UN agencies and MDAs should support the **different databases on GBV** by 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).

Priority Level: High; **Time Frame:** Medium-term; **Target:** UNFPA CO, MoGCSP, local government; **Based on Conclusion:** 10.

Long-term

19. The Country Programme 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 Implications: UNFPA should advocate PD issues to ensure that it is prioritised 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.

Priority Level: High; **Time Frame:** Long-term; **Target:** UNFPA CO, GSS; **Based on Conclusion:** 11.

Annex 1: Terms of Reference

**United Nations Population Fund (UNFPA) Ghana 7th Country
Programme
(2018-2022)**

Country Programme Evaluation

April 2021

1. Introduction

The United Nations Population Fund (UNFPA) is the lead United Nations agency for delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The strategic goal of UNFPA is to “achieve universal access to sexual and reproductive health, realize reproductive rights, and reduce maternal mortality to accelerate progress on the agenda of the Programme of Action of the International Conference on Population and Development (ICPD), to improve the lives of women, adolescents and youth, enabled by population dynamics, human rights and gender equality”⁹¹. In pursuit of this goal, UNFPA works towards three transformative and people-centred results: (i) end preventable maternal deaths; (ii) end the unmet need for family planning; and (iii) end gender-based violence (GBV) and all harmful practices, including female genital mutilation and child, early and forced marriage. These transformative results will contribute to the achievement of the Sustainable Development Goals (SDGs), particularly good health and well-being (Goal 3), the achievement of gender equality and the empowerment of women and girls (Goal 5), the reduction of inequality within and among countries (Goal 10), and peace, justice and strong institutions (Goal 16). In line with the vision of the 2030 Agenda for Sustainable Development, UNFPA seeks to ensure that no one is left behind and that the furthest behind is reached first.

UNFPA has been operating in Ghana since 1972. The support UNFPA Ghana Country Office (CO) provides the Government of Ghana under the framework of the 7th Country Programme (CP) (2018-2022), enhances national development needs and priorities as articulated in:

The Coordinated Programme of Economic and Social Development Policies, 2017-2024; An Agenda for Jobs: “Creating Prosperity and Equal Opportunity for All”, 2018-2021; United Nations Sustainable Development Partnership (UNSDP) 2018-2022; UN’s Common Country Assessment (2016); 2030 Agenda for Sustainable Development; 2017 Ghana Maternal Health Survey (GMHS), 2014 Ghana Demographic and Health Survey; Programme of Action of the International Conference on Population and Development (ICPD); African Union 2063 Agenda; Multiple Indicator and Cluster Survey 6 (MICS 6) 2017-2018; “Health of Children and Women in Ghana: Evidence from the Demographic and Health Surveys 2016”

The 2019 UNFPA Evaluation Policy requires CPs to be evaluated at least every two programme cycles, “unless the quality of the previous country programme evaluation was unsatisfactory and/or significant changes in the country contexts have occurred.”⁹² The country programme evaluation (CPE) will provide an independent assessment of the relevance and performance of the UNFPA 7th CP (2018-2022) in Ghana, and offer an analysis of various facilitating and constraining factors influencing programme delivery and the achievement of intended results. The CPE will also conclude and provide a set of actionable recommendations for the next programme cycle.

The evaluation will be implemented in line with the UNFPA Evaluation Handbook on “[*How to Design and Conduct a Country Programme Evaluation at UNFPA*](#)”. The handbook is available at. The Handbook provides practical guidance for managing and conducting CPEs to ensure the production of quality evaluations in line with the United Nations Evaluation Group (UNEG) Norms and Standards and international good practices for an evaluation. The Handbook offers a step-by-step guide to preparing methodologically robust evaluations and sets out the roles and responsibilities of key stakeholders at all stages of the evaluation process. The Handbook includes several tools, resources and templates that provide practical guidance on specific activities and tasks that the evaluators and the evaluation manager perform during the different evaluation phases.

⁹¹ [UNFPA Strategic Plan 2018-2021, p. 3.](#)

⁹² UNFPA Evaluation Policy 2019, p. 20. The document is available at <https://www.unfpa.org/admin-resource/unfpa-evaluation-policy-2019>.

The main audience and primary intended users of the evaluation are (i) UNFPA Ghana CO; (ii) the Government of Ghana; (iii) implementing partners of the UNFPA Ghana CO; (iv) Rights-holders involved in UNFPA interventions and the organisations that represent them (in particular women, adolescents and youth); (v) United Nations Country Team (UNCT); (vi) West and Central Africa Regional Office (WCARO); (vii) Donors. The evaluation results will also be of interest to a wider group of stakeholders, including; (i) UNFPA headquarters divisions, branches and offices; (ii) UNFPA Executive Board; (iii) Academia; and (iv) Local CSOs and international NGOs. The evaluation results will be disseminated as appropriate, using traditional and digital channels of communication.

The evaluation will be managed by the Evaluation Manager within the UNFPA Ghana CO, with guidance and support from the regional monitoring and evaluation (M&E) adviser at the WCARO, and in consultation with the Evaluation Reference Group (ERG) throughout the evaluation process. A team of independent external evaluators will conduct the evaluation and prepare an evaluation report in conformity with this Term of Reference.

2. Country Context

The population of Ghana increased from 12.3 million in 1984 to 24.7 million in 2010 at an annual growth rate of 2.5 percent (GSS, 2012). Currently (2021), the population of Ghana is estimated at 30.0 million and is expected to be 38 million in 2030 and 53 million in 2050 (GSS, 2014). The country's rapid population growth has been partly due to high fertility and declining mortality as life expectancy improves and mortality declines. A majority (51.1%) of the population are females with a sex ratio of 95.2 in 2010 declining from 97.9 in 2000. Life expectancy has increased from 58 years in 2000 to 61.8 years in 2010. The population of Ghana was predominantly rural until 2010 when almost 51 percent of Ghana's population was resident in urban areas, an increase from 43.8 percent in 2000 (GSS, 2012). As of 2010, from the Population and Housing Census, the proportion of the population of 0-14 years was 38.3 percent. In contrast, the proportion of the economically active population was at 57 percent, with the aged indicating 4.7 percent (GSS, 2012). The population aged 10-24 constitute 32 per cent of the total population. In the last 50 years, from 1960 to 2010, the population of young people increased more than fourfold. The population of young people was 31.8 percent in 2010 and is estimated to be 29.4 percent in 2021. The age structure has resulted in the dependency ratio recording 76 dependents (children and the aged) per 100 working population. However, the youthful population structure presents opportunities for harnessing the demographic dividend. The median age at first marriage in Ghana has been increasing since 1988 from 18.3 to 19.4 in 2003 and 21.5 in 2017. This could be attributed to advocacy and education on sexual and reproductive health for adolescents and young people. The total fertility rate (TFR) of the country has been declining steadily over the last two decades. There has been a substantial decline in fertility (5.5 in 1993, 4.6 in 1998, 4.4 in 2003 and 4.2 in 2008), and currently at 3.9 (GSS et al, 2018).

The contraceptive prevalence rate (CPR) for modern methods among currently married women has increased over the years, however, the rate of increase is relatively slow. For currently married women, CPR increased in Ghana from 5 percent in 1988 to 16.6 percent (2008), 22.2 percent in 2014 to 25.0 percent in 2017. However, the rates were relatively higher for the sexually active unmarried⁹³ and decreased over the years, 33.8 percent in 2008, 31.7 percent in 2014 and 30.6 percent in 2017. The unmet need for Family Planning in Ghana is almost 30 percent (29.9%) according to the 2014 Ghana Demographic and Health Survey, a drop from 35.5 percent in 2008. Contraceptive use among married women in Ghana is relatively low, while awareness of contraception is over 90 percent. This indicates that knowledge of contraceptives has not reflected the usage. A little over nine percent (9.2%) of young women (15-19) had their first sexual intercourse by age 15, while for those aged 20-24 it is 10.5 percent by age 15 and 47.2 percent by age 18. Concerning contribution to fertility, adolescents' contribution to TFR is 9.7 percent, while for young people aged 20-24, it is 20 percent.

⁹³ Ghana Demographic and Health Survey, 1988 did not collect information on the sexually unmarried.

In terms of antenatal, almost 98 percent of all women aged 15-49 with live birth or stillbirth received antenatal care (ANC) from a skilled provider during their most recent pregnancy. This rate (antenatal care from skilled providers) increased from 95 percent in 2008 and 97 percent in 2014. Institutional deliveries increased from 54 percent in 2007 to 73 in 2014 and further increased to 79 percent in 2017, while home deliveries reduced from 45 percent in 2007 to 20 percent in 2017. For postnatal care, 84 percent of women received a postnatal check for their most recent live birth or stillbirth (GSS et al 2018).

The Ghana Maternal and Health Survey (2017), shows that the maternal mortality ratio declined from 451 per 100,000 births in 2007 to 310 per 100 000 live births in 2017. Most (56.6%) of the deaths were due to direct causes. Haemorrhage (34%) continues to be the leading direct cause of maternal death, with other direct (19%) and hypertensive disorders (17%). Unsafe abortion recorded 7 percent of maternal deaths.

The infant mortality rate has declined from 50 in 2008, to 41 in 2014, to 37 in 2017. The under-5 mortality rate declined from 80 in 2008, to 60 in 2014, to 52 in 2017 and the neonatal mortality rate has decreased from 30 to 43 and 25 over the same period (GSS et al 2015; 2018).

Gross enrolment rates in schools have increased significantly from 50 percent in 2015/16 to 58 percent in 2017/18 and net enrolment from 26.5 percent in 2015/16 to 32.0 percent in 2017/18 (MOE 2018). Further, the gender parity index has improved particularly for primary level schooling, from 1.01 in 2015/16 to 1.0 in 2018/19, however, challenges remain at the junior high school level, which has a GPI of 0.98 and 0.99 and senior high school being 0.96 and 0.97 over the same period.

The HIV prevalence rate in Ghana has seen an increasing and decreasing trend. HIV prevalence was 2.2 percent in 2008, 1.5 percent in 2014 and increased to 2.1 percent in 2017 (GAC, 2018). The group most affected are population aged 20-34 years. From the 2018 sentinel survey report, the population 25-44 years had a prevalence ranging from 2.5 percent to 3.6 percent. According to UNAIDS, Ghana Country Factsheet 2019, women aged 15-49 years had an HIV prevalence rate of 2.4 percent as compared to men at 1.1 percent. The number of people living with HIV receiving ART as of June 2020 is 176,296.⁹⁴

Women and girls continue to face deprivations, harm and exclusion as high levels of gender-based violence (GBV) persist. In Ghana, 40.9 percent of women who are married/living together have experienced any form of social violence over their lifetime (39.9% in the urban areas and 42.3% in the rural areas). In this same group, any physical violence is recorded at 41.8 percent (40.7% urban and 44.4% rural) and any sexual violence is 30.1 percent with 32.1 percent in the urban areas and 27.8 percent located in the rural areas (MoGCSP, 2016). The data suggest that social distancing as a result of the COVID-19 pandemic exposes a significant proportion of vulnerable women to a heightened risk of violence, as women are forced to spend even more time with their abusers than usual and their access to sources of help is further limited. Also, the physical contact from domestic and sexual violence put these women at risk of contracting COVID-19.

Migration, especially among young people and youth has been an issue of concern in Ghana. For more than ten years, Ghana has seen an influx of young people into the major capital cities (e.g. Accra, Kumasi, Tamale, Takoradi). These young people are mostly young women and girls (12-35 years) who migrate to these cities to seek a better life and end up becoming head porters “Kayayei”. Kayayei live in poor conditions, are vulnerable and are subject to Sexual and Gender-Based Violence (SGBV).

A majority (60.1%) of the active population in Ghana are self-employed without employees. Unemployment, particularly among the youth remains a major development concern in Ghana. The unemployment rate in Ghana is 8.4 percent (7.5% males and 9.2% females). The rate has increased from 2013 which recorded 5.2 percent. The unemployment rate is highest among the 20-24 age group

⁹⁴ <https://aidsinfo.unaids.org/>

(19.9%) and lowest among the 55-59 age group (3.0%). Unemployment among young people is 17.9 percent and that of the youth is at 11.4 percent (GSS, 2018).

The [Ghana Coordinated Programme of Economic and Social Policies 2017-2024](#) and the [National Medium-Term Development Policy Framework 2018-2021](#), align with the SDGs and identify women, girls, children and people with special needs as the most marginalized section of the population. These policies will guide the advancement of an equitable and healthy society through gender equality, women's empowerment and universal access to health care including reproductive health.

Ghana has policies and laws that promote gender equality and prevent sexual and gender-based violence, such as the [National Gender Policy, 2015](#) and the [Domestic Violence Act, 2007](#). The country has launched the African Union campaign and a national strategic framework under the UNFPA-UNICEF programme to accelerate action to end child marriage. Challenges, however, exist in their operationalization. Sociocultural barriers, including sexual and gender-based violence as well as domestic violence and child marriage, persist; 27 per cent of women have experienced at least one type of domestic violence and 21 per cent of girls were married before age 18 (2014).

Despite these challenges, there has been an increase in the participation of women in the national agenda and socio-economic development. For example, participation of women in parliament has increased from 2008 (7.9%) to 2020 (13.1%). In 1979, the government adopted an affirmative action policy to increase women's participation in governmental bodies, including state and public boards, councils, commissions and committees to 40 percent. However, there are challenges as the affirmative action guidelines did not meet the target. According to the World Economic Forum's 2017 Global Gender Gap Report Ghana lags behind other sub-Saharan countries such as Rwanda and Namibia, which have achieved 20 percent or more female parliamentary representation.

Some of the national laws/policies and strategic plans relevant to UNFPA mandate include the following:

National Population Council Secretariat, National Population Policy, 2017; National Population Council Secretariat, Young people Sexual and Reproductive Health Policy, 2017; Ministry of Health, National Health Policy, 2020; Ghana Health Service, Adolescent Health Service Policy and Strategy, 2016-2020; Ministry of Gender, Children and Social Protection, National Gender Policy, 2015; Ghana Education Service, Education Strategic Plan 2018-2030.

Data and statistics continue to be a pivot in pursuing the national agenda and developmental goals. Ghana through the Ghana Statistical Service has the capacity to generate analysis and disseminate data. Despite an increase in the generation of national statistical information on socioeconomic variables, there is a gap in disaggregated data of some indicators at the district level to address development issues. More data gathering and analysis, including census and demographic health surveys, are needed to address disparities. The Civil Registration System which records births, deaths, marriages and divorces also support the provision of evidence-based information in the country.

Ghana has been experiencing flooding in some parts of the country during the rainy seasons. The country has also seen conflicts in some parts of the country, especially in the Northern regions. Ghana also hosts over 10,000 refugees from Côte d'Ivoire, Liberia and Sudan. The country confirmed its first two cases of COVID-19 on March 12, 2020, and as of 15th April 2021, it had recorded 91,783 confirmed cases of COVID-19 with 772 deaths, and 89,661 recoveries⁹⁵. Working within the UN system in Ghana, UNFPA is making a difference in the COVID-19 response by focusing on continuity in SRH information and services, SGBV prevention and response, stigma reduction, risk communication and

⁹⁵ www.ghanahealthservice.org/covid19

community engagement, and the provision of life-saving supplies, including Dignity Kits, modern contraceptives, maternal health drugs and supplies, and personal protective equipment (PPE)⁹⁶.

3. UNFPA Country Programme

UNFPA has been working with the Government of Ghana since 1972 towards enhancing sexual and reproductive health and rights (SRHR), advancing gender equality, realizing rights and choices for young people, and strengthening the generation and use of population data for development. UNFPA is currently implementing the 7th CP in Ghana.

The 7th CP (2018-2022) is aligned with the Coordinated Programme of Economic and Social Development Policies, “An Agenda for Jobs: Creating Prosperity and Equal Opportunity for All”, 2017-2024; United Nations Sustainable Development Partnership (UNSDP) 2018-2022, UNFPA Strategic Plan 2018-2021.

It was developed in consultation with the Government of Ghana, civil society organisations, non-governmental organisations, bilateral and multilateral development partners, including United Nations organisations, the private sector and academia.

The UNFPA Ghana CO delivers its CP through the following modes of engagement: (i) advocacy and policy dialogue, (ii) capacity development, (iii) knowledge management, (iv) partnerships and coordination, and (v) service delivery.

The overall goal of the UNFPA Ghana 7th CP (2018-2022) is **universal access to sexual and reproductive health and reproductive rights and reduced maternal mortality**, as articulated in the UNFPA Strategic Plan 2018-2021. The CP contributes to the following **outcomes** of the UNFPA Strategic Plan 2018-2021:

- **Outcome 1.** *Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.*
- **Outcome 2.** *Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*
- **Outcome 3.** *Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*
- **Outcome 4.** *Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.*

The UNFPA Ghana 7th CP (2018-2022) has 4 thematic areas of programming with distinct outputs that are structured according to the 4 outcomes in the Strategic Plan 2018-2021 to which they contribute.

Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.

Output 1: Strengthened national capacity in delivering high-quality integrated family planning and comprehensive maternal health services, in particular for adolescents and youth, including in humanitarian settings. The programme has been delivered through (a) training health providers and equipping facilities to deliver a full complement of the modern contraceptives method mix; (b) building the capacity of regions to use the logistics management information system to forecast and monitor essential supplies, including contraceptive commodities; (c) strengthening the health system to deliver integrated SRH services for vulnerable groups, including persons with disabilities; (d) building the capacity of midwifery training institutions to deliver pre-service education; (e) supporting rapid

⁹⁶ UNFPA, Ghana: The Covid Chronicles, UNFPA’s COVID-19 Response in Ghana

EmONC assessments to establish EmONC functionality; (f) strengthening the capacity of designated EmONC facilities to meet standards for basic EmONC services; (g) strengthening the capacity of regional and district hospitals for routine obstetric fistula repair; and (h) building the capacity of disaster-prone districts to implement the Minimum Initial Service Package (MISP) for reproductive health.

Outcome 2: Every adolescents and youth in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts

Output 1: Young people, especially adolescent girls, have skills and knowledge to claim and make informed choices about their sexual and reproductive health and reproductive rights and well-being, including in humanitarian settings. This has been delivered through (a) advocacy for and implementation of national guidelines on comprehensive sexuality education for in-school and out-of-school young people into school curricula and out-of-school programmes to ensure standardization; (b) strengthening the capacity of government, youth and civil society organisations and communities to support access to SRHR information and services for young people to reduce adolescent pregnancies; (c) roll-out of a comprehensive package of youth-friendly integrated services, including use of modern technology, to strengthen SRH information-sharing and delivery of services to young people, including boys, those living with disabilities and refugees, in line with FP2020 commitments; and (d) strengthening the capacity of teachers, parents and faith-based organisations, using a combination of advocacy, social mobilisation and behaviour change communication, to fulfil SRHR of adolescent girls and young people.

Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings

Output 1: Strengthened national capacity to advance gender equality; prevent and respond to sexual and gender-based violence and harmful practices; and promote women and girls' empowerment, including in humanitarian settings. This has been delivered through (a) capacity strengthening for the delivery of coordinated gender-based violence prevention, protection and response interventions; (b) advocacy and technical support for the implementation of policies and frameworks that promote gender equality and empowerment of women and girls; (c) advocacy and technical support for the provision of health, socioeconomic asset-building interventions to adolescent girls, especially those marginalized and at risk of child marriage; (d) advocacy and capacity-building to catalyse national efforts and accelerate rights-based approaches for the prevention of gender-based violence and harmful practices, including child marriage; (e) support establishment of protection and monitoring systems with capacity to assess and address sexual and gender-based violence; and (f) support advocacy by civil society organisations for national accountability on international/regional human rights mechanisms.

Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development

Output 1: Improved national population data systems to map and address inequalities, advance achievement of the SDGs and the ICPD, and inform interventions in times of humanitarian crisis. This has been delivered through (a) advocating for evidence-based information advancing the integration of demographic dividend strategic areas into policies and programmes; (b) providing technical assistance for the generation, analysis and utilization of disaggregated data, at national and subnational levels, to monitor the SDGs; (c) providing assistance for the conduct of the 2020 national census and sociodemographic surveys; (d) supporting collection, analysis and utilization of disaggregated data in humanitarian settings; (e) supporting generation and analysis of sexual and reproductive health and gender-based violence data; and (f) strengthening the capacity of security personnel to manage sexual and gender-based violence database systems. The UNFPA Ghana CO also takes part in activities of the UNCT, intending to ensure inter-agency coordination and the efficient and effective delivery of tangible results in support of the national development agenda and the SDGs. The theory of change that describes how and why the set of activities planned under the CP are expected to contribute to a sequence of

results that culminates in the strategic goal of UNFPA is presented in Annex A. The theory of change will be an essential building block of the evaluation methodology.

The UNFPA Ghana 7th CP (2018-2022) is based on the following results as presented in the framework below.

Ghana/UNFPA 7th Country Programme 2018-2022 Results Framework

Goal: Achieved universal access to sexual and reproductive health, realized reproductive rights, and reduced maternal mortality to accelerate progress on the ICPD agenda, to improve the lives of adolescents, youth and women, enabled by population dynamics, human rights, and gender equality

UNFPA Thematic Areas of Programming

I. Sexual Reproductive Health

II. Adolescent and Youth

III. Gender Equality and Women's Empowerment

IV. Population and Development

UNFPA Strategic Plan Outcomes

Increased availability and use of integrated sexual and reproductive health service including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access

Increased priority of adolescents, especially on very young adolescent girls in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health

Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality

UNFPA Ghana 7th CP Outputs

Output 1: Strengthened national capacity in delivering quality integrated family planning and comprehensive maternal health information and services, in particular for adolescents and youth, including in humanitarian settings

Output 1. Young people, especially adolescent girls have skills and knowledge to claim and make informed choices about their SRHR and well-being, including in humanitarian settings

Output 1: Strengthened national capacity to advance gender equality; prevent and respond to sexual and gender-based violence and harmful practices; and promote women's and girls' empowerment, including in humanitarian settings

Output 1: Improved national population data systems to map and address inequalities, advance achievement of the SDGs and the ICPD, and inform interventions in times of humanitarian crisis.

UNFPA Ghana 7th CP Intervention Areas⁹⁷

1.1 Build a health system capacity to deliver voluntary family planning, midwifery and basic EmONC services to respond to the Ghana Family Planning 2020 commitments;

1.2 Reduce regional disparities in skilled attendance at birth; and increase the number and distribution of primary facilities providing basic EmONC,

1.3 Train health providers and equip facilities to deliver a full complement of the modern contraceptives' method mix;

1.4 Build the capacity of regions to use the logistics management information system to forecast and monitor essential supplies, including contraceptive commodities;

1.5 Strengthen the health system to deliver integrated SRH services for vulnerable groups, including persons with disabilities; (1.6. Build the capacity of midwifery training institutions to deliver pre-service education; (1.7. Support rapid EmONC assessments to establish EmONC functionality;

1.8. Strengthen the capacity of designated EmONC facilities to meet standards for basic EmONC services;

1.9. Strengthen the capacity of regional and district hospitals for routine obstetric fistula repair; and

1.10. Build the capacity of disaster-prone districts to implement the

1.1. Advocate for the implementation of national guidelines on comprehensive sexuality education for in-school and out-of-school young people into school curricula and out-of-school programmes to ensure standardization;

1.2. Strengthen the capacity of government, youth and civil society organisations and communities to support access to SRHR information and services for young people to reduce adolescent pregnancies;

1.3. Roll-out of a comprehensive package of youth-friendly integrated services, including use of modern technology, to strengthen SRH information-sharing and delivery of services to young people, including boys, those living with disabilities and refugees, in line with FP2020 commitments;

1.4. Strengthen the capacity of teachers, parents and faith-based organisations, using a combination of advocacy, social mobilisation and behaviour change communication, to fulfil SRHR of adolescent girls and young people.

1.5. Provision of dignity kits to marginalized young people to mitigate the effects of COVID-19

1.1 Support advocacy by civil society organisations for national accountability on international/regional human rights mechanisms.

1.2. Strengthened capacity for the delivery of coordinated gender-based violence prevention, protection and response interventions

1.3. Advocate and provide technical support for the implementation of policies and frameworks that promote gender equality and the empowerment of women and girls

1.4. Advocate and provide technical support for the provision of health, socioeconomic asset-building interventions to adolescent girls, especially those marginalized and at risk of child marriage

1.5. Advocate and build capacity to catalyze national efforts and accelerate rights-based approaches for the prevention of gender-based violence and harmful practices, including child marriage

1.6. Support establishment of protection and monitoring systems with capacity to assess and address sexual and gender-based violence

1.6. Improve access to SGBV information, essential services and crisis support for vulnerable women and girls

1.7. Enhance national capacity to address SGBV in all settings including in humanitarian crises

1.8. Build the capacity of community-level structures and institutions to prevent and

1.1. Advocate for evidence-based information advancing the integration of demographic dividend strategic areas into policies and programmes;

1.2. Provide technical assistance for the generation, analysis and utilization of disaggregated data, at national and subnational levels, to monitor the SDGs;

1.3. Provide assistance for the conduct of the 2020 national census and sociodemographic surveys;

1.4. Support the collection, analysis and utilization of disaggregated data in humanitarian settings;

1.5. Support the generation and analysis of sexual and reproductive health and gender-based violence data;

1.6. Strengthen the capacity of security personnel to manage sexual and gender-based violence database systems.

⁹⁷ Within the "CP intervention areas", **bold** text indicates implemented activities that were not initially planned

Minimum Initial Service Package (MISP) for reproductive health.

respond to SGBV and other harmful practices especially in humanitarian crises

1.9 Provide lifesaving, multisector services for survivors of gender-based violence and the most at-risk women and girls

4. Evaluation Purpose, Objectives and Scope

4.1 Purpose

The CPE will serve three main purposes, as outlined in the 2019 UNFPA Evaluation Policy as follows: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; and (iii) contribute key lessons learned to the existing knowledge based on how to accelerate the implementation of the Programme of Action of the 1994 ICPD.

4.2 Objectives

The **objectives** of this CPE are:

- i. To provide the UNFPA Ghana CO, national stakeholders and rights-holders, the UNFPA WCARO, UNFPA Headquarters as well as a wider audience with an independent assessment of the UNFPA Ghana 7th CP (2018-2022).
- ii. To broaden the evidenced-base to inform the design of the next programme cycle.

The **specific objectives** of this CPE are:

- i. To provide an independent assessment of the relevance, effectiveness, efficiency and sustainability of UNFPA support.
- ii. To provide an assessment of the role played by the UNFPA Ghana CO in the coordination mechanisms of the UNCT, with a view to enhancing the United Nations collective contribution to national development results.
- iii. To draw key conclusions from past and current cooperation and provide a set of clear, forward-looking and actionable recommendations for the next programme cycle.

4.3 Scope

Geographic Scope

The evaluation will cover 10 regions and districts where UNFPA implemented interventions: Greater Accra, Western, Central, Volta, Eastern, Ashanti, Brong - Ahafo, Northern, Upper East, Upper West regions and 30 districts. (***)those marked with green not on list supplied on AGD districts)

Thematic Scope

The evaluation will cover the following thematic areas of the 7th CP: SRHR (Family Planning, Maternal Health); Adolescent Sexual and Reproductive Health; Gender equality and the empowerment of women and girls; Population and Development. In addition, the evaluation will cover cross-cutting issues, such as human rights; gender equality; disability; displacement and migration status, and transversal functions, such as coordination; monitoring and evaluation (M&E); innovation; resource mobilisation; strategic partnerships.

Temporal Scope

The evaluation will cover interventions planned and/or implemented within the period of the current CP: 2018-2021.

5. Evaluation Criteria and Preliminary Evaluation Questions

5.1. Evaluation Criteria

In accordance with the methodology for CPEs outlined in the UNFPA Evaluation Handbook (see section 3.2, pp. 51-61), the evaluation will examine the following four OECD/DAC evaluation criteria: relevance, effectiveness, efficiency and sustainability. It will also use the evaluation criterion of coordination to assess the extent to which the UNFPA Ghana CO harmonized interventions with other actors, promoted synergy and avoided duplication under the framework of the UNCT.

| | |
|-----------------------|--|
| Relevance | The extent to which the objectives of the UNFPA country programme correspond to population needs at country level (in particular, those of vulnerable groups), and were aligned throughout the programme period with government priorities and with strategies of UNFPA. |
| Effectiveness | The extent to which country programme outputs have been achieved and the extent to which these outputs have contributed to the achievement of the country programme outcomes. |
| Efficiency | The extent to which country programme outputs and outcomes have been achieved with the appropriate amount of resources (funds, expertise, time, administrative costs, etc.). |
| Sustainability | The continuation of benefits from a UNFPA-financed intervention after its termination, linked, in particular, to their continued resilience to risks. |
| Coordination | The extent to which UNFPA has been an active member of and contributor to existing coordination mechanisms of the UNCT. This also includes UNFPA membership of, and contributions to humanitarian coordination mechanisms of the HCT, where applicable. |

5.2 Preliminary Evaluation Questions

The evaluation of the CP will provide answers to the evaluation questions (related to the above criteria), which determine the thematic scope of the CPE.

The evaluation questions presented below are indicative and preliminary. Based on these questions, the evaluators are expected to develop a final set of evaluation questions, in consultation with the evaluation manager at the UNFPA Ghana CO and the ERG.

Relevance

1. To what extent is the country programme adapted to (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs.
2. To what extent have UNFPA programmes ensured a flexible and adaptive approach to ensure access to a continuum of comprehensive life-saving sexual and reproductive health and GBV prevention and protection services as part of the COVID-19 response and recovery efforts.

Effectiveness

3. To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of

all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

4. To what extent and in what ways has UNFPA been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity, and addressing GBV and harmful practices as part of the COVID-19 crises response and recovery efforts.

Efficiency

5. To what extent has UNFPA made good use of its human, financial and administrative resources, (including value for money and internal coordination mechanisms) and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?
6. To what extent was the country office able to adapt the level and allocation of its resources with a view to mitigating the consequences of the COVID 19 crisis?

Sustainability

7. To what extent has UNFPA been able to support implementing partners and beneficiaries (notably, women, adolescents and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?
8. To what extent has the country office successfully partnered (through different types of partnerships-civil society, including local NGOs, other United Nations agencies, academia, parliamentarians etc.) to ensure that UNFPA makes use of its comparative strengths in the achievement of the country programme outcomes across all the programmatic areas.

Coverage

9. To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalised groups (women and adolescents and youth with disabilities; etc)?

Coordination

10. To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT?

The final evaluation questions and the evaluation matrix will be presented in the design report.

6. Approach and Methodology

6.1 Evaluation Approach

Theory-based approach

The CPE will adopt a theory-based approach that relies on an explicit theory of change, which depicts how the interventions supported by the UNFPA Ghana CO are expected to contribute to a series of results (outputs and outcomes) that contribute to the overall goal of UNFPA. The theory of change also identifies the causal links between the results, as well as critical assumptions and contextual factors that support or hinder the achievement of desired changes. A theory-based approach is fundamental for generating insights about what works, what does not and why. It focuses on the analysis of causal links

between changes at different levels of the results chain that the theory of change describes, by exploring how the assumptions behind these causal links and contextual factors affect the achievement of intended results.

The theory of change will play a central role throughout the evaluation process, from the design and data collection to the analysis and identification of findings, as well as the articulation of conclusions and recommendations. The evaluation team will be required to verify the theory of change underpinning the UNFPA Ghana 7th CP (2018-2021) (see Annex A) and use this theory of change to determine whether changes at output and outcome levels occurred (or not) and whether assumptions about change hold. The analysis of the theory of change will serve as the basis for the evaluators to assess how relevant, effective, efficient and sustainable the support provided by the UNFPA Ghana CO was during the period of the 7th CP.

As part of the theory-based approach, the evaluators shall use a contribution analysis to explore whether evidence to support key assumptions exists, examine if the evidence on observed results confirms the chain of expected results in the theory of change, and seek out evidence on the influence that other factors may have had in achieving desired results. This will enable the evaluation team to make a reasonable case about the difference that the UNFPA Ghana 7th CP (2018-2022) made.

Participatory approach

The CPE will be based on an inclusive, transparent and participatory approach, involving a broad range of partners and stakeholders at national and sub-national levels. The UNFPA Ghana CO has developed an initial stakeholder map (see Annex B) to identify stakeholders who have been involved in the preparation and implementation of the CP, and those partners who do not work directly with UNFPA, yet play a key role in a relevant outcome or thematic area in the national context. These stakeholders include government representatives, civil society organisations, implementing partners, the private sector, academia, other United Nations organisations, donors and, most importantly, rights-holders (notably women, adolescents and youth). The stakeholders can provide information and data that the evaluators should use to assess the contribution of UNFPA support to changes in each thematic area of the CP. Particular attention will be paid to ensuring the participation of women, adolescent girls and young people, especially those from vulnerable and marginalized groups (e.g. young people and women with disabilities, etc.).

The Evaluation Manager in the UNFPA Ghana CO has established an ERG comprised of key stakeholders of the CP, including governmental and non-governmental counterparts at the national level, including CSOs, academia and the regional M&E adviser in UNFPA WCARO. The ERG will provide inputs at different stages in the evaluation process.

Mixed-method approach

The evaluation will primarily use qualitative methods for data collection, including document review, interviews, group discussions and observations during field visits, where appropriate. The qualitative data will be complemented with quantitative data to minimize bias and strengthen the validity of findings. Quantitative data will be compiled through a desk review of documents, websites and online databases to obtain relevant financial data and data on key indicators that measure change at output and outcome levels.

These complementary approaches described above will be used to ensure that the evaluation: (i) responds to the information needs of users and the intended use of the evaluation results; (ii) upholds human rights and principles throughout the evaluation process, including through participation and consultation of key stakeholders (rights holders and duty bearers); and (iii) provides credible information about the benefits for duty bearers and rights-holders (women, adolescents and youth) of UNFPA support through triangulation of collected data.

6.2 Methodology

The evaluation team shall develop the evaluation methodology in line with the evaluation approach and guidance provided in the UNFPA Evaluation Handbook. The Handbook will help the evaluators develop a methodology that meets good quality standards for evaluation at UNFPA and the professional evaluation standards of UNEG. It is expected that once contracted by the UNFPA Ghana CO, the evaluators acquire a solid knowledge of the Handbook and the proposed methodology of UNFPA.

The CPE will be conducted in accordance with the UNEG *Norms and Standards for Evaluation*,⁹⁸ *Ethical Guidelines for Evaluation*,⁹⁹ *Code of Conduct for Evaluation in the UN System*¹⁰⁰, and *Guidance on Integrating Human Rights and Gender Equality in Evaluations*.¹⁰¹ When contracted by the UNFPA Ghana CO, the evaluators will be requested to sign the UNEG *Code of Conduct* prior to starting their work.

The methodology that the evaluation team will develop builds the foundation for providing valid and evidence-based answers to the evaluation questions and for offering a robust and credible assessment of UNFPA support in Ghana. The methodological design of the evaluation shall include in particular: (i) a theory of change; (ii) a strategy for collecting and analyzing data; (iii) specifically designed tools for data collection and analysis; (iv) an evaluation matrix; and (v) a detailed evaluation work plan and agenda for the field phase.

The evaluation team is strongly encouraged to refer to the Handbook throughout the whole evaluation process and use the provided tools and templates for the conduct of the evaluation.

The evaluation matrix

The evaluation matrix is the centerpiece of the methodological design of the evaluation (see Handbook, section 1.3.1, pp. 30-31 and Tool 1: The Evaluation Matrix, pp. 138-160 as well as the evaluation matrix template in Annex C). The matrix contains the core elements of the evaluation. It outlines (i) *what will be evaluated*: evaluation questions for all evaluation criteria and key assumptions to be examined; and (ii) *how it will be evaluated*: data collection methods and tools and sources of information for each evaluation question and associated key assumptions. By linking each evaluation question (and associated assumptions) with the specific data sources and data collection methods required to answer the question, the evaluation matrix plays a crucial role before, during and after data collection.

In the design phase, the evaluators should use the evaluation matrix to develop a detailed agenda for data collection and analysis and to prepare the structure of interviews, group discussions and site visits. During the field phase, the evaluation matrix serves as a reference document to ensure that data is systematically collected (for each evaluation question) and is presented in an organized manner. At the end of the field phase, the matrix is useful to ensure that sufficient evidence has been collected to answer all evaluation questions or, on the contrary, to identify gaps that require additional data collection. In the reporting phase, the evaluators should use the data and information presented in the evaluation matrix to support their analysis (or findings) for each evaluation question.

As the evaluation matrix plays a crucial role at all stages of the evaluation process, it will require particular attention from both the evaluation team and the evaluation manager. The evaluation matrix will be drafted in the design phase and must be included in the design report. The evaluation matrix will also be included in the annexes of the final evaluation report, to enable users to access the supporting evidence for the answers to the evaluation questions.

⁹⁸ Document available at: <http://www.unevaluation.org/document/detail/1914>.

⁹⁹ Document available at: <http://www.unevaluation.org/document/detail/102>.

¹⁰⁰ Document available at: <http://www.unevaluation.org/document/detail/100>.

¹⁰¹ Document available at: <http://www.unevaluation.org/document/detail/980>.

Finalization of the evaluation questions and related assumptions

Based on the preliminary questions presented in the present terms of reference (section 5.2) and the theory of change underlying the CP (see Annex A), the evaluators are required to refine the evaluation questions. In their final form, the questions should reflect the evaluation criteria (section 5.1) and clearly define the key areas of inquiry of the CPE. The final evaluation questions will structure the evaluation matrix (see Annex C) and shall be presented in the design report.

The evaluation questions must be complemented by a set of critical assumptions that capture key aspects of how and why change is expected to occur, based on the theory of change of the CP. This will allow the evaluators to assess whether the preconditions for the achievement of outputs and the contribution of UNFPA to higher-level results, in particular at the outcome level, are met. The data collection for each of the evaluation questions and related assumptions will be guided by clearly formulated quantitative and qualitative indicators, which need to be specified in the evaluation matrix.

Sampling Strategy

The UNFPA Ghana CO will provide an initial overview of the interventions supported by UNFPA, the locations where these interventions have taken place, and the stakeholders involved in these interventions. As part of this process, the UNFPA Ghana CO has produced an initial stakeholder map to identify the range of stakeholders that are directly or indirectly involved in the implementation or affected by the implementation of the CP (see Annex B).

Building on the initial stakeholder map and based on information gathered through desk review and discussions with CO staff, the evaluators will develop the final stakeholder map. From this final stakeholder map, the evaluation team will select a sample of stakeholders at national and sub-national levels who will be consulted through interviews and/or group discussions, either in person or remotely as may be appropriate and feasible according to the COVID-19 epidemic context during the data collection phase. These stakeholders must be selected through clearly defined criteria and the sampling approach outlined in the design report (for guidance on how to select a sample of stakeholders see Handbook, pp. 62-63). In the design report, the evaluators should also make explicit what groups of stakeholders were not included and why. The evaluators should aim to select a sample of stakeholders that is as representative as possible, recognising that it will not be possible to obtain a statistically representative sample.

The evaluation team shall also select a sample of sites that will be visited for data collection (taking into consideration the potential limitations imposed by the COVID19 Pandemic at the time of the data collection), and provide the rationale for the selection of the sites in the design report. The UNFPA Ghana CO will provide the evaluators with the necessary information to access the selected locations, including logistical requirements and security measures, if applicable. The sample of sites selected for visits should reflect the variety of interventions supported by UNFPA, both in terms of thematic focus and context.

The final sample of stakeholders and sites will be determined in consultation with the evaluation manager, based on the review of the design report.

Data Collection

The evaluation will consider primary and secondary sources of information. For detailed guidance on the different data collection methods typically employed in CPEs, see Handbook, section 3.4.2, pp. 65-73.

Primary data will be collected through semi-structured interviews with key informants at national and sub-national levels (government officials, representatives of implementing partners, civil society organisations, other United Nations organisations, donors, and other stakeholders), as well as group discussions with service providers and rights-holders (notably women, adolescents and youth) and direct observation during visits to selected sites, either in person or remotely as may be appropriate and feasible according to the COVID-19 pandemic context. Depending on COVID-19 situation in Ghana at the time of data collection, strong emphasis may be placed on the use of secondary data. Secondary data will be collected through desk review, primarily focusing on annual work plans, work plan progress reports, monitoring data and results reports, evaluations and research studies (incl. previous CPEs, mid-term reviews of the CP, evaluations by the UNFPA Evaluation Office, research by international NGOs and other United Nations organisations, etc.), housing census and population data, and records and data repositories of the CP and its implementing partners, such as health clinics/centres. Particular attention will be paid to compiling data on key performance indicators of the UNFPA Ghana CO during the period of the 7th CP (2018-2022).

The evaluation team will ensure that data collected is disaggregated by sex, age, location and other relevant dimensions, such as disability status, to the extent possible.

The evaluation team is expected to dedicate a total of two weeks for data collection, either remotely or through field missions, according to COVID-19 situation. The data collection tools that the evaluation team will develop, which may include protocols for semi-structured interviews and group discussions, checklists for direct observation at sites visited or a protocol for document review, shall be presented in the design report.

Data Analysis

The evaluation matrix will be the major framework for analyzing data. The evaluators must enter the qualitative and quantitative data in the evaluation matrix for each evaluation question and each assumption. Once the evaluation matrix is completed, the evaluators should identify common themes and patterns that will help to answer the evaluation questions. The evaluators shall also identify aspects that should be further explored and for which complementary data should be collected, to fully answer all the evaluation questions and thus cover the whole scope of the evaluation (see Handbook, sections 5.1 and 5.2, pp. 115-117).

Validation mechanisms

All findings of the evaluation need to be firmly grounded in evidence. The evaluation team will use a variety of mechanisms to ensure the validity of collected data and information (for more detailed guidance see Handbook, section 3.4.3, pp. 74-77). These mechanisms include (but are not limited to):

- Systematic triangulation of data sources and data collection methods (see Handbook, section 4.2, pp. 94-95);
- Regular exchange with the evaluation manager at the CO;
- Internal evaluation team meetings to corroborate data and information for the analysis of assumptions, the formulation of emerging findings and the definition of preliminary conclusions; and
- The debriefing meeting with the CO and the ERG at the end of the field phase, when the evaluation team present the emerging findings and preliminary conclusions.

Data validation is a continuous process throughout the different evaluation phases. The evaluators should check the validity of the collected data and information and verify the robustness of findings at each stage of the evaluation, so they can determine whether they should further pursue specific

hypotheses (related to the evaluation questions) or disregard them when there are indications that these are weak (contradictory findings or lack of evidence, etc.). The validation mechanisms will be presented in the design report.

Adaptation of the methodology to COVID 19

Ghana, like most countries in the world, has been coping with the effects of COVID-19. The first two cases were reported in March 2020, and cases have climbed steadily since then to over 91,000 in April 2020. The Government rapidly put measures in place to curb the spread of the virus. They have included closure of schools, ban on public gatherings, restrictions in major cities of Accra and Kumasi, closure of national borders, and the introduction of Executive Instruments that made social distancing, handwashing use of alcohol-based hand sanitizers, and wearing of face masks mandatory in public places.

Based on the afore-mentioned scenario, the likelihood of the Government instituting measures, including restrictions in movements, limitation of gatherings and other pandemic control measures could continue. The methodology of the evaluation must thus be adapted to the context.

The inception report will have to include a section detailing adaptations and a description on how a remote document review will be conducted, as well as remote interviews and group discussions when necessary. The UNFPA principles on adapting evaluations to the COVID-19 pandemic should be followed¹⁰². Additional resources on adapting the evaluation methodology during the COVID-19 pandemic can be found at betterevaluation.org (see bibliography, section 14). The inception report will also include a mitigation plan of COVID-19-related risks, and a clear analysis of pros and cons of the methodological approach selected based on feasibility and risks associated to COVID-19. It is expected that a realistic, flexible approach is chosen, combining remote approaches and limited, targeted field missions when feasible. The evaluation team leader will assign tasks and deliverables to each team member of the evaluation based on these principles, and in consultation with the evaluation manager.

7. Evaluation Process

The CPE process can be broken down into five different phases that include different stages and lead to different deliverables: preparatory phase; design phase; field phase; reporting phase; and phase of dissemination and facilitation of use. The evaluation manager and the evaluation team leader must undertake quality assurance of each deliverable at each phase and step of the process, to ensure the production of a credible, useful and timely evaluation.

Preparatory Phase (Handbook, pp.35-40)

The evaluation manager at the UNFPA Ghana CO will lead the preparatory phase of the CPE, which includes:

- Establishment of the ERG.
- Compilation of background information and documentation on the country context and CP for desk review by the evaluation team in the design phase.
- Drafting the terms of reference (ToR) for the CPE with support from the regional M&E adviser in UNFPA WCARO and consultation with the ERG, and submission of the draft ToR to the UNFPA Evaluation Office for review and approval.

¹⁰² https://www.unfpa.org/sites/default/files/admin-resource/FINAL_Covid19_and_Eval.pdf and https://www.unfpa.org/sites/default/files/admin-resource/Adapting_evaluation_questions_to_COVID-19_final.pdf

- Publication of the call for the evaluation consultancy.
- Completion of the annexes to the ToR with support from the regional M&E adviser in UNFPA WCARO and CO staff
- Pre-selection of consultants by the CO, pre-qualification of the consultants by the UNFPA Evaluation Office, and recruitment of the consultants by the CO to constitute the evaluation team.

Design Phase (Handbook, pp. 43-83)

In the design phase, the evaluation manager will lay the foundation for communications around the CPE. All other activities will be carried out by the evaluation team, in close consultation with the evaluation manager and the ERG. This phase includes:

- Evaluation kick-off meeting between the evaluation manager and the evaluation team, with the participation of the regional M&E adviser.
- Development of an initial communication plan (see Template 16 in the Handbook, p. 279) by the evaluation manager, in consultation with the communication officer in the UNFPA Ghana CO to support the dissemination and facilitation of the use of the evaluation results. The initial communication plan will be updated during each phase of the evaluation, as appropriate, and finalized for implementation during the dissemination and facilitation of the use phase.
- Desk review of background information and documentation on the country context and CP, as well as other relevant documentation.
- Review and refinement of the theory of change underlying the CP (see Annex A).
- Formulation of a final set of evaluation questions based on the preliminary evaluation questions provided in the ToR.
- Development of a final stakeholder map and a sampling strategy to select sites to be visited and stakeholders to be consulted in Ghana through interviews and group discussions.
- Development of a data collection and analysis strategy, as well as concrete and feasible evaluation work plan and agenda for the field phase (see Handbook, section 3.5.3, p. 80).
- Development of data collection methods and tools, assessment of limitations to data collection and development of mitigation measures (including those related to COVID-19).
- Development of the evaluation matrix (evaluation criteria, evaluation questions, related assumptions, indicators, data collection methods and sources of information).

At the end of the design phase, the evaluation team will develop a **design report** that presents a robust, practical and feasible evaluation approach, detailed methodology and work plan. The evaluation team will develop the design report in consultation with the evaluation manager and the ERG and submit it to the regional M&E adviser in UNFPA WCARO for review. The template for the design report is provided in Annex E.

Field Phase (Handbook, pp. 87 -111)

The evaluation team will undertake a desk review and analysis of provided documents to collect the data required to answer the evaluation questions. The evaluation team will conduct a preliminary analysis of the data to identify emerging findings and conclusions to be validated with the CO and the ERG. The evaluators will be expected to apply innovative approaches to allow sufficient time to collect

valid and reliable data to cover the thematic scope of the CPE. A period of two weeks is recommended, however, the Evaluation Manager will determine the optimal duration of the field mission in consultation with the evaluation team during the design phase be determined by the methodology.

The field phase includes:

- Online Meetings with the UNFPA Ghana CO staff to launch the data collection
- Online meeting of evaluation team members with relevant programme officers at the UNFPA Ghana office
- Data collection at national and sub-national levels to be done virtually as much as possible.

At the end of the field phase, the evaluation team will hold a **debriefing meeting with the CO and the ERG** to present the emerging findings from the data collection. The meeting will serve as a mechanism for the validation of collected data and information and the exchange of views between the evaluators and important stakeholders and will enable the evaluation team to refine the findings, formulate conclusions and develop credible and relevant recommendations.

Reporting Phase (Handbook, pp.115 -121)

In the reporting phase, the evaluation team will continue the analytical work (initiated during the field phase) and prepare a **draft evaluation report**, taking into account the comments and feedback provided by the CO and the ERG at the debriefing meeting at the end of the field phase.

Prior to the submission of the draft report to the evaluation manager, the evaluation team must ensure that it underwent an internal quality control against the criteria outlined in the Evaluation Quality Assessment (EQA) grid (see Annex F). The evaluation manager and the regional M&E adviser in UNFPA WCARO will subsequently prepare an EQA of the draft evaluation report, using the EQA grid. If the quality of the report is satisfactory (in form and substance), the draft report will be circulated to the ERG members for review. If the quality of the draft report is unsatisfactory, the evaluation team will be required to revise the report and produce a second draft.

The evaluation manager will collect and consolidate the written comments and feedback provided by the members of the ERG. Based on the comments, the evaluation team should make appropriate amendments, prepare the **final evaluation report** and submit it to the evaluation manager. The final report should account for the strength of evidence on which findings rest to support the reliability and validity of the evaluation. Conclusions and recommendations need to build on the findings of the evaluation. Each conclusion shall refer to the evaluation question(s) upon which it is based, while each recommendation shall indicate the conclusion(s) from which it logically stems.

The evaluation report is considered final once it is formally approved by the evaluation manager in the UNFPA Ghana CO. At the end of the reporting phase, the evaluation manager and the regional M&E adviser will jointly prepare an internal EQA of the final evaluation report. The Evaluation Office will subsequently conduct the final EQA of the report, which will be made publicly available.

Dissemination and Facilitation of Use Phase (Handbook, pp.131 -133)

In the dissemination and facilitation of use phase, the evaluation team will develop a **PowerPoint presentation of the evaluation results** that summarize the key findings, conclusions and recommendations of the evaluation in an easily understandable and user-friendly way.

The evaluation manager will finalize the **communication plan** together with the communication officer in the UNFPA Ghana CO. Overall, the communication plan should include information on (i) target audiences of the evaluation; (ii) communication products that will be developed to cater to the target audiences' knowledge needs; (iii) dissemination channels and platforms; and (iv) timelines. At a minimum, the final evaluation report will be accompanied by a PowerPoint presentation of the

evaluation results (prepared by the evaluation team) and an evaluation brief (prepared by the evaluation manager).

Based on the final communication plan, the evaluation manager will share the evaluation results with the CO staff (incl. senior management), implementing partners, WCARO, the ERG and other target audiences, as identified in the communication plan. While circulating the final evaluation report to relevant units in the CO, the evaluation manager will also ensure that these units prepare their response to recommendations that concern them directly. The evaluation manager will subsequently consolidate all responses in a final **management response** document. In the last step, The UNFPA Ghana CO will submit the management response to the UNFPA Policy and Strategy Division in HQ.

The evaluation manager, in collaboration with the communication officer in the UNFPA Ghana CO, will also develop an **evaluation brief**. This concise note will present the key results of the CPE, thereby making them more accessible to a larger audience (see sections 8 and 10 below).

The final evaluation report, along with the management response and the independent EQA of the final report will be included in the UNFPA evaluation database.¹⁰³ The final evaluation report will also be circulated to the UNFPA Executive Board.

Finally, the final evaluation report, the evaluation brief and the management response will be published on the UNFPA Ghana CO website.

8. Expected Deliverables

The evaluation team is expected to produce the following deliverables:

- **Design Report:** The design report should translate the requirements of the ToR into a practical and feasible evaluation approach, methodology and work plan. It should include (at a minimum): (i) the evaluation approach and methodology (incl. the theory of change and sampling strategy); (ii) the final stakeholder map; (iii) the evaluation matrix (incl. the final evaluation questions, indicators, data sources and data collection methods); (iv) data collection tools and techniques (incl. interview and group discussion protocols); (v) outline of limitations and adaptations to the COVID-19 context (vi) a detailed evaluation work plan and agenda for the field phase. For guidance on the outline of the design report, see Annex E.
- **PowerPoint Presentation of the Design Report:** The PowerPoint will be delivered at an ERG meeting to present the contents of the design report and the agenda for the field phase. Based on the comments and feedback of the ERG, the evaluation manager and the regional M&E adviser, the evaluation team will develop the final version of the design report.
- **PowerPoint Presentation for debriefing Meeting with the CO and the ERG:** The presentation provides an overview of key emerging findings of the evaluation at the end of the field phase. It will serve as the basis for the exchange of views between the evaluation team, UNFPA Ghana CO staff (incl. senior management) and the members of the ERG who will thus have the opportunity to provide complementary information and/or rectify the inaccurate interpretation of data and information collected.
- **Draft Evaluation Report:** The draft evaluation report will present findings, conclusions and recommendations, based on the evidence that data collection yielded. It will undergo review by

¹⁰³ The UNFPA evaluation database can be accessed at the following link:
<https://web2.unfpa.org/public/about/oversight/evaluations/documentList.unfpa>.

the evaluation manager, the CO, the ERG and the regional M&E adviser. Based on the comments and feedback provided by these stakeholders, the evaluation team will develop a final evaluation report.

- **Final Evaluation Report:** The final evaluation report (*maximum 70 pages, excluding annexes*) will present the findings and conclusions, as well as a set of practical and actionable recommendations to inform the next programme cycle. For guidance on the outline of the final evaluation report, see Annex G.
- **PowerPoint Presentation of the Evaluation Results.** The presentation will provide a clear overview of the key findings, conclusions and recommendations to be used for the dissemination of the final evaluation report.

Based on these deliverables, the Evaluation Manager, in collaboration with the communication officer in the UNFPA Ghana CO will develop an:

- **Evaluation Brief:** The evaluation brief will consist of a short and concise document that provides an overview of the key evaluation results in an easily understandable and visually appealing manner, to promote use among decision-makers and other stakeholders. The structure, content and layout of the evaluation brief should be similar to the briefs that the UNFPA Evaluation Office produces for centralized evaluations.

All the deliverables will be developed in the English language.

9. Quality Assurance and Assessment

The UNFPA Evaluation Quality Assurance and Assessment (EQAA) system aims to ensure the production of good quality evaluations at central and decentralized levels through two processes: quality assurance and quality assessment. Quality assurance occurs throughout the evaluation process, starting with the ToR of the evaluation and ending with the final evaluation report. Quality assessment takes place following the completion of the evaluation process and is limited to the final evaluation report to assess compliance with a certain number of criteria. The quality assessment will be conducted by the independent UNFPA Evaluation Office.

The EQAA of this CPE will be undertaken in accordance with the guidance and tools that the independent UNFPA Evaluation Office developed (see <https://www.unfpa.org/admin-resource/evaluation-quality-assurance-and-assessment-tools-and-guidance>). An essential component of the EQAA system is the EQA grid (see Handbook, pp. 268-276 and Annex F), which defines a set of criteria against which the draft and final evaluation report are assessed to ensure clarity of reporting, methodological robustness, the rigor of the analysis, credibility of findings, the impartiality of conclusions and usefulness of recommendations.

The evaluation manager is primarily responsible for the quality assurance of the deliverables of the evaluation at each phase of the evaluation process. However, the evaluation team leader also plays an important role in undertaking quality assurance. The evaluation team leader must ensure that all members of the evaluation team provide high-quality contributions (both form and substance) and, in particular, that the draft and final evaluation reports comply with the quality assessment criteria outlined in the EQA grid (Annex F)¹⁰⁴ before submission to the evaluation manager for review. The evaluation

¹⁰⁴ The evaluators are invited to look at good quality CPE reports that can be found in the UNFPA evaluation database, which is available at: <https://web2.unfpa.org/public/about/oversight/evaluations/>. These reports must be read in conjunction with their EQAs (also available in the database) in order to gain a clear idea of the quality standards that UNFPA expects the evaluation team to meet.

quality assessment checklist below outlines the main quality criteria that the draft and final version of the evaluation report must meet.

| |
|--|
| <p>1. Structure and Clarity of the Report</p> <p>Ensure the report is clear, user-friendly, comprehensive, logically structured and drafted in accordance with standards and practices of international organisations, including the editorial guidelines of the UNFPA Evaluation Office (see Annex I).</p> |
| <p>2. Executive Summary</p> <p>Provide an overview of the evaluation, written as a stand-alone section, including the following key elements of the evaluation: Purpose of the evaluation and target audiences; objectives of the evaluation and brief description of the country programme; methodology; main conclusions; and recommendations.</p> |
| <p>3. Design and Methodology</p> <p>Provide a clear explanation of the methods and tools used, including the rationale for the methodological approach and the appropriateness of the methods selected to capture the voices/perspectives of a range of stakeholders, including vulnerable and marginalized groups. Ensure constraints and limitations are made explicit (incl. limitations applying to interpretations and extrapolations in the analysis; robustness of data sources, etc.)</p> |
| <p>4. Reliability of Data</p> <p>Ensure sources of data are clearly stated for both primary and secondary data. Provide explanation on the credibility of primary (e.g. interviews and group discussions) and secondary (e.g. documents) data collected and make limitations explicit.</p> |
| <p>5. Analysis and Findings</p> <p>Ensure sound analysis and credible, evidence-based findings. Ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause-and-effect links between an intervention and its end results (incl. unintended results) are explained.</p> |
| <p>6. Validity of Conclusions</p> <p>Ensure conclusions are based on credible findings and convey the evaluators' unbiased judgment of the intervention. Ensure conclusions are presented in order of priority; divided into strategic and programmatic conclusions (for guidance, see Handbook, p. 238); briefly summarized in a box that precedes a more detailed explanation; and for each conclusion its origin (on which evaluation question(s) the conclusion is based) is indicated.</p> |
| <p>7. Usefulness and Clarity of Recommendations</p> <p>Ensure recommendations flow logically from conclusions, are realistic and operationally feasible. Ensure recommendations are presented in order of priority; divided into strategic and programmatic recommendations (as done for conclusions); briefly summarized in a box that precedes a more detailed explanation of the main elements of the recommendation and how it could be implemented effectively. For each recommendation, indicate a priority level (high/moderate/low), a target (administrative unit(s) to which the recommendation is addressed), and its origin (which conclusion(s) the recommendation is based on).</p> |
| <p>8. United Nations System-wide Action Plan (SWAP) Evaluation Performance Indicator – Gender Equality</p> <p>Ensure the evaluation approach is aligned with the United Nations SWAP on Gender Equality and the Empowerment of Women¹⁰⁵ and UNEG guidance on integrating human rights and gender perspectives in evaluation.¹⁰⁶</p> |

¹⁰⁵ Guidance on the SWAP Evaluation Performance Indicator and its application to evaluation is available at: <http://www.unevaluation.org/document/detail/1452>.

¹⁰⁶ The UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations is available at <http://www.uneval.org/document/detail/980>.

Using the grid in Annex F, the EQAA process for this CPE will be multi-layered and will involve: (i) the evaluation team leader (and each evaluation team member); (ii) the evaluation manager in the UNFPA Ghana CO, (iii) the regional M&E adviser in UNFPA WCARO, and (iv) the UNFPA Evaluation Office, whose roles and responsibilities are described in section 11.

10. Indicative Timeframe and Work Plan

The table below indicates all the activities that will be undertaken throughout the evaluation process, as well as their duration or specific dates for the submission of corresponding deliverables. It also indicates all relevant guidance (tools and templates) that can be found in the UNFPA Evaluation Handbook.

Nota Bene: Column “Deliverables”: In italics: The deliverables are the responsibility of the CO/evaluation manager; **in bold:** The deliverables are the responsibility of the evaluation team.

| Evaluation Phases and Activities ¹⁰⁷ | Deliverables | Dates/Duration | Handbook/CPE Management Kit |
|---|--|----------------------|---|
| Preparatory Phase | | | |
| Preparation of letter for Government and other key stakeholders to inform them about the upcoming CPE | <i>Letter from the UNFPA Country Representative</i> | 04 March 2021 | |
| Establishment of the evaluation reference group (ERG) | | <i>12 March 2021</i> | Template 14: Letter of Invitation to Participate in a Reference Group, p. 277 |
| Compilation of background information and documentation on the country context and the CP for desk review by the evaluation team | <i>Creation of a Google Drive folder containing all relevant documents on country context and CP</i> | <i>04 March 2021</i> | Tool 8: Checklist for the Documents to be Provided by the Evaluation Manager to the Evaluation Team, pp. 179-183 CPE Management Kit: Document Repository Checklist |
| Development of a first stakeholder map | <i>Stakeholder map</i> | <i>04 March 2021</i> | Tool 4: The Stakeholders Mapping Table p.166-167 Template 4: The Stakeholders Map p.255 |
| Drafting the terms of reference (ToR) based on the ready-to-use ToR (R2U ToR) template (in consultation with the regional M&E adviser and with input from the ERG) | <i>Draft ToR</i> | <i>15 March 2021</i> | CPE Management Kit: Evaluation Office Ready-to-Use ToR (R2U ToR) Template |
| Review and approval of the TOR by the UNFPA Evaluation Office | <i>Final ToR</i> | <i>19 April 2021</i> | |

¹⁰⁷ The activities of the different evaluation phases noted in this table do not necessarily follow the presentation of activities in the UNFPA Evaluation Handbook because they are ordered chronologically and include some additional activities, based on best practices within UNFPA.

| | | | |
|--|---|---------------|--|
| Publication of the call for evaluation consultancy | | 23 April 2021 | CPE Management Kit: Call for Evaluation Consultancy Template |
| Completion of the annexes to the ToR (in consultation with the regional M&E adviser and with input from CO staff) | <i>Draft ToR annexes</i> | 28 April 2021 | <p>Template 4: The Stakeholders Map, p. 255</p> <p>Tool 4: The Stakeholders Mapping Table, p. 166-167</p> <p>Template 3: List of Atlas Projects by Country Programme Output and Strategic Plan Outcome, pp. 253-254</p> <p>Tool 3: List of UNFPA Interventions by Country Programme Output and Strategic Plan Outcome, pp. 164-165</p> <p>Template 15: Work Plan, p. 278</p> |
| Pre-selection of consultants by the CO | <i>Consultant pre-selection scorecard</i> | 07 May 2021 | <p>CPE Management Kit: Pre-qualified CPE Consultants Directory</p> <p>CPE Management Kit: Consultant Pre-selection Scorecard</p> |
| Review and approval of the annexes to the ToR by the UNFPA Evaluation Office | <i>Final ToR annexes</i> | 13 May 2021 | |
| Pre-qualification of consultants by the UNFPA Evaluation Office | | 22 May 2021 | |
| Recruitment of the evaluation team by the CO | | 26 May 2021 | |
| Design Phase | | | |
| Evaluation kick-off meeting between the evaluation manager, the evaluation team and the regional M&E adviser | | 04 June 2021 | |
| Development of an initial communication plan by the evaluation manager (in consultation with the communication officer in the CO) | <i>Initial communication plan</i> | 27 May 2021 | Template 16: Communication Plan for Sharing Evaluation Results, p. 279 |

| | | | |
|---|----------------------------|------------------------|---|
| | | | CPE Management Kit: Strategic Communication on CPEs |
| Desk review of background information and documentation on the country context and the CP (incl. bibliography and resources in the ToR) | | <i>06-16 June 2021</i> | |
| Drafting of the design report (incl. approach and methodology, theory of change, evaluation questions, duly completed evaluation matrix, final stakeholder map and sampling strategy, evaluation work plan and agenda for the field phase) | Draft design report | <i>17-21 June 2021</i> | <p>Template 8: The Design Report for CPE, pp. 259-261</p> <p>Tool 5: The Evaluation Questions Selection Matrix, pp. 168-169</p> <p>Tool 1: The Evaluation Matrix, pp. 138-160</p> <p>Template 5: The Evaluation Matrix, pp. 256</p> <p>Template 15: Work Plan, p. 278</p> <p>Tool 10: Guiding Principles to Develop Interview Guides, pp. 185-187</p> <p>Tool 11: Checklist for Sequencing Interviews, p. 188</p> <p>Template 7: Interview Logbook, p. 258</p> <p>Tool 9: Checklist of Issues to be Considered When Drafting the Agenda for Interviews, pp. 183-187</p> <p>Template 6: The CPE Agenda, p. 257</p> |

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|---|---|------------------------|--|
| | | | <p>Tool 6: The CPE Agenda, pp. 170-176</p> <p>CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable)</p> |
| Review of the draft design report by the evaluation manager and the regional M&E adviser | <i>Consolidated feedback provided by evaluation manager to evaluation team leader</i> | <i>23-26 June 2021</i> | |
| Presentation of the draft design report to the ERG for comments and feedback | PowerPoint presentation of the draft design report | <i>28-30 June 2021</i> | |
| Revision of the draft design report and circulation of the final version to the evaluation manager for approval | Final design report | <i>01 July 2021</i> | |
| Update of the communication plan by the evaluation manager, in particular target audiences and timelines (based on the final stakeholder map and the evaluation work plan presented in the approved design report) | <i>Updated communication plan</i> | <i>29 June 2021</i> | <p>Template 16: Communication Plan for Sharing Evaluation Results, p. 279</p> <p>CPE Management Kit: Strategic Communication on CPEs</p> |
| Field Phase | | | |
| Inception meeting for data collection with CO staff | <i>Meeting between evaluation team/CO staff</i> | <i>30 June 2021</i> | Tool 7: Field Phase Preparatory Tasks Checklist, pp. 177-183 |
| Individual meetings with relevant CO programme officers | <i>Meeting of evaluators/CO programme officers</i> | <i>01-02 July 2021</i> | |
| Data collection (incl. interviews with key informants, site visits for direct observation, group discussions, desk review, etc.) | Entering data/information into the evaluation matrix | <i>04-17 July 2021</i> | <p>Tool 12: How to Conduct Interviews: Interview Logbook and Practical Tips, pp. 189-202</p> <p>Tool 13: How to Conduct a Focus Group: Practical Tips, pp. 203-205</p> <p>Template 9: Note of the Results of the Focus Group, p. 262</p> |

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|---|---|-------------------|---|
| | | | CPE Management Kit: Compilation of Resources for Remote Data Collection (if applicable) |
| Debriefing meeting with CO staff and the ERG to present emerging findings and preliminary conclusions after data collection | PowerPoint presentation for debriefing with the CO and the ERG | 19 July 2021 | |
| Update of the communication plan by the evaluation manager (as required) | <i>Updated communication plan</i> | 16 July 2021 | Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Strategic Communication on CPEs |
| Reporting Phase | | | |
| Drafting of the evaluation report and circulation to the evaluation manager | Draft evaluation report | 20-28 July 2021 | Template 10: The Structure of the Final Report, pp. 253-264 Template 11: Abstract of the Evaluation Report, p. 265 Template 18: Basic Graphs and Tables in Excel, p. 288 |
| Review of the draft evaluation report by the evaluation manager, the ERG and the regional M&E adviser Joint development of the EQA of the draft evaluation report by the evaluation manager and the regional M&E adviser | <i>Consolidated feedback provided by evaluation manager to evaluation team leader</i> <i>EQA of the draft evaluation report (by the evaluation manager and the regional M&E adviser)</i> | 28-31 July 2021 | Template 13: Evaluation Quality Assessment Grid and Explanatory Note, pp. 269-276 Tool 14: Summary Checklist for a Human Rights and Gender Equality Evaluation Process, pp. 206-207 Tool 15: United Nations SWAP Individual Evaluation Performance Indicator Scorecard, pp. 208-209 |
| Drafting of the final evaluation report (incl. annexes) and submission of the final evaluation report to the Evaluation Manager | Final evaluation report (incl. annexes) | 02-14 August 2021 | |
| | | | |

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|---|--|-------------------|---|
| Submission of the final evaluation report to the Evaluation Office | | 19 August 2021 | |
| Preparation of the independent EQA of the final evaluation report by the UNFPA Evaluation Office | <i>Independent EQA of the final evaluation report (by the UNFPA Evaluation Office)</i> | 19-28 August 2021 | |
| Update of the communication plan by the evaluation manager (as required) | <i>Updated communication plan</i> | 16 July 2021 | Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Guidance on Strategic Communication for a CPE |
| Dissemination and Facilitation of Use | | | |
| Preparation of Management Response by the CO and submission to the Policy and Strategy Division | Management response | 16-17 August 2021 | Template 12: management Response pp 266-267 |
| Finalization of the communication plan and preparation for its implementation by the evaluation manager, with support from the communication officer in the CO | <i>Final communication plan</i> | 30 August 2021 | Template 16: Communication Plan for Sharing Evaluation Results, p. 279 CPE Management Kit: Strategic communication on CPEs |
| Development of the presentation on the evaluation results | PowerPoint presentation of the evaluation results | 31 August 2021 | Example of PowerPoint presentation (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/FINAL_MTE_Supplies_PP_T_Long_version.pdf |
| Development of the evaluation brief by the evaluation manager, with support from the communication officer in the CO | <i>Evaluation brief</i> | 24-30 August 2021 | Example of evaluation brief (for a centralized evaluation undertaken by the UNFPA Evaluation Office): https://www.unfpa.org/sites/default/files/admin-resource/UNFPA_MTE_Supplies_Brief_FINAL.pdf |
| Announcement of CPE completion in M&E Net Community | <i>Blog post on the M&E Net Community</i> | September 2021 | CPE Management Kit: Guidance on How to Blog on The CPE Process |

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|--|---|-------------------|---|
| Publication of the final evaluation report, the independent EQA and the management response in the UNFPA evaluation database by the Evaluation Office | | September 2021 | |
| Publication of the final evaluation report, the evaluation brief and the management response on the CO website | | September 2021 | |
| Dissemination of the evaluation report and the evaluation brief to stakeholders by the evaluation manager | <i>Including: Communication via email; stakeholders meeting; workshops with implementing partners, etc.</i> | 30 September 2021 | CPE Management Kit: Strategic Communication on CPEs |

Once the evaluation team leader has been recruited, s/he will develop a detailed **evaluation work plan** (see Annex I) in close consultation with the evaluation manager.

11. Management of the Evaluation

The **Evaluation Manager** in the UNFPA Ghana CO will be responsible for the management of the evaluation and supervision of the evaluation team in line with the UNFPA Evaluation Handbook. The evaluation manager will oversee the entire process of the evaluation, from the preparation to the facilitation of the use and the dissemination of the evaluation results. S/he will also coordinate the exchanges between the evaluation team and the ERG. It is the responsibility of the evaluation manager to ensure the quality, independence and impartiality of the evaluation in line with the UNEG norms and standards and ethical guidelines for evaluation. The evaluation manager has the following key responsibilities:

- Establish the ERG.
- Compile background information and documentation on both the country context and the UNFPA CP and file them in a Google Drive to be shared with the evaluation team upon recruitment.
- Prepare the ToR (incl. annexes) for the evaluation, with support from the regional M&E adviser, and submit the ToR and annexes to the Evaluation Office for review and approval.
- Chair the ERG, convene meetings with the evaluation team and manage the interaction between the evaluation team and the ERG.
- Launch and lead the selection process for the team of evaluators in consultation with the regional M&E adviser.
- Identify potential candidates to conduct the evaluation, complete the Consultant Pre-selection Scorecard to assess their respective qualifications, and propose a final selection of evaluators with support from the regional M&E adviser, to be submitted to the UNFPA Evaluation Office for pre-qualification.
- Share the annexes of the ToR with the final selected evaluators and hold an evaluation kick-off meeting with the evaluation team and the regional M&E adviser.

- Provide evaluators with logistical support for data collection (site visits, interviews, group discussions, etc.).
- Prevent any attempts to compromise the independence of the evaluation team throughout the evaluation process.
- Perform the quality assurance of all the deliverables submitted by the evaluators throughout the evaluation process; notably the design report (focusing on the final evaluation questions, the theory of change, sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection), as well as the draft and final evaluation report.
- Coordinate feedback and comments of the ERG on the evaluation deliverables and ensure that feedback and comments of the ERG are adequately addressed.
- Conduct quality assurance of the draft evaluation report in collaboration with the regional M&E adviser, in line with the EQA grid and its explanatory note.
- Develop an initial communication plan (in coordination with the CO communication officer) and update it throughout the evaluation process, as required, to guide the dissemination and facilitation of use of the evaluation results.
- Lead and participate in the preparation of the management response.
- Submit the final evaluation report, EQA and management response to the regional M&E adviser, the Evaluation Office and the Policy and Strategy Division at UNFPA headquarters.

At all stages of the evaluation process, the evaluation manager will require support from staff of the UNFPA Ghana CO. Specifically, the responsibilities of the **country office staff** are:

- Contribute to the preparation of the ToR, specifically, the initial stakeholder map, the list of Atlas projects and the compilation of background information and documentation on the context and the CP, and provide input to the evaluation questions.
- Make time for meetings with/interviews by the evaluation team.
- Provide support to the evaluation manager in making logistical arrangements for site visits and setting up interviews and group discussions with stakeholders at national and sub-national levels.
- Provide input to the management response.
- Contribute to the dissemination of the evaluation results.

The progress of the evaluation will be followed closely by the **Evaluation Reference Group (ERG)**, which is composed of relevant UNFPA staff from the Ghana CO, WCARO, representatives of the national Government of Ghana], implementing partners, as well as other relevant key stakeholders, including organisations representing vulnerable and marginalized groups (e.g. persons with disabilities, etc.) (see Handbook, section 2.3, p.37). The ERG will serve as a body to ensure the relevance, quality and credibility of the evaluation. It will provide inputs on key milestones in the evaluation process, facilitate the evaluation team's access to sources of information and key informants and undertake quality assurance of the evaluation deliverables from a technical perspective. The ERG has the following key responsibilities:

- Support the evaluation manager in the development of the ToR, including the selection of preliminary evaluation questions.
- Provide feedback and comments on the design report.
- Act as the interface between the evaluators and key stakeholders of the evaluation, and facilitate access to key informants and documentation.
- Provide comments and substantive feedback from a technical perspective on the draft evaluation report.
- Participate in meetings with the evaluation team.
- Contribute to the dissemination of the evaluation results and learning and knowledge sharing, based on the final evaluation report, including follow-up on the management response.

The **Regional M&E Adviser** in UNFPA WCARO will provide guidance and backstopping support to the evaluation manager at all stages of the evaluation process. The responsibilities of the regional M&E adviser are:

- Provide feedback and comments on the draft ToR (incl. annexes) in accordance with the UNFPA Evaluation Handbook, and submit the final draft version to the UNFPA Evaluation Office for review and approval.
- Support the evaluation manager in identifying potential candidates and assessing whether they have the appropriate level of qualifications and experience.
- Liaise with the UNFPA Evaluation Office on the completion of the ToR and the selection of the evaluation team.
- Review the design report and provide comments to the evaluation manager, with a particular focus on the final evaluation questions, the theory of change, the sample of stakeholders to be consulted and sites to be visited, the evaluation matrix, and the methods, tools and plans for data collection.
- Review the draft evaluation report and jointly prepare an EQA of the report with the evaluation manager.
- Support the evaluation manager in reviewing the final evaluation report.
- Prepare the EQA of the final evaluation report in collaboration with the evaluation manager, using the EQA grid and its explanatory note.
- Ensure the CO complies with the request for a management response.
- Support the CO in the dissemination and use of the evaluation results.

The UNFPA **Evaluation Office** will play a crucial role in the EQAA of the evaluation. The responsibilities of the Evaluation Office are as follows:

- Review and approve the ToR (incl. annexes).
- Review and pre-qualification of the consultants.
- Update and maintain the UNFPA consultant roster with pre-qualified consultants for CPEs.

- Commission the independent EQA of the final evaluation report.
- Publish the final evaluation report, independent EQA and management response in the UNFPA evaluation database.

12. Composition of the Evaluation Team

The evaluation will be conducted by a team of independent, external evaluators, consisting of: (i) an evaluation team leader with overall responsibility for carrying out the evaluation exercise, and (ii) 3 team members who will provide technical expertise in thematic areas relevant to the UNFPA mandate (SRHR; adolescents and youth; gender equality and women's empowerment; and population dynamics). In addition to his primary responsibility for the design of the evaluation methodology and the coordination of the evaluation team throughout the CPE process, the team leader will perform the role of a technical expert for one of the thematic areas of the 7th UNFPA CP in Ghana.

The evaluation team leader will be recruited internationally (incl. in the region or sub-region), while the evaluation team members will be recruited locally to ensure adequate knowledge of the country context. Finally, the evaluation team should have the requisite level of knowledge to conduct human rights- and gender-responsive evaluations and all evaluators should be able to work in a multidisciplinary team and a multicultural environment.

12.1 Roles and Responsibilities of the Evaluation Team

Evaluation Team Leader

The evaluation team leader will hold the overall responsibility for the design and implementation of the evaluation. S/he will be responsible for the production and timely submission of all expected deliverables in line with the ToR. S/he will lead and coordinate the work of the evaluation team and ensure the quality of all evaluation deliverables at all stages of the process. The evaluation manager will provide methodological guidance to the evaluation team in developing the design report, in particular, but not limited to, defining the evaluation approach, methodology and work plan, as well as the agenda for the field phase. S/he will lead the drafting and presentation of the design report and the draft and final evaluation report and play a leading role in meetings with the ERG and the CO. The team leader will also be responsible for communication with the evaluation manager. Beyond her/his responsibilities as team leader, the evaluation team leader will serve as a technical expert for one of the thematic areas of the CP described below.

Evaluation Team Member: SRHR Expert

The SRHR expert will provide expertise on integrated sexual and reproductive health services, HIV and other sexually transmitted infections, maternal health, obstetric fistula and family planning. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Ghana CO staff and the ERG. S/he will undertake a document review and conduct interviews, either in person or remotely as may be appropriate and feasible according to the COVID-19 pandemic context, and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation Team Member: Adolescents and Youth Expert

The adolescents and youth expert will provide expertise on youth-friendly SRHR services, comprehensive sexuality education, adolescent pregnancy, SRHR of young women and adolescent girls, access to contraceptives for young women and adolescent girls and youth leadership and participation. S/he will contribute to the methodological design of the evaluation and take part in the

data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Ghana CO staff and the ERG. S/he will undertake a document review and conduct interviews either in person or remotely as may be appropriate and feasible according to the COVID-19 pandemic context, and group discussions with stakeholders, as agreed with the evaluation team leader.

Evaluation Team Member: Gender Equality and Women’s Empowerment Expert

The gender equality and women’s empowerment expert will provide expertise on the human rights of women and girls, especially sexual and reproductive rights, the empowerment of women and girls, engagement of men and boys, as well as GBV and harmful practices, such as female genital mutilation, child, early and forced marriage. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the Evaluation Manager, UNFPA Ghana CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders either in person or remotely as may be appropriate and feasible according to the COVID-19 pandemic context, as agreed with the evaluation team leader.

Evaluation Team Member: Population Dynamics Expert

The population dynamics expert will provide expertise on population and development issues, such as census, ageing, migration, the demographic dividend, and national statistical systems. S/he will contribute to the methodological design of the evaluation and take part in the data collection and analysis work, with overall responsibility of contributions to the evaluation deliverables in her/his thematic area of expertise. S/he will provide substantive inputs throughout the evaluation process by contributing to the development of the evaluation methodology, evaluation work plan and agenda for the field phase, participating in meetings with the evaluation manager, UNFPA Ghana CO staff and the ERG. S/he will undertake a document review and conduct interviews and group discussions with stakeholders, either in person or remotely as may be appropriate and feasible according to the COVID-19 pandemic context, as agreed with the evaluation team leader.

The modalities for the participation of the evaluation team members in the evaluation process, their responsibilities during data collection and analysis, as well as the nature of their respective contributions to the drafting of the design report and the draft and final evaluation report, will be agreed with the evaluation team leader. These tasks performed under her/his supervision.

12.2. Qualifications and Experience of the Evaluation Team

Team Leader

The competencies, skills and experience of the evaluation team leader should include:

- Master’s degree in public health, social sciences, demography or population studies, statistics, development studies or a related field.
- 10 years of experience in conducting or managing evaluations in the field of international development.
- Extensive experience in leading complex evaluations commissioned by United Nations organisations and/or other international organisations and NGOs.

- **Demonstrated expertise in one of the thematic areas of the CP covered by the evaluation (see expert profiles below).**
- In-depth knowledge of theory-based evaluation approaches and the ability to apply both qualitative and quantitative data collection methods and to uphold high-quality standards for evaluation as defined by UNFPA and UNEG.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of doing no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Excellent management and leadership skills to coordinate the work of the evaluation team, and a strong ability to share technical evaluation skills and knowledge.
- Experience working with a multidisciplinary team of experts.
- Excellent ability to analyze and synthesize large volumes of data and information from diverse sources.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the region and the national development context of Ghana.
- Fluent in written and spoken English.

SRHR Expert

The competencies, skills and experience of the SRHR expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of SRHR, including HIV and other sexually transmitted infections, maternal health, obstetric fistula and family planning.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of doing no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Ghana.

- Familiarity with UNFPA or other United Nations organisations' mandates and activities will be an advantage.
- Fluent in written and spoken English and other local languages preferably Twi, Ga/Adagbe, Ewe, Dagbani.

Adolescents and Youth Expert

The competencies, skills and experience of the adolescents and youth expert should include:

- Master's degree in public health, medicine, health economics and financing, epidemiology, biostatistics, social sciences or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge of adolescent and youth issues, in particular SRHR of adolescents and youth.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Ghana.
- Familiarity with UNFPA or other United Nations organisations' mandates and activities will be an advantage.
- Fluent in written and spoken English and other local languages preferably Twi, Ga/Adagbe, Ewe, Dagbani.

Gender Equality and Women's Empowerment Expert

The competencies, skills and experience of gender equality and women's empowerment expert should include:

- Master's degree in women/gender studies, human rights law, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on gender equality and the empowerment of women and girls, GBV and other harmful practices, such as female genital mutilation, early, child and forced marriage, and issues surrounding masculinity, gender relationships and sexuality.

- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Ghana.
- Familiarity with UNFPA or other United Nations organisations' mandates and activities will be an advantage.
- Fluent in written and spoken English and other local languages preferably Twi, Ga/Adagbe, Ewe, Dagbani.

Population Dynamics Expert

The competencies, skills and experience of the population dynamics expert should include:

- Master's degree in demography or population studies, statistics, social sciences, development studies or a related field.
- 5-7 years of experience in conducting evaluations, reviews, assessments, research studies or M&E work in the field of international development.
- Substantive knowledge on the generation, analysis, dissemination and use of housing census and population data for development, population dynamics, migration and national statistics systems.
- Ability to ensure ethics and integrity of the evaluation process, including confidentiality and the principle of do no harm.
- Ability to consistently integrate human rights and gender perspectives in all phases of the evaluation process.
- Solid knowledge of evaluation approaches and methodology and demonstrated ability to apply both qualitative and quantitative data collection methods.
- Excellent analytical and problem-solving skills.
- Experience working with a multidisciplinary team of experts.
- Excellent interpersonal and communication skills (written and spoken).
- Work experience in/good knowledge of the national development context of Ghana.
- Familiarity with UNFPA or other United Nations organisations' mandates and activities will be an advantage.

- Fluent in written and spoken English and other local languages preferably Twi, Ga/Adagbe, Ewe, Dagbani.

13. Budget and Payment Modalities

The evaluators will receive a daily fee according to the UNFPA consultancy scale based on qualifications and experience.

The payment of fees will be based on the submission of deliverables, as follows:

| | |
|--|-----|
| Upon approval of the design report | 20% |
| Upon submission of a draft final evaluation report of satisfactory quality | 40% |
| Upon approval of the final evaluation report and the PowerPoint presentation of the evaluation results | 40% |

In addition to the daily fees, the evaluators will receive a daily subsistence allowance (DSA) in accordance with the UNFPA Duty Travel Policy, using applicable United Nations DSA rates for the place of mission. Travel costs will be settled separately from the consultancy fees.

The provisional allocation of workdays among the evaluation team will be the following:

| | Team leader | Each thematic expert |
|---|-------------|----------------------|
| Design phase | 7 | 3 |
| Field/virtual data collection phase | 14 | 13 |
| Reporting phase | 15 | 10 |
| Dissemination and facilitation of use phase | 1 | 1 |
| TOTAL (days) | 37 | 27 |

The exact number of workdays for each evaluator will be determined by the evaluation manager. The final distribution of the workload will be proposed by the evaluation team in the design report and submitted to the evaluation manager for approval.

Annex 2: List of Key Persons/Institutions Interviewed

| UNFPA COUNTRY OFFICE | | | | |
|--|----------------------------------|-----|---------------------------|---|
| SN | Name | Sex | Organisation | Designation |
| 1 | Niyi Ojuolape | M | UNFPA, Ghana | CO, Country Representative |
| 2 | Agnes Kayitankore | F | UNFPA, Ghana | CO, Deputy Representative |
| 3 | Ismail Indifuna | M | UNFPA, Ghana | Head, RH Unit |
| 4 | Eric Okrah | M | UNFPA, Ghana | Head, Population and Development |
| 5 | Doris Aglobitse | F | UNFPA, Ghana | Head, Communications Unit |
| 6 | Adwoa Yenyi | F | UNFPA, Ghana | Head, ASRH Unit |
| 7 | Daisy Gaye | F | UNFPA, Ghana | Head/Operations |
| 8 | Francis Oko | M | UNFPA, Ghana | YoLe Alumini |
| 9 | Erica Ehiamah | F | UNFPA, Ghana | YoLe Alumini |
| 10 | Esenam Amuzu | F | UNFPA, Ghana | YoLe Alumini |
| 11 | Erica Goldson | F | UNFPA, Nigeria | Former Deputy Representative, UNFPA Ghana |
| 12 | Dr. Charles Paul Iheanacho Abani | M | UN | Resident Coordinator |
| MINISTRIES, DEPARTMENT AND AGENCIES | | | | |
| 13 | Dr Patrick Aboagye | M | GHS | Director General of Ghana Health Service |
| 14 | Ms. Gladys Osabutey | F | MoF | Head, UN Unit |
| 15 | David Yenkuia Kombat | M | GSS | Former, |
| 16 | Mr Francis Nyarko Larbi | M | GSS | Head, Data Unit |
| 17 | Dr. Banabas Yeboah | F | MoH | Chief Nursing and Midwifery Officer |
| 18 | Ms. Marian Kpakpah | F | MLGRD | Chief Director |
| 19 | Ms. Mary Mpereh | F | NDPC | Chief Planning Analyst |
| 20 | Mumuni Sulemana | M | NYA | Former Director of Programme |
| 21 | Archibald Donkor, | M | NYA | Director, Programmes and Publicity |
| 22 | Mary Gyasi | F | NPC | Population Officer |
| 23 | Vera Karikari | F | MoGCSP/DoG | Principal Programme Officer |
| | Faustina Acheampong | F | MoGCSP/DoG | Director, Department of Gender |
| CIVIL SOCIETY ORGANISATIONS | | | | |
| 24 | Abena Amoah Acheampong, | F | PPAG | Executive Director |
| 25 | Cecilia Senu | F | HFFG | Executive director |
| 26 | Vicky Okine | F | ARHR | Executive Director |
| 27 | Felicia Yiadom | F | NACCA | Former Executive Secretary |
| 28 | Aku Xornam Kevi | F | PAYD | Focal Person/Implementing Partner |
| 29 | Elikem Awuye | M | International Needs | Focal Person/Implementing Partner |
| 30 | Rosemary Ardayfio | F | MECAN | Former Deputy Chief Sub Editor, Graphic Communication Group Ltd |
| DEVELOPMENT PARTNERS | | | | |
| 31 | Mr. Oyvind Udland Johansen | M | Royal Norwegian Embassy | Head of Cooperation |
| 32 | Jeongyi Choi | F | KOICA | Deputy Country Director |
| | Francis Akakpo | M | KOICA | Manager, Agric and Rural Development |
| 33 | Sarah Nicholls | F | High Commission of Canada | Director, Development/Head of Cooperation |
| 34 | Fiachra McAsey | M | UNICEF | Deputy Country Representative |
| 35 | Esther Warimu Kiragu | F | UNHCR | Country Representative |
| 36 | Francis Chisaka Kasolo | M | WHO | Country Representative |
| 37 | Abdourahamane Diallo | M | UNESCO | Country Representative |
| 38 | Jelena Raketic | F | UNDP | Deputy Country Representative |

Annex 3: List of Documents Consulted/Reviewed

Global Strategy and Policies

1. Programme of Action of the International Conference on Population and Development (ICPD)
1. African Union 2063 Agenda
2. 2030 Agenda for Sustainable Development
3. Nairobi Summit Report Final

Coordination/Partnership

4. United Nations Sustainable Development Partnership (UNSDP) 2018-2022
5. UN's Common Country Assessment (2016)
6. Ghana Final UNCT SWAP Scorecard Report
7. Ghana Partnership Plan for CPD 7

UNFPA Documents

8. UNFPA Strategic Plan (2014-2017) (incl. annexes)
9. UNFPA Strategic Plan (2018-2021) (incl. annexes)
10. UNFPA Evaluation Policy (2019)
11. *Evaluation Handbook: How to Design and Conduct a Country Programme Evaluation at UNFPA* (2019)
12. CO Relevant centralized evaluations conducted by the UNFPA Evaluation Office
13. Adapting evaluations to the COVID-19 pandemic (2020)
14. Adapting evaluation questions to the COVID-19 pandemic (2021)

UNFPA Ghana CO Programming Documents

15. Government of Ghana/UNFPA 7th Country Programme Document (2018-2022)
16. United Nations Common Country Analysis/Assessment (CCA)
17. Other CO Crosscutting Programme Documents
18. CO Annual Work Plans
19. Mid-term reviews of interventions/programmes in different thematic areas of the CP
20. 2020 CO Mid-Year Review

UNFPA Ghana CO M&E documents

21. Government of [Ghana/UNFPA 7th Country Programme M&E Plan (2018-2022)

22. CO annual Workplans, Results and Reports
23. Evaluation Report of the Government of Ghana/UNFPA 5th Country Programme 2006-2010
24. Final UNFPA Evaluation Plan
25. Final GoG, UNFPA CP6 In-depth Review Report

Ghana National Strategies, Policies and Action Plans

26. United Nations Development Assistance Framework (UNDAF) and/or United Nations Sustainable Development Cooperation Framework (UNSDCF)
27. The Coordinated Programme of Economic and Social Development Policies, 2017-2024
28. An Agenda for Jobs: “Creating Prosperity and Equal Opportunity for All”, 2018-2021
29. National Gender Policy, 2015
30. Domestic Violence Act, 2007.
31. National Population Council Secretariat, Young people Sexual and Reproductive Health Policy,
2017Ministry of Health, National Health Policy, 2020
32. Ghana Health Service, Adolescent Health Service Policy and Strategy, 2016-2020
33. Ministry of Gender, Children and Social Protection, National Gender Policy, 2015
34. Ghana Education Service, Education Strategic Plan 2018-2030

Ghana Country Research, Surveys and Reports

35. 2017 Ghana Maternal Health Survey (GMHS)
36. 2014 Ghana Demographic and Health Survey
37. National Analytical Report, 2010 Population and Housing Census, 2012
38. Ghana Country Report, ICPD country Report, 2018
39. Multiple Indicator and Cluster Survey 6 (2017-2018)

Annex 4: Evaluation Matrix

| RELEVANCE | | | |
|---|---|---|---|
| EQ1: To what extent is the country programme adapted to (i) the needs of diverse populations, including the needs of marginalized and vulnerable groups (e.g. young people and women with disabilities, etc.); (ii) national development strategies and policies; (iii) the strategic direction and objectives of UNFPA; and (iv) priorities articulated in international frameworks and agreements, in particular the ICPD Programme of Action and the SDGs. | | | |
| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data collection |
| Assumption 1: The 7 th CP is aligned with ICPD, and SDGs and the core strategy of UNFPA; and the needs of the country and its population, particularly vulnerable groups, were considered in the 7 th CP. | <ul style="list-style-type: none"> • CP and COARs reflect ICPD, MDG and SDG goals and the core strategy of UNFPA • Evidence of systematic identification of the country's needs prior to the programming of each thematic component of the CP. • The extent to which UNFPA CO has appropriately considered the priorities of the GoG and key stakeholders. • Choice of beneficiaries for UNFPA-supported interventions are consistent with identified needs as well as national priorities in the AWP, including women, youth and other vulnerable groups • The CP contributes to building national capacities | <ul style="list-style-type: none"> • ICPD POA, MDG reports, SDG reports, UNFPA Strategic Plan 2014-2018 and 2018-2021, 7th CPD, COARs, UNDAF and review • GoG/UNFPA 6th CPE • National policies/ strategy documents (e.g., MTPII, National Population Policy, Draft National Gender Policy, National Adolescent Sexual and Reproductive Health Policy), Constitution of Ghana • National and county government staff UNFPA CO staff | <ul style="list-style-type: none"> • Document review (programme documents and related research and surveys) • KIs with UNFPA management and programme staff • KIs with IPs • Focus group discussions with beneficiaries |
| <p>FINDINGS:</p> <p>At programme level, 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 priorities are linked and aligned with the United Nations Sustainable Development Partnership for Ghana (UNSDP 2018-2022). This link is further reflected in the UNFPA Strategic Plan 2018-2021 which reaffirms the relevance of the current strategic direction of CP7. The programme interventions of the four components are consistent with priority components of ICPD PoA and SDG Agenda and the transformative and people-centred results of UNFPA's Strategic Plan 2018-2021. All four programme elements were implemented in an integrated manner and addressed humanitarian preparedness and response including that for COVID-19.</p> <p>The Government of Ghana and UNFPA jointly developed the 7th CP through a participatory process involving national and sub-national stakeholders, including civil society, the private sector, young people, UN organisations and development partners. The 7th CP had national coverage, with some interventions in specific locations based on local context and availability of resources.</p> | | | |

As regards adaptation to the changing needs in the national context, UNFPA responded effectively and timely to the COVID-19 pandemic and also to the humanitarian situation caused by the protracted territorial occupation.

Regarding SRHR:

The evaluation team found that the development of CP7 programmatic interventions was founded on validated SRH baseline data derived from service data, the Ghana Coordinated Programme of Economic Social Policy (2017-2024); the Medium-term Development Policy Framework (2018-2021); UNFPA Strategic Plan (2018-2022); and global priorities, such as the MDGs and later, SDGs, the African Union 2063 agenda, and the ICPD Plan of Action.

Beneficiaries in FGDs confirmed that the UNFPA activities and services that they received addressed their needs to access quality SRH and healthcare services, as well as access to information. Married women expressed they needed access to family planning services and to contraceptives, safe spaces, learning and awareness on SRH.

GEWE:

The evaluators noted that GBV remains a widespread problem in Ghana as it is in West Africa in general. The CP addressed issues of gender inequalities and GBV.

Through the CP7, UNFPA addressed the needs of various groups, with focus on girls, adolescents and girls. Some beneficiary groups are still in need of further interventions, perhaps through specific and ongoing specific interventions that target the unique needs in future UNFPA programming, to ensure full consideration of the special and increasing needs of 'those furthest behind'.

A&Y:

The evaluators found that CP7 was focussed on ensuring that young people, especially adolescent girls, have skills and knowledge to claim and make informed choices about their sexual and reproductive health and reproductive rights and well-being, including in humanitarian settings.

Interviews with stakeholder that recommended strengthening programme design to harness the demographic dividend and developing synergies and leveraging resources by working with United Nations agencies to maximize results in UNFPA mandate areas in the context of 'Delivering as One'.

Alignment with national development strategies and policies:

The evaluators found that CP7 was in alignment with national priorities in the **Ghana coordinated programme of economic and social policies 2017-2024** and the **medium-term development policy framework 2018- 2021**; the SDGs pertaining to 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.

The evaluators also found that CP7 programmatic interventions were founded on validated SRH baseline data derived from service data, the Ghana Coordinated Programme of Economic Social Policy (2017-2024); the Medium-term Development Policy Framework (2018-2021); UNFPA Strategic Plan (2018-2022); and global priorities, such as the MDGs and later, SDGs, the African Union 2063 agenda, and the ICPD Plan of Action.

Alignment with the strategic direction and objectives of UNFPA and UN in Ghana:

The evaluators found that The UNFPA Ghana 7th CP was developed in consultation with Government, civil society, bilateral and multilateral development partners, including United Nations organizations, the private sector and academia. It was aligned with the UNFPA Strategic Plan (2018-2021)¹⁰⁸, focusing on the goal to achieve universal access to sexual and reproductive health and reproductive rights, focusing on women, adolescents and youth. The CP was committed to the UNFPA's three transformative and people-centred results

¹⁰⁸ UNFPA. 2017. UNFPA – Strategic Plan, 2018-2021

https://www.unfpa.org/sites/default/files/resource-pdf/DP.FPA..2017.9 - UNFPA strategic plan 2018-2021 - FINAL - 25July2017 - corrected_24Aug17.pdf

The evaluators noted that incorporating the ToC of the UNFPA Strategic Plan, the Ghana 7th CP contributed directly to its four outcomes; (Outcome 1): Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence; (Outcome 2): Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts; (Outcome 3): Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings, and (Outcome 4): Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development. Consideration was given to the principles of the Human Rights, Leaving No One Behind, Gender Responsiveness, as well as Development-Humanitarian action and sustaining Peace.

The evaluators found that CP7 Outcomes were aligned with the strategic priorities and outcomes of the UNSDP 2018-2022. CP7. All the 4 CP Outcomes contribute to the national priority: Social development: Creating an equitable, healthy and disciplined society. CP7 Outcome 1 and 2 contributes to the UNSDP Outcome 3: Government of Ghana delivers equitable, quality and financially sustainable social services. CP7 Outcome 3 contributes to the UNSDP Outcome 3 contributes to the UNSDP Outcome 4: Marginalized and vulnerable populations demand and utilize social services while CP7 Outcome 4 contributes to UNSDP Outcome 7, namely, Transparent, accountable institutions at all levels that protect the rights of all people.¹⁰⁹ The CP outputs are also aligned with the outcomes and outputs of the UNFPA Humanitarian Response Strategy (2012)¹¹⁰

Alignment with the ICPD Programme of Action and SDGs:

The Ghana 7th CP was anchored around the goals of the ICPD Programme of Action and the ICPD+20 (2014) actions.

Sexual and reproductive health and rights outputs contributes to the actions (i) Achieve universal access to SRHR as a part of universal health coverage by striving for zero unmet need for family planning, zero preventable maternal deaths and maternal morbidities, access for all adolescents and youth to comprehensive and age-responsive information, education and adolescent-friendly services. (ii) Uphold the right to SRH services in humanitarian and fragile contexts by providing access to comprehensive SRH health information, education and services.

Adolescents and Youth outputs contribute to the action: delaying marriage beyond childhood and ensuring free and full choice in marriage-related decisions; exercise of the right to health, including access to friendly health services and counselling; access to health-promoting information, including on sexual and reproductive matters; acquisition of protective assets and agency, particularly among girls and young women, and promotion of gender equitable roles and attitudes; protection from gender-based violence; and socialisation in a supportive environment.

Gender equality and women's empowerment outputs contributes to the action: Address sexual and gender-based violence and harmful practices, in particular child, early and forced marriages and female genital mutilation. This was by committing to strive for zero sexual and gender-based violence and harmful practices.

Population development outputs contributes to the action: Draw on demographic diversity to drive economic growth and achieve sustainable development. This was through the meaningful participation of adolescents and youth, supporting investments for their education, employment opportunities, family planning and SRH services and data systems.

EQ2: To what extent have UNFPA programmes ensured a flexible and adaptive approach to ensure access to a continuum of comprehensive life-saving sexual and reproductive health and GBV prevention and protection services as part of the COVID-19 response and recovery efforts.

| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data collection |
|---|--|--|---|
| Assumption 1: The CP has been able adequately to respond to changes in needs and priorities, and to specific requests from the country counterparts | <ul style="list-style-type: none"> The speed and timeliness of response (response capacity) Adequacy of the response (quality of the response) | <ul style="list-style-type: none"> AWPs APRs CO staff | <ul style="list-style-type: none"> Document' review (programme documents and related research and surveys) KIIs with UNFPA management and programme staff |

¹⁰⁹ UNFPA Strategic Plan 2018-2021: Results and Resources Framework for Ghana (2018-2021).

¹¹⁰ UNFPA. 2012. Humanitarian Response Strategy. <https://www.unfpa.org/resources/humanitarian-response-strategy#:~:text=It%20ensures%20that%20UNFPA's%20humanitarian,young%20people%20in%20crisis%20situations.>

| | | | |
|--|---|---|---|
| | Evidence of changes in programme design or interventions reflecting changes in needs of the population and priorities of GoG and stakeholders | <ul style="list-style-type: none"> ● UNCTs ● GoG and key partners | <ul style="list-style-type: none"> ● KIIs with IPs ● Focus group discussions with beneficiaries |
| <p>FINDINGS:</p> <p>The evaluators noted that Ghana, like most countries in the world, has been coping with the effects of COVID-19. UNFPA Ghana quickly recognized the socioeconomic and programmatic effects of the COVID-19 pandemic. The effects of restricted movement on vulnerable people, including adolescents, women, persons with disabilities, and the elderly were projected.</p> <p>Overall, COVID-19 and associated restrictions have affected Ghanaian women disproportionately, with greater uncertainty, stress and health and psychological risks, compounding entrenched inequality.</p> <p>Emotional and physical abuse of women and children, including online, are thought to have increased sharply under COVID-19 pandemic conditions, while women have faced reduced access to support services and safe spaces.</p> <p>With COVID 19 pushing more families into poverty, forcing girls to marry may be a negative coping mechanism. Government partners indicated during the evaluation that there was a clear decrease in the indicators related to SRH due to closure of clinics, reduced staff load and their engagement in COVID-related work.</p> <p>The evaluation found that UNFPA, working within the UN system in Ghana, made a difference in the COVID-19 response by focusing on continuity in SRH information and services, as well as GBV prevention and response. To reach the most vulnerable in society, UNFPA focused on stigma reduction, risk communication and community engagement, and the provision of life-saving supplies, including Dignity Kits, modern contraceptives, maternal health drugs and supplies, and personal protective equipment (PPE).</p> <p>Guided by the fact that accurate information can save lives and fight stigma and discrimination, UNFPA worked to ensure that people received the information and services they needed. The COVID-19 response for UNFPA Ghana was guided by the principle that UNFPA Ghana hopes for a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled, even in the era of COVID-19.</p> <p>The overall strategy for the UNFPA for the COVID-19 strategy consisted of a gender-sensitive risk communication engagement. UNFPA donated Personal Protective Equipment (PPEs) to the Ghana Health Service (GHS) in support to the government's COVID-19 response.</p> <p>The UNFPA partnered with key influencers to combat SGV through various fora that mainly constituted of sharing messages across social media. UNFPA also supported the Loozele Initiative, to sensitize 'Kayayei'. Resultantly 258 female head porters ('kayayei') were sensitized on COVID-19 through this initiative.</p> <p>It was found that women are disproportionately represented in the health and social services sectors, which increases their risk of exposure to the virus. Stress, limited mobility, and livelihood disruptions also increase women's and girls' vulnerability to gender-based violence (GBV) and exploitation, and if health systems direct resources away from sexual and reproductive health (SRH) services, women's access to family planning, antenatal care, and other critical services could suffer. This was the reasoning behind UNFPA's COVID-19 response plan in Ghana.</p> <p>As part of the COVID-19 Response in the country, UNFPA Ghana conducted e-training capacity building on (Autism, SRHR & COVID-19) coping with autism in the COVID-19 era. In this initiative, a total of 19 participants were involved in sharing information on SRH and COVID-19 to adolescents living with autism.</p> <p>UNFPA also supported isolation centres such as the Pentecost Convention Centre, the Mercy Women's Catholic Hospital, the Tamale Central Hospital and the Ghanaman Soccer Centre of Excellence Isolation Centre. It also provided PPEs and hygiene items to support the Tetteh Ocloo State School for the Deaf, The Senior Correctional and Hope for Future Generations.</p> | | | |

The evaluators found that CP7 proved effective in ensuring that UNFPA programmes did not fall behind in achieving its transformative results while efforts to contain COVID-19 moved to the top of the agenda. The pandemic is not yet contained, and these interventions will continue to be implemented to serve many vulnerable people in Ghana. More vulnerable groups are being identified whose needs will be tackled within UNFPA's thematic intervention areas.

The evaluation shows that it is hoped that the efforts of UNFPA and its partners will help to minimize the negative effects of COVID-19 on target populations and programme implementation and ensure continuity in the provision of essential services for the most vulnerable in society, especially women, adolescents, and youth.

EFFECTIVENESS

Q3: To what extent have the interventions supported by UNFPA delivered outputs and contributed to the achievement of the planned outcomes of the country programme? In particular: (i) increased access and use of integrated sexual and reproductive health services; (ii) empowerment of adolescents and youth to access sexual and reproductive health services and exercise their sexual and reproductive rights; (iii) advancement of gender equality and the empowerment of all women and girls; and (iv) increased use of population data in the development of evidence-based national development plans, policies and programmes?

| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data Collection |
|--|---|---|---|
| Assumption 1: The UNFPA CP planned outputs were successfully achieved and contributed to the outcome results across all thematic areas, with a robust theory of change underlying the results chain logic; and that a limited number of strategic activities led to significant results. | <ul style="list-style-type: none"> Extent to which M&E of programme achievements indicate timely meeting of outputs The extent to which outputs in the CP and RRF are likely to have contributed to outcome results | <ul style="list-style-type: none"> M&E documentation AWPs and APRs Relevant programme, project and institutional reports of stakeholders CO staff GoG, IPs and Beneficiaries | <ul style="list-style-type: none"> Document review (programme documents and related research and surveys) KI interviews Focus group discussions with beneficiaries |

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 (final figures to be adjusted at the end of the evaluation). Implementation modalities of some interventions were adjusted to adapt to the COVID-19 restrictions and response measures.

Outcome 1: SRHR

In relation to Output 1, UNFPA Ghana 7th CP achieved the following on SRHR,

- UNFPA contribution 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**

The extent of obstetric fistula in Ghana is currently unknown, but according to the Ghana Health Service Report on the Burden of Obstetric Fistula in Ghana (2015), between 711 and 1,352 new cases of obstetric fistula are diagnosed each year, resulting in an incidence rate of 1.6 to 1.8 per 1,000 births. Ghana launched the End Obstetric Fistula Campaign in 2005 under the project titled "Strengthening fistula prevention activities and access to treatment in Ghana". The campaign adopted approaches such as awareness creation, identification and mobilisation of cases and rehabilitation and reintegration of survivors back into their societies

UNFPA contributed to the creation of awareness by sensitizing media personnel, communities and other stakeholders on obstetric fistula. Sensitization and partnership with the media increased the coverage and reached more people with the information on obstetric fistula. Strategic partnerships (including the diplomatic community, Access Bank, The North American Women's Association) and resources were mobilised to support the National Fistula Programme and the coordination efforts of the Obstetric Fistula Task Force. With UNFPA's contribution, over 300 women and girls with Obstetric Fistula have been repaired.

Interviews with KIs revealed that: *"When people see you coming towards them, they get up. Those who did not know of your predicament begin to find out why you smell then signal others to leave". (46-year-old fistula survivor)*

- **Capacity building in delivering high-quality integrated family planning and comprehensive maternal health services and basic Emergency Obstetric and Neonatal Care services**

- **Midwifery programme**

The midwifery workforce is concentrated in urban areas, while rural areas where most of the country's population lives remain mostly deprived of midwifery services. The programme therefore 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.

Capacity building for midwives in Life Saving Skills and the use of the Safe Delivery application, which was developed by The Maternity Foundation in Denmark and supported by UNFPA, ensured the continuous education of midwives, both pre-service and in-service.

Strategic partnerships with the MoH, GHS 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 strengthening of the preceptorship mechanism.

Annual national and international commemorative events, including the International Day of the Midwife (IDM) and the International Day to end Obstetric Fistula (IDEOF), served as platforms for advocacy. UNFPA advocated the Government to develop policies that regulate midwives' work environment, including supportive supervision mechanisms, mentorship programs, and capacity-building opportunities.

- **Emergency Obstetric and Neonatal Care**

The evaluators found that UNFPA through the CP7 contributed to the strengthening of the health system capacity to provide basic emergency obstetric and neonatal care throughout the 16 regions.

With the support provided to the Midwifery structure, particularly the training and regulation, UNFPA contributed to the workforce which provide EmONC services.

UNFPA also through the CP7 contributed to the provision of technical and financial support to improve the availability of essential medicine and reproductive services.

Logistics officers were trained in system management and control. UNFPA supported the national EmONC Assessment as part of a national drive to establish equity, quality, and accountability gaps within the EmONC network of facilities, and to enable the GOG to map out with certainty which facilities, at all levels, were left-behind in the provision of essential obstetric and newborn care services.

- **Minimum Initial Service Package**

UNFPA contributed to the strengthening of the capacity of Disaster-Response Teams in eleven disaster-prone districts to implement the Minimum Initial Service Package (MISP) in Reproductive Health, in order to coordinate and respond timely to reproductive health needs at the outset of a humanitarian crisis. Disaster Response Teams which benefited from the capacity building included those in Akatsi North, Tatale/Sanguli, Kumbungu, the Bolgatanga Municipalities, South Dayi, North Dayi, Krachi East, Afadjato South and Central Tongu districts.

The response teams consisted of personnel from various national organisations and agencies, including the Ghana Health Service, the National Disaster Management Organisation, the Ghana Police Service (DOVVSU), the Ministry of Gender, Children, and Social Protection, the media, Regional Coordinating Councils, and some development partners (Plan International and World Vision Ghana), to ensure a well-coordinated and integrated approach in the implementation of MISP during emergencies.

- **Family Planning**

The evaluators found that CP7 contributed through the partnership with the Ministry of Health, Ghana Health Service, Ministry Gender, Children and Social Welfare and other development partners to ensure the stable and consistent supply of quality contraceptives. Health providers were trained across all regions on how to train clients on the use of self-administered injectable contraceptives.

Achieved versus planned SHRH outputs in CPD

Out of a total of 7 output indicators, five of them were overachieved and two were achieved. The five that were cumulatively overachieved over the review period were on women, girls and youth served at facilities that provide integrated SRH services, maternal death reports compliant with the MDSR protocol, high-level national advocacy events on MDSR supported, national and humanitarian institutions adopting UNFPA SRH curriculum, and national strategies and policies that mainstream youth and adolescent SRH issues in humanitarian and development contexts.

The two output indicators that were achieved in the review period were concerning the development of the National Strategic Plan on the delivery of quality integrated SRH services in place, and national emergency plans, including MISP, and for youth and adolescents.

Against the targets measured by the selected indicators, UNFPA and IPs excelled in performing despite the emergency and COVID outbreak. Interviewed key informants owed this to UNFPA's diligence, expertise, loyalty and ability to promptly act on its humanitarian commitments benefiting from its regional and global presence and networks in the humanitarian arena, whose substantial part falls within UNFPA's mandate area anyways.

This in fact enabled the UNFDPA to keep going with its plans with high flexibility despite the COVID-19 pandemic, it was argued. Others made a connection between this high level of targets achievement and the strategic partnerships UNFPA has with civil society organisations whose presence on the ground is strong with as well as well-operating service facilities and clinics.

Outcome 2: A&Y

Degree of achievement of AY outputs to the achievement of the planned outcome

- **Intermediate Outcome 1: Improved Access of Adolescent Girls to Youth Friendly and Gender Sensitive Comprehensive Sexuality Education (CSE)**

The interventions in the Education sector continued to support girls' access to youth friendly and gender sensitive CSE in schools. In a consultative process involving key education stakeholders, a training package for the implementation of CSE in schools was drafted and piloted.

The capacities of 175 (F: 78; M: 97) key Ghana Education Service (GES) personnel were strengthened to support CSE delivery and rollout in schools. While further training and the delivery of the package by teachers in the schools was stalled in view of a pushback, adolescent girls and boys received information and education on SRH and sexual and gender-based violence (SGBV) prevention through club activities in 201 schools in 30 districts.

Immediate Outcome 1.1

- Increased capacity of education and CSOs professional to respond to SRH and gender needs of adolescent girls:

To increase the capacities of education professionals on SRH, support was provided for the development of a CSE training package for schools. The development process involved key stakeholders and drew on existing CSE-related resources used in various contexts in Ghana. Core team of resource persons from the Ghana Education Unit (GEU), School Health Education Program (SHEP) Unit, Guidance and Counselling Unit (GCU), CSOs/NGOs and academia; reviewed the e-SHEP manual, CSE guidelines and other materials developed by the Planned Parenthood Association of Ghana, Marie stopes International, and other organizations, and customized a CSE training package for schools.

The Safe Schools Resource Pack including teacher's handbook, training manual and peer to peer manual was adapted for delivery in special schools. Fifty-six (56) CSO professionals (F:26; M:30) representing 26 CSOs from the northern, central and southern sectors of Ghana participated in an orientation on the national CSE guidelines and gender-responsive programming.

Through the capacity building and interactive sessions at the Adolescent Health Ambassadors' Camp and AHAMBACHA, the girls have increasingly gained confidence to engage in advocacy and social change interventions to improve adolescent health in their home communities.

The group of girls who won first place in AHAMBACHA were one of the few groups in Ghana who spoke confidently and openly about the relevance of CSE on social media during the harsh pushback against the concept.

Innovative approaches were used mainly through the Safe Space methodology to reach the out of school adolescent girls to empower them with social, health and economic assets. Through these safe space activities, the marginalized girls were empowered to make informed decisions, improve their economic status and reduce their vulnerabilities to SGBV and its consequences.

- Intermediate Outcome 2: Improved Access of Adolescent Girls to Quality Youth Friendly and Gender Sensitive Sexual and Reproductive Health Services

The health sector interventions continued to mainstream adolescent friendliness in the provision of SRH services, including into mother and child health service provision. They supported an increased uptake of skilled care among pregnant adolescents (antenatal, prenatal, skilled delivery), postpartum family planning services among adolescent mothers, decreased unintended and repeated pregnancies among adolescent girls; and facilitated linkages and referrals to social services.

Ghana Health Service received support to integrate adolescent health services into the home visit and the outreach package of Community Based Health Planning and Services (CHPS). This was achieved by reaching pregnant adolescent girls and adolescent mothers using community engagements, support group meetings, static clinics and scheduled home visits. The Girls' Iron-Folate Tablet Supplementation (GIFTS) Program has proved instrumental in preventing malnutrition and anaemia among adolescent girls in Ghana – giving the girls the opportunity to grow and develop and adopt positive health and nutrition habits and behaviours. The school platform was used to reach 304,991 adolescent girls enrolled in schools, while the health platform for the out-school 65,329 adolescent girls. Ghana Health Service (GHS), GES, CDC, are the major partners collaborating with UNFPA in the implementation of the GIFTS programme.

Immediate Outcome 2.1

- More health professionals have the capacity to provide quality youth-friendly and gender-sensitive Sexual and Reproductive Health services to adolescent girls

The GHS enhanced the quality of youth friendly service (YFS) delivery through training of 673 frontline staff (F:390; M: 283) of varied categories (i.e., public and community health nurses, staff nurses, midwives, enrolled nurses, community health officers) on adolescent health and development (ADHD) and the new operational guidelines and standards for YFS.

Facility needs assessments (conducted on 87 adolescent corners), supportive supervision, and provision of job aids, protocols and IEC materials further equipped the health professionals with the necessary skills to address the SRH needs of adolescents and young people in 366 health facilities, including school infirmaries in 30 districts in 8 regions. In addition, 66 (F:55 M:11)

health professionals, comprising 6 doctors and 60 midwives enhanced their competencies in applying Life Saving Skills (LSS) and manual vacuum aspiration (MVA), which positioned them to provide post abortion care services in their respective health facilities. Five hundred (500) adolescent health registers and 1,000 nurses' manuals were distributed to relevant health professionals and health facilities. Quarterly technical working group and youth advisory board meetings informed further revision of the new operational guidelines, and 1,000 copies of the updated guidelines have been printed for dissemination in 2020.

Immediate Outcome 2.2

- **A strengthened and functioning procurement, supply and logistics management system for last mile distribution of contraceptives to young people**

The Ministry of Health (MoH) received 44,000 sets of Jadelle as contribution to meeting Ghana's Family Planning (FP) commodity needs. In order to avoid the establishment of parallel distribution systems, processes for facilitating an integrated public health sector distribution system were initiated in partnership with Global Fund and USAID.

The integrated public health sector distribution system will serve to fill the gap of moving government health commodities from the central medical stores to 10 regional medical stores in Ghana to avert stock outs and ensure the preferred FP method of choice is available for the poor vulnerable client when needed.

Immediate Outcome 3.1

- **More duty bearers (traditional and Community leaders, parents, Government agency representatives, CSOs, including women and girl centered CSOs, FBOs etc.) have received information on adolescents, gender and Sexual and Reproductive Health and rights issues to support adolescent girls make informed choices**

Lessons learned from a national FBO conference held in 2018 formed a basis for engaging key identified groups in 30 districts in 8 regions. In replicating the inter-faith-based model organized at the 2018 conference, regional conferences and dialogues on CSE, SGBV, Gender and the Demographic Dividend were conducted for Christian and Muslim clerics and leaders, where the FBO leaders that participated in the 2018 conference shared their experiences with the regional participants.

The beneficiaries of these regional meetings further engaged their counterparts at the district levels. Through these step-down engagements, 891 (F: 517; M: 374) FBO leaders, including Christian and Muslim women and youth leaders from 30 districts, have demonstrated commitment in mobilization and advocacy on SRH including maternal health, Gender Equality and SGBV prevention issues in their religious communities, using existing structures such as the pulpits, men, women and youth groups, and other standing committees in the respective churches, mosques and related institutions.

Achieved versus planned Adolescents and Youth outputs in CPD

All the measured three output indicators for the A&Y component were achieved during the review period. These indicators were concerning supporting vulnerable youth (with disabilities) in empowerment programmes to advocate for their reproductive rights, the support of adolescents and youth with comprehensive sexuality education and information in school or community settings, and support for training of teachers to deliver CSE in accordance with national guidelines.

Outcome 3: GEWE

With reference to **Output 3**, UNFPA Ghana 7th CP achieved the following on GEWE:

- **The programme has made significant contributions to the transformation of attitudes, values, norms that perpetuate GBV, and child and forced marriage.**

Men were adopting gender-equitable practices such as balancing power in partnerships, and shared decision-making. To achieve the above significance, the CP7 assisted the traditional leaders in developing guidelines for dealing with child marriage, SGBV, and other harmful practices in conformity with the country's laws and regulations. The programme also used evidence-based tactics to prevent GBV and other harmful behaviours like male involvement and community social mobilisation. The initiative promoted the creation of community-level male engagement

mechanisms such as Male Action Groups under male involvement (MAGs). These groups were educated and made aware of issues on sexual reproductive and health, SGBV, the domestic violence act and the need to create healthy and safe relationships with women and adolescents.

KIIs revealed that: *“For the boys, in fact, one striking thing when I was there ... that they did not know the law, but when the DOVVSU police officer told them that you can suffer between a minimum of five years and twenty-five years, we started making jokes with it that ‘eei’ for one sex because I did. I will be going for twenty-five years, you know, that was striking”* [FGD with Male Action Group]

The CP7 has made significant contributions to capacity building for GBV prevention and services

UNFPA trained divisional and district police commanders in SGBV, reproductive health and rights, the role of the police in aspects of community-coordinated response systems and laws concerning gender-based violence. Sections of the media were partnered in activism against gender-based violence. A total of 10,961 men and boys were engaged in an interactive session on gender quality, sexual and reproductive health and the prevention of SGBV. This capacity building helped increase male involvement in the creation of safe spaces of women and adolescent girls and SGBV prevention. Also, Kayayies and truck pushers were trained as peer educators and SGBV champions to their peers.

KIIs revealed that: *“Under child marriage, we reach out to what we call kayaye, these are head potters who walk across the streets, they migrate from the Northern parts of Ghana to the southern parts and the intention is to support them with sexual reproductive health information and services with livelihood empowerment, so what we do is called an integrated programme”* (KII with IP).

Contribution to the Scale-up of Data Systems on GBV and other Harmful Practices

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.

Interviews with stakeholders revealed that: *“There were major issues about abuse and under-reporting of abuse. So, we needed to establish a mechanism that will encourage people to report cases so that they will be comfortable that when they go to report cases, there will be services available”.* (IPs at the national level)

The CP7 has made significant contributions to reinforcement of the policy, legal, and accountability frameworks on GEWE

This contribution was made by assisting in the development and/or revision of current laws and policies. For instance, UNFPA supported the Ministry of Gender, Children, and Social Protection to draft guidelines for engaging religious and traditional authorities on negative issues that impede the rights of women and children and the country at large. UNFPA provided technical and financial aid in the review of the National Gender Policy.

KIIS revealed that: *“UNFPA is also supporting the Department of Gender to review and update our national Gender policy”.* (IPs at the national level)

The establishment of the Orange Support Centre for providing support (virtual & in-person) to SGBV survivors

UNFPA Ghana supported the establishment of the Orange Support Centre towards achieving its mandate of Zero GBV and harmful practices. In support of realising the outcome 3 on GEWE the Orange support Centre provides effective GBV case management and facilitates safe and confidential referrals to other service providers

Achieved versus planned GEWE outputs in CPD

The data provides a high level of achievement across GEWE output indicators. The measurement of achievement of the output indicators is restricted to the year 2020 due to the available data. Out of a total of 3 output indicators only one on policy processes/frameworks that promote gender equality and empower women and girls to address child early and forced marriage was partially achieved within the shown implementation period.

The reach to people with gender-based violence prevention, protection and response programmes/interventions was achieved throughout the review period. The indicator concerning adolescent girls especially those marginalised and at risk of child marriage reached with health, social and economic asset-building programmes/interventions was overachieved within the review period. Limiting the measurement to the review period as shown in Table 7, it can then be confidently said that against the targets measured by the selected indicators UNFPA and IPs excelled in performing in CP7 despite the emergency and this was so despite the COVID-19 pandemic that led to shifts in resources.

Outcome 4: PD

According to the CPD, Outcome 4 on PD was achieved through one output; (Output 4): Improved national population data systems to map and address inequalities, advance achievement of the SDGs and the ICPD, and inform interventions in times of humanitarian crisis.

The findings on PD focus on the extent to which the delivered outputs contributed to the achievements of the planned Outcome 4 in respect of PD, i.e.: **Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.** We highlight the contribution of the support provided by UNFPA to the Government of Ghana to advance the implementation of policies and strategies focusing on population and development. The outcome narratives elaborate on the broader context and the agency inputs in support of population and development in Ghana. The contributions by UNFPA are highlighted in this section in relation to the extent to which the outputs contributed to the realisation of the planned outcomes.

With respect to **Output 4**, UNFPA Ghana 7th CP achieved the following on PD:

UNFPA Ghana played a key role in Ghana's contributions to the ICPD summit in Nairobi. The CO provided support to the **Ghana Population and Housing Census (PHC)** that was conducted in 2021. The Ghana 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. With support from the CO, the Ghana Statistical Services (GSS) successfully conducted the PHS in 2021.

As the lead partner, UNFPA's continued contribution to the Population and Housing Census was important to ensure that the UN Principles and Recommendations for 2020 PHCs are observed in all phases of census implementation to assure improved data quality, timeliness and utilisation. Given the ever-increasing importance of census data to the implementation of the national and global development agenda in general and UNFPA's programmes it was important to ensure that UNFPA increased its support to the Ghana 2021 PHC programme, with a strategic focus in areas that significantly improved the quality and consequently timeliness, credibility and utilisation of the results and/or products.

The 2021 PHC provisional results were released by the Ghana Statistical Services on 22 September 2021 yielding a total population of 30 792 608 persons in Ghana with females constituting 50.7 percent and males 49.3 percent of the total population of approximately 30.8 million people.

Specifically, in this regard, the CO contributed financially and technically to the pre-enumeration activities of the 2021 PHC. The CO represented the donor/ diplomatic and UN community on both the National Steering Committee and the National Technical Advisory Committee (TAC) of the Census. The Steering Committee provided total direction and mobilised resources while the TAC provided technical direction for the census. The UNFPA was made part of four external assessors responsible for the verification of the training exercise. The training offered an opportunity to generate a pool of enumerators and supervisors who were subsequently used for the main census in July 2021. In this regard, the support provided by UNFPA for the 2021 PHC in Ghana contributed in a great extent to the outcomes towards **improved national population data systems to map and address inequalities, advance the achievement of the SDGs and ICPD, and inform interventions in times of humanitarian crisis such as the COVID-19 pandemic.**

In support of the achievement of the ICPD goals, the CO supported the initiatives around **harnessing the Demographic Dividend** in Ghana. In support of harnessing the Demographic Dividend in Ghana, and to address the needs expressed by the West and Central African countries, UNFPA Ghana facilitated, in collaboration with WCARO, a technical national transfer

accounts (NTA) training workshop on the methods to measure the Demographic Dividend for the national experts of the WCARO-covered countries. Demographic dividend refers to the increase in economic growth which results from a fall in fertility and the subsequent change in the age structure of the population (Bloom et al., 2003)¹¹¹. A significant reduction in the number of children implies a reduction in the number of dependants which in turn frees up resources for development and improvement in welfare (Lee and Mason, 2006).¹¹² With lower fertility every year, the working age population temporarily grows faster relative to the number of dependents hence creating a window of opportunity for rapid economic growth if the right social and economic policies developed and investments made (Gribble and Bremner, 2012).¹¹³

As a continuing concern for the **elderly population**, UNFPA responded to the request by the Ministry of Gender, Children and Social Protection to provide legal expertise to incorporate various comments of various stakeholders to the draft aged Persons bill. The aim was to make and promote law that would be produced to be comprehensive and effective in promoting issues of the aged population in Ghana. This was also in support of the goals of the ICPD Summit in Nairobi safeguarding the welfare of the aged population.

UNFPA Ghana through the 7th CP was instrumental in the contribution of support to the generation and utilisation of data at both national and sub-national levels in Ghana. **UNFPA providing 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 CPRP on COVID 19. UNFPA contributed to the provision of information on the mapping of the implications of COVID-19 on the 2021 PHC census. UNFPA further provided updates on Ghana, to the database of SDG indicators namely 3.7.1 (demand satisfied with modern contraception) and 3.7.2 (adolescent birth rate) for submission to the UNSD. UNFPA also Supported the NDC to develop the Youth Development Index (YDI for Ghana. In addition, UNFPA participated in the Population and Development Cross-Sectoral Planning Group meeting to finalise the Ghana ICPD commitment matrix which was included in the National Medium-Term Development Policy Framework.

Achieved versus planned PD outputs in CPD

The data shows a high level of achievement across PD output indicators. All the measured output indicators for the PD component were achieved during the review period. These indicators were concerning the development of census monographs, the setting up of functional protection and monitoring systems with the capacity to address sexual and gender-based violence and harmful practices, security personnel trained in the management of sexual and gender-based violence and harmful traditional practices data management system, and support for the development of population profiles to harness the demographic dividend.

The evaluators found that CP7 through PD excelled in meeting its targets as measured by the selected output indicators. This is despite that part of the implementation period for CP7 has been characterised by the COVID-19 pandemic with its associated negative impacts.

The major reasons cited for this success has been the flexibility in the UNFPA despite the pandemic. Others also made the connection between these high levels of targets achievement and the strategic partnerships UNFPA has, and in the case of the PD component, with partners who are actively involved in population and development and data systems.

Unintended Results

¹¹¹ Bloom, D., Canning, D., and Sevilla, J. (2003). The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change. Population Matters, RAND Corporation. www.rand.org/pubs/monograph_reports/2007/MR1274.pdf

¹¹² Lee, R. and Mason, A. (2006). What is Demographic Dividend? Finance and Development (IMF), 43(3), <http://www.imf.org/external/pubs/ft/fandd/2006/09/basics.htm>

¹¹³ Gribble, J. and Bremner, J. (2012). The Challenge of Attaining the Demographic Dividend, Population Reference Bureau. September 2012.

The evaluators found that COVID-19 pandemic took its toll on the operations and implementation of the 7th CP in Ghana, nevertheless, the UNFPA CO was fast at adapting to the crisis and adjusting its operations and implementation modalities. Several unintended results had emerged that could be tapped on for future programming. Innovative Mobile Medical Clinics (MHC) were designed and deployed to remote areas providing access to SRH services to the hard-to-reach populations.

Albeit, for adolescents, they found online sessions boring and preferred outdoor activities. The COVID-19 pandemic accelerated progress on the digitalization of SRH services and information and GBV protection and referral systems. Since the eruption of the crisis, UNFPA and stakeholders took concrete strides to provide remote services and awareness and capacity building through online sessions, phone consultations, digital applications, SMS text messaging, voice calls and interactive voice response. Government of Ghana focussed on digital transformation across different sectors including health and SRH services. UNFPA also put more emphasis on media, communication and visibility activities in emergency, where the communication and media outlets played an important role in advocacy and access to information. Further, several studies and policy papers were conducted to assess impact of COVID-19 on SRH and GBV with recommendations to government and partners.

EFFECTIVENESS

Q4. To what extent and in what ways has UNFPA been able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity, and addressing SGBV and harmful practices as part of the COVID-19 crises response and recovery efforts?)

| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data collection |
|---|--|--|---|
| Assumption 1: That the UNFPA CP contributed to effective continuity of sexual and reproductive health services and interventions and addressing GBV and harmful practices as part of the COVID-19 crises response and recovery efforts. | Evidence of effective continuity of sexual and reproductive health services and interventions and addressing GBV and harmful practices as part of the COVID-19 crises response and recovery efforts. | <ul style="list-style-type: none"> ● AWP and APRs ● CO staff ● GoG and key stakeholders | <ul style="list-style-type: none"> ● Document review (programme documents and related research and surveys) ● KI interviews ● Focus group discussions with beneficiaries |

Ensuring Continuity of SRH services and Integrating Gender and Women's Empowerment in CP

UNFPA was able to ensure continuity of sexual and reproductive health services and interventions (including ensuring the supply of modern contraceptives and reproductive health commodity and addressing SGBV and harmful practices as part of the COVID-19 crises response and recovery efforts. In this regard, SRH and GEWE were mainstreamed by UNFPA at the programmatic and organisational levels.

Addressing the needs of girls, adolescents and women have been considered across all activities, since the design of the 7th CP, throughout design, implementation and monitoring. More women participated in the implementation of CP7 interventions, including within Safe Spaces and leaders in Youth Centres as well as the YOLE programme. Moreover, accessing services through online and digital tools allowed for equitable access for women and men equally. Capacity strengthening activities targeting national partners and IPs covered GEWE and human rights issues. UNFPA Ghana CO, on the same front, ensured using gender sensitive and transformative language in all its media material and publications, as well as in annual reports.

UNFPA staff interviewed during the evaluation indicated that the ways and extent to which GEWE considerations were integrated into the CP varied between humanitarian and development settings in Ghana. In the humanitarian setting, the programme is flexible, and decision-making largely lies within the UNFPA CO, implications of gender inequalities and GBV were seen and could be addressed. However, with development programmes, decision-making is done by the government on all aspects of the programme, including priorities and implementation approaches and design of activities and targeting. UNFPA used the successes and lessons learned from the humanitarian programme to advocate for work with the government in the development setting. This was a good entry point, yet still limited because not all actors report and not all have systems in place. An example is the GBV IMS which has influenced the national strategies and led to the development of SOPs for essential GBV prevention and response service package led by the government. The developed SRHR strategy endorsed by the government was gender-

sensitive that looked at women through a lifecycle approach. Working on the CRVS, the government looked at the gender issues likely affecting registration of women deaths. In some locations, UNFPA considered the needs of men and boys according to an internal paper that clarified relevant approaches in doing so.

Some government officials interviewed showed commitment to address gender issues and focus on international standard and a survivor-centred approach¹¹⁴. There are difficulties applying the international standards at the national level in Ghana due to culture, stigmatization and protection laws. For example, reporting on gender violence and rape is mandatory by law, but this is not usually accepted at the field level. Several interviewees referred to the rape criminalization law and the amendments needed. The newly developed SOPs on GBV prevention provided a base where national actors can move forward. Internal guidelines for the different agencies for the implementation of the SOPs were developed and are aligned. Institutional challenges continue in terms of the quality and available services, as well as capacity of the staff in these institutions.

IPs working with UNFPA who were interviewed during the evaluation commended on the capacity building they received by UNFPA on SRH, GEWE and human rights approaches. The M&E plans developed by IPs in close coordination and support from UNFPA ensured that they monitor and report on gender-sensitive indicators. There were efforts to link these indicators to contribution to SDGs 3 and 5. IPs further provided trainings to their own staff focusing on different elements such as gender equality, human rights, children rights and inclusion. IPs also ensured prevention of sexual exploitation and abuse (PSEA) and developed measures for their applications.

Integrating Human Rights in CP

In its 7th CP, working on SRH was a priority for UNFPA guided by the human rights principles for individuals and groups. UNFPA ensured accountability and participation of different beneficiary groups and accountability to the affected populations and having incentive-based volunteers as well. UNFPA focused on the principles of Leaving No One Behind and ensured non-discriminatory and quality interventions. Besides working on SRHR at the policy level, UNFPA was one of the few organizations also working on this domain at CBOs level. Like with GEWE, working on the integration of Human Rights within the humanitarian programmes was less challenging than with the development programme.

People interviewed during the evaluation pinpointed on social barriers to work and advocate for LGBTQ groups. UNFPA provided the service regardless of any sexual orientation, yet there were incidences where staff had refused to provide the service considering sexual orientation. As capacities were built on rights-based approaches, the services were made available for all groups including minorities and special groups.

It is worth noting that, out of the UN@75¹¹⁵ youth dialogue in Ghana 'Building Back Better after the pandemic', Human Rights came as the number one focus area that youth living in Ghana believed it needed more focus and efforts. UN@75 was a global dialogue launched by the UN Secretary General on building the future that people want, and a one-minute survey was created to collect the voices of the people, both online and in-person discussions. UNFPA and sister UN Agencies supported the conduct of the survey within their activities. UNFPA supported youth volunteers with a capacity-building session on facilitating online dialogues and a lesson-learned session.

Humanitarian-Development-Peace Nexus

The UNFPA's CP reflected a strengthened humanitarian-development-peace (HDP) nexus approach across its three outcomes and all the work it undertakes to ensure coherence between the three response pillars humanitarian, development and peace. UNFPA has been active to make SRH and GBV services and products accessible to refugees and to host communities. The evaluation accounted for the UNFPA's CP contribution to the HDP nexus through elements contained within the CP, including the collaboration among peacebuilding, development and humanitarian actors through the UNCT and the Humanitarian Partners Forum.

¹¹⁴ A survivor-centred approach to violence against women seeks to empower the survivor by prioritizing her rights, needs and wishes. It means ensuring that survivors have access to appropriate, accessible and good quality services

¹¹⁵ UN. 2020. UN75 2020 and beyond, The Future We Want- The United Nations We Need.

<https://www.un.org/en/un75/presskit#:~:text=In%20January%202020%2C%20the%20UN,headed%20if%20current%20trends%20continue.>

The UNFPA CP and humanitarian, development and peacebuilding organizations in Ghana contributed collectively to the same outcomes and the strategic priorities of the UNSDP. It contributed to the result areas on social investment in people and inclusive, equitable and accountable governance of the United Nations Sustainable Development Partnership (UNSDP) for Ghana 2018-2022.¹¹⁶ The collaboration with other partners included implementation of joint activities, and assessments and monitoring, especially during the COVID-19 crisis.

UNFPA's assistance initiatives implemented at camps provide models of excellence and quality services that are accessible to both refugees and vulnerable populations. The CP took short, medium and long-term perspectives in its interventions that ranged between the provision of SRH services and GBV response to refugees inside camps and those in urban host communities, to strengthening national capacities, supporting PD information and data management systems, as well as development of national SRH Strategy, Youth strategy and CMR guidelines and SOPs.

Although addressing the drivers of the crisis was not a primary objective of UNFPA's humanitarian programme, yet UNFPA was able to contribute by building trust among groups and between the Government and the population and by ensuring equitable access to SRH and GBV services. The safe spaces in the host communities serve everyone, promoting social cohesion within Ghana. Discussions during the evaluation highlighted the heavy load of the humanitarian programme on one hand, and the limited funding for development interventions on the other.

EFFICIENCY

EQ5: To what extent has UNFPA made good use of its human, financial and administrative resources, (including value for money and internal coordination mechanisms) and used a set of appropriate policies, procedures and tools to pursue the achievement of the outcomes defined in the county programme?

| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data collection |
|--|---|--|---|
| Assumption 1: Implementing partners received UNFPA financial and technical support as planned and in a timely manner. | <ul style="list-style-type: none"> ● The financial resources were received to the level planned in the AWP and in a timely manner ● Quality technical assistance to build capacity was available to the level planned ● Evidence that technical assistance increased capacity among recipient stakeholders | <ul style="list-style-type: none"> ● AWP and APR and IP, ● GoG reports ● CO financial reports ● CO, GoG and IP staff | <ul style="list-style-type: none"> ● Document review(programme documents and related research and surveys) ● KI interviews ● Focus group discussions with beneficiaries |
| Assumption 2: Administrative, procurement and financial procedures as well as the mix of implementation modalities led to efficient execution of programme activities. | <ul style="list-style-type: none"> ● Appropriateness of UNFPA administrative, procurement and financial procedures ● Appropriateness of IP selection criteria ● Evidence of successful capacity building initiatives with partners | <ul style="list-style-type: none"> ● AWP ● APR ● CO staff ● GoG and key partners | <ul style="list-style-type: none"> ● Document review (programme documents and related research and surveys) ● KI interviews ● Focus group discussions with beneficiaries |

¹¹⁶ Country Programme Document, Ghana 2018-2022.

Funding Modalities, Reporting and Administrative Arrangements

The Ghana CO maintained a very good funding level for the 7th CP from donors. Albeit national partners find that more funding was needed to allow UNFPA to respond to needed assistance on national priorities (e.g., GBV), as well as to provide further capacity strengthening to the government.

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. During the evaluation, IPs reported that UNFPA supported to build their institutional and individual capacities. This includes through specialized training on SRH and GBV, census technical support, as well as on M&E, project management and soft skills. They believe that they would additionally benefit from leadership and strategic managerial skills, as well as financial capacities and governance. In general, all interviewed IPs were satisfied with the technical, administrative and logistical support provided by the UNFPA teams, despite the many logistical and administrative processes required by UNFPA.

IPs found that the financial support provided by UNFPA was adequate for the implementation of service delivery activities. However, the funds were not sufficient to cover some of their administrative costs, funds were only partially enough for the needed procurement, M&E or the human resources working on the operations. Some of the interviewed IPs reported that they faced challenges with the regularity of funds quarterly and at the end of the financial year, which hindered their abilities to procure and provide medications to beneficiaries at the Reproductive Health clinics and sometimes for logistical expenses (e.g., allowances and coffee breaks during activities). Another challenge for them was the inflexibility of the budget allocations provided to the IPs, where in some cases the IPs find more convenience to make budget changes according to the developments during actual implementation on ground. But when the COVID-19 pandemic started, UNFPA was responsive with budget reallocations, for example to procure necessary digital equipment for the continuation of activities (for example, laptops, internet for staff working from home). UNFPA staff differentiated between the capacities of government IPs and those of NGO IPs. UNFPA has been working with NGOs for some years on SRH and GBV services, which enabled them to gain experience. There were some difficulties faced by the Ghana CO with IPs. This included the lengthy government clearance processes for their operations, some were not cleared despite support by UNFPA. IPs mentioned that such delayed approvals limited the time allowed for implementation within their agreements, and in relation, increased workload to implement and respond to the UNFPA requests timely. Other difficulties included the high turnover of IPs' staff who fail to retain capacitated staff, and sometimes limited communications capacity. There has been improvement in using advanced technology tools and digital solutions (e.g., kobo for assessments, data visualization and M&E dashboards), which would be beneficial to expand on in future programming with adequate investments.

Personnel

The technical capacities of the programme personnel were high, as reflected by IPs, government partners and UN staff. The UNFPA CO has specialized teams for PD, SRHR, GBV, youth and M&E in place, and maintained the positions of Heads of Departments and support functions including Operations and Resource Mobilisation and Partnerships. Field presence bolstered the efficiency of implementation.

The strong Senior Management Team consisting of the Country Representative, Deputy Representative and Heads of Departments, is supportive of sound resource mobilisation, advocacy and policy influence efforts.

Feedback by national partners was positive about the technical capacities of the UNFPA team in Ghana. Almost all the interviewed CO staff from the different teams found that the CO should allow for capacities equivalent to the funding availability and programme intended outputs. They reflected that the current total number of staff in some of the programme components was not sufficient compared to the workload nor the amount of funding, which posed challenges and workload issues. The Population and Development programme area would specifically benefit from additional staff in view of demand for support with technical expertise for the generation, analysis and utilisation of disaggregated data, at national and subnational levels. During COVID-19, the CO capacity was strengthened, evidently through the YOLE programme which provided an additional human resource base to support quality developmental and humanitarian response programmes. In addition, the YOLE Fellowship programme, the first of its kind in the UNFPA family, provided an expanded human resource which contributed to the achievement of the set targets in the country programme.

EQ6: To what extent was the country office able to adapt the level and allocation of its resources to mitigate the consequences of the COVID- 19 crisis?

| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data collection |
|---|--|--|---|
| Assumption 1: Adaptation of financial procedures as well as the mix of implementation modalities led to efficient execution of programme activities to mitigate the consequences of COVID-19. | Evidence that appropriate financial resources and technical assistance from the CO increased capacity among recipient stakeholders to mitigate the consequences of COVID-19. | <ul style="list-style-type: none"> • AWP • APR • CO staff • GoG and key partners | <ul style="list-style-type: none"> • Document review (programme documents and related research and surveys) • KI interviews • Focus group discussions with beneficiaries |
| <p>FINDINGS:</p> <p>The UNFPA CO came forward with funding and human resources, which was appreciated by the RC and UNCT during the evaluation. UNFPA was able to mobilise resources such as for communication and advocacy and for the youth in the UNCT, especially inevitable during COVID-19 and issues related to gender equality.</p> <p>In addition, fund allocations were made by UNFPA based on national priorities and the vision and mandate of the UNCT in Ghana (further discussion under 4.1 Relevance section).</p> <p>UNFPA CO ensured that regular audits were carried out and made public in line with good financial management practices. UNFPA was heralded by key stakeholders, including other UN agencies, for spearheading the integrated approach that contributed to financial and programmatic efficiency by reducing duplication and operational costs, as well as increasing interactions and feedback between UNFPA CO and IPs, particularly in the districts.</p> <p>The M&E function within UNFPA provided a commendable framework for tracking the alignment of IPs' work plans with the Results Matrix thus contributing to efficiency in the implementation of programmes, including those targeted at mitigating the impacts of COVID-19.</p> | | | |
| SUSTAINABILITY | | | |
| <i>EQ7: To what extent has UNFPA been able to support implementing partners and beneficiaries (notably women, adolescents, and youth) in developing capacities and establishing mechanisms to ensure the durability of effects?</i> | | | |
| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data collection |
| Assumption 1: UNFPA Ghana CO has contributed in all four programme areas to sustainable capacity development in the GoG and IPs, and among primary beneficiaries. | <ul style="list-style-type: none"> • Evidence of capacity development initiatives supported by CO and of the likelihood of sustainable results (e.g., staff retention, continued finance, improved quality of service) • Evidence of IP resources and capacity to continue and develop relevant programmes and projects • Evidence of ongoing benefits after the interventions have ended | <ul style="list-style-type: none"> • AWP • APR • CO staff • GoG and Ips | <ul style="list-style-type: none"> • Document review (programme documents and related research and surveys) • KI interviews • Focus group discussions with beneficiaries |

FINDINGS:

The UNCT in Ghana recognizes that the ownership and durability of the humanitarian work is not sufficiently tackled, especially on GEWE issues, and that more sustainable solutions need to be sought. A high level of funding allocations is inevitable to ensure sustained humanitarian support continues.

Prospects for sustainability of the UNFPA's work was built around the engagement of national partners and stakeholders, building national capacities and influencing policies.

UNFPA provided technical support to the MDAs such as GSS, NDPC, NPC, MoE, NYA GHS, GES, among others, and the technical capacity built had the potential to allow these institutions to carry on implementing the various interventions in the future. The CP7 was implemented through existing national and district structures and mandates. UNFPA's strengthening of existing structures ensured that the ownership of the programmes was assured.

The planned programme interventions were implemented by CSO partners with the active participation of communities. Field discussions and monitoring reports revealed that this resulted in increased ownership of the interventions. The programme utilised community-driven approaches that allowed communities to take lead on local activism for gender equality and empowerment of women and girls. Evidence from the field showed that these structures had the potential to continue implementing activities even when formal support ends.

In the views of the interviewed national partners, UNFPA's work encompassed elements that suggest high prospects for sustainability. These included the technical training of trainers that was provided by UNFPA strengthened institutional capacity on a wide array of fields and at different levels, including on GBV response and SRH information and service provision. The information systems, tools and infrastructure, established public-private partnerships as well as the advocacy at the national level contributed to creating an enabling and sustainable environment on SRHR, GBV youth and PD. In this regard, UNFPA and partners continued to support and contribute to the empowerment of young people. UNFPA contributed to the creation of awareness by sensitizing media personnel and other stakeholders on obstetric fistula.

The contribution to the sensitisation and partnership with the media increased the coverage and reached reach more people with the education on obstetric fistula. Midwives were trained on how to use the safe delivery application. The CO as a leader in youth empowerment provided support to key platforms for youth engagement including the setting up of the YoLe Fellowship programme. Recognising the very important role that young people play in the achievement of the SDGs, the UNFPA CO supported Youth Advocates Ghana, a youth-led civil society organisation to co-host the 2nd African Youth SDG summit platform. YoLe was launched in November 2018 and has had extraordinary successes in the provision of a platform for professional skills building and leadership, and helping young people sharpen their skills in leadership and innovation in diverse areas.

Ownership and durability were especially considered within the CP's work on population and development, a main strategic partner to UNFPA was the Ghana Statistical Services (GSS). For the first time in Ghana, UNFPA supported the Government to use digital technology to conduct the PHC in line with UN recommendations for the 2020 rounds of censuses. UNFPA provided leadership for the planning and executing of the independent monitoring (IM) of the 2021 PHC and follow up actions. UNFPA also supported the conduct and release of the results of the 2021 PHC. On communities and beneficiary levels, the UNFPA interventions had positive impact evident in their sustained access to SRH services and GBV support. Trained volunteers through the youth centres and the safe spaces can implement community and outreach activities. In this regard, UNFPA worked with the youth to develop a strategic plan for resource mobilization and sustainability. A challenge shared by UNFPA staff during the evaluation is that donors are competing to develop different policies, but not committing funding for their implementation. Ghana has so many policies in place, nevertheless, they are not being implemented. This calls for a coordinated action by the UN and development partners in Ghana that contribute the Government of Ghana's efforts. Feedback from national partners reflected that they believe that without UNFPA, there are services and advancements that would not continue as they are anchored around the implementation of projects by UNFPA.

The evaluation however was not able to account for consideration by the CP to wider contextual challenges faced by Ghana, including the overall high unemployment and poverty rates in Ghana. Moreover, integration of refugees into the labour market remains challenging. These challenges would have toll on Ghana's ability to continue to provide humanitarian assistance. A challenge that is aggravated by the risks of a decline international humanitarian support and the uncertainty of the range of the impact of the COVID-19 global crisis. This risk to sustainability of services was realized by UNFPA (document reviews) in light with donor fatigue and reallocation of resources to fund other emergency crises.

EQ8: To what extent has the country office successfully partnered (through different types of partnerships-civil society, including local NGOs, other United Nations agencies, academia, parliamentarians etc.) to ensure that UNFPA makes use of its comparative strengths in the achievement of the country programme outcomes across all the programmatic areas?

| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data collection |
|--|--|---|---|
| Assumption 1: The CO has added value to the key stakeholders and to the results in all four programmes areas compared with what would have been achieved without it. | Extent to which CO contributed to finance and/or technical support to GoG and IPs that would not otherwise have been available for each programme area | <ul style="list-style-type: none"> ● AWP and APRs ● Office typology and skill ● areas of staff ● CO staff ● GoG and key partners | <ul style="list-style-type: none"> ● Document review (programme documents and related research and surveys) ● KI interviews ● Focus group discussions with beneficiaries |

FINDINGS:
 UNFPA's niche is the provision of high-quality data on all the thematic components of the CP and being able to support other UN agencies on their data needs. According to the interviews held with some key national-level stakeholders, UNFPA has a pivotal role to influence the strategic decisions made by UNCT. However, this requires UNFPA's pro-active and continuous engagement with all key stakeholders within the context of the CP.

UNFPA trained divisional and district police commanders in SGBV, reproductive health and rights, the role of the police in aspects of community-coordinated response systems and laws concerning gender-based violence. UNFPA also supported the Ministry of Gender, Children, and Social Protection to draft guidelines for engaging religious and traditional authorities on negative issues that impede the rights of women and children and the country at large.

In addition, UNFPA provided technical and financial aid in the review of the National Gender Policy. In addition, for the first time in Ghana, UNFPA supported the Government to use digital technology to conduct the PHC in line with UN recommendations for the 2020 rounds of censuses.

COVERAGE

EQ9: To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalised groups (women and adolescents and persons with Disabilities broadly and youth with disabilities in particular; etc.)?

| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data collection |
|---|--|--|---|
| Assumption 1: That the UNFPA humanitarian interventions reached the most vulnerable and marginalised groups (women and adolescents and youth with disabilities; etc). | Evidence of effective continuity of sexual and reproductive health services and interventions and addressing GBV and harmful practices as part of the COVID-19 crises response and recovery efforts. | <ul style="list-style-type: none"> ● AWP and APRs ● CO staff ● GoG and key stakeholders | <ul style="list-style-type: none"> ● Document review (programme documents and related research and surveys) ● KI interviews ● Focus group discussions with beneficiaries |

FINDINGS:
 CP7 has a robust humanitarian component that is focused on the inclusion of people affected by conflict and disasters as well as refugees and asylum seekers and the vulnerable host communities. According to UNFPA, estimates, the total number of people in need in Ghana is 118 000 of which 29 346 are women of reproductive health, 2 451 are pregnant women and 35 992 are young people.

UNFPA's has consistently had under USD500 000 earmarked for humanitarian funding from 2016 to 2019. In 2020 and 2021, the amount of funds requested and received for humanitarian interventions was close to USD6 million.

This was largely necessitated by the need to respond to the impact of COVID-19 pandemic on the population. It is commendable that UNFPA CO could respond in this manner in order to mitigate the effect of COVID-19 which invariably threatened to cause further strife particularly on the vulnerable populations

UNFPA Ghana has since then worked with the government and other partners to ensure a comprehensive programme of interventions tailored at improving the lives of women and girls, particularly the vulnerable ones such as the Kayayei. Kayayei is a phenomenon involving women and girls aged between 10 and 35 years who migrate mainly from northern parts of Ghana to market centers in Accra, and other large cities where they work as head porters. Some of these girls are in search of better livelihood opportunities while others escape from harmful practices, gender-based violence and ethnic or family conflicts. However, as it stands, the Kayayei peculiarity seems to be worsening as more and more girls, with some as young as nine years, are found in this group despite Ghana's law of compulsory basic education.

In collaboration with Ghana Health Service and the Planned Parenthood Association of Ghana (PPAG), UNFPA conducts regular reproductive health clinics at the various markets where the organization supports partners to work with the Kayayei. The services include information and counselling advice on sexual and reproductive health issues, including HIV prevention and the provision of free family planning. UNFPA believes that the Kayayei can play an important role in economic and social development in their communities.

The focus of UNFPA's interventions in CP7 was clearly on women, adolescents and girls, as well as refugees and vulnerable Ghanaians, and to an extent, people with disabilities. However, beneficiary support had not been sufficient to address all the special and increasing needs of 'those furthest behind', especially in development settings. Some marginalized and vulnerable groups were left behind with unmet needs. Of those, the stakeholders interviewed pinpointed that the extent of inclusion of the most vulnerable and marginalized was not fully considered. These include the elderly, people with disabilities, women in menopause age, migrant workers, survivors of human trafficking and commercial sex workers. These groups face challenges in access to SRH services and information, as well as GBV protection due to physical, communication and social constraints.

UNFPA CO, in a continuous effort to ensure that women, adolescents, young people and other vulnerable and excluded groups, including persons with disabilities, are empowered to make decisions regarding their sexual and reproductive health and life options is promoting the human rights and social inclusion of adolescents and young people living with disabilities through the "We Decide: Young Persons with Disabilities. A Programme for Equal Opportunities and a Life Free of Violence" initiative.

Although a number of humanitarian-related situations were encountered in 2020, including sporadic floods and elections-related vigilantism, the COVID-19 pandemic was by far the biggest and most impactful emergency faced nationally and globally. The UNFPA CO was quick to respond to the first two cases in the country by updating its Minimum Preparedness Actions Plan and contingency plan to include COVID-19, activated the Business Continuity Plan, established an effective communication tree/network, initiated self-isolation by all staff, established telecommuting and COVID-19 protocols, provided support (addressing physical, medical and psychological needs of staff and contract workers) and procured PPEs and hygiene items to staff, contract workers and partners.

The CO also developed and established information management, response monitoring and communications channels, regularly updating the UNCT, WCARO and HQ with status updates. UNFPA-GHANA was active in and supported established interagency platforms and working groups including Medical, Psychosocial, Crisis Operations Management, Communications Sub-working Groups and the IAWGE, Youth and Gender Teams. UNFPA led the SGBV/Gender subcluster, as per its mandate. With limited resources, UNFPA leveraged its relationships with sister agencies, such as WFP, and partners, including the Ministry of Health/Ghana Health Service, Ecobank and Prudential Insurance to provide support to frontline workers, COVID19 isolation centers and the vulnerable in society such as the Kayayei (Head porters), persons with disabilities, as described above, and juveniles in correction facilities.

COORDINATION

EQ10: To what extent has UNFPA contributed to the functioning and consolidation of the coordination mechanisms of the UNCT?

| Assumptions to be assessed | Indicators | Sources of Information | Methods and Tools for data collection |
|--|--|--|---|
| Assumption 1: The UNFPA has effectively contributed to the UNCT and its effort to achieve the goal of delivering as one. | <ul style="list-style-type: none"> Evidence of roles played by UNFPA in UNCT and active participation in UNCT working groups, and exchange of information Evidence of joint programming | <ul style="list-style-type: none"> Monitoring and evaluation reports Joint programmes and work plan and reports UNCT and programme specialists in UN agencies | <ul style="list-style-type: none"> Document review (programme documents and related research and surveys) KI interviews Focus group discussions with beneficiaries |

FINDINGS:

See above section on relevance on alignment of UNFPA CP with UNSDP and Humanitarian Response Plans.

UNFPA programmes and interventions are aligned to government policies and strategies in Iraq. Through leading and participating in various humanitarian assistance coordination mechanism UNFPA has worked to harmonise its interventions with other partners and thus avoid duplication in emergency response interventions. Engagement by UNFPA in some coordination mechanisms can be strengthened.

The 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. Both UN agencies and GoG MDAs appreciated the important role that UNFPA continues to play in bringing multi-disciplinary strategic partners together to increase the efficiency and effectiveness of the country's development agenda.

The evaluation team observed that UNFPA contributed to the functioning of the UN Country Team (UNCT) and Humanitarian Country Team (HCT) coordination mechanisms through its attendance of meetings and contributions to data collection and development of reports etc.

UNFPA was Lead of the Youth Working Group and of the GBV sub-Cluster. Stakeholders interviewed generally found the youth working group, a useful mechanism for coordinating youth interventions and exchanging information on gaps in service provision among AY. Challenges were reported in the participation by actors in this group. For example, reporting to the group by partners not funded by UNFPA was irregular.

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. It was further highlighted that the current UNFPA Country Representative has served as acting Resident Coordinator on various occasions and is an active champion towards the empowerment of youth in Ghana. In this regard, all key UN agencies who responded to the interviews indicated the important role that UNFPA played in the country's overall development agenda, contributing effectively to improving UNCT coordination mechanisms, particularly towards strengthening advocacy in several areas was useful to other UN agency members.

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 sharing of Ghana Statistical Service to build greater statistical capacity and reuse of the open-source common set of software.

The UN Youth Group chaired by UNFPA, coordinated the involvement of the Group in the processes leading to the review of Ghana's National Youth Policy to ensure that the draft document was up to international standards. The group also collaborated to commemorate the 2019 Human Rights Day.

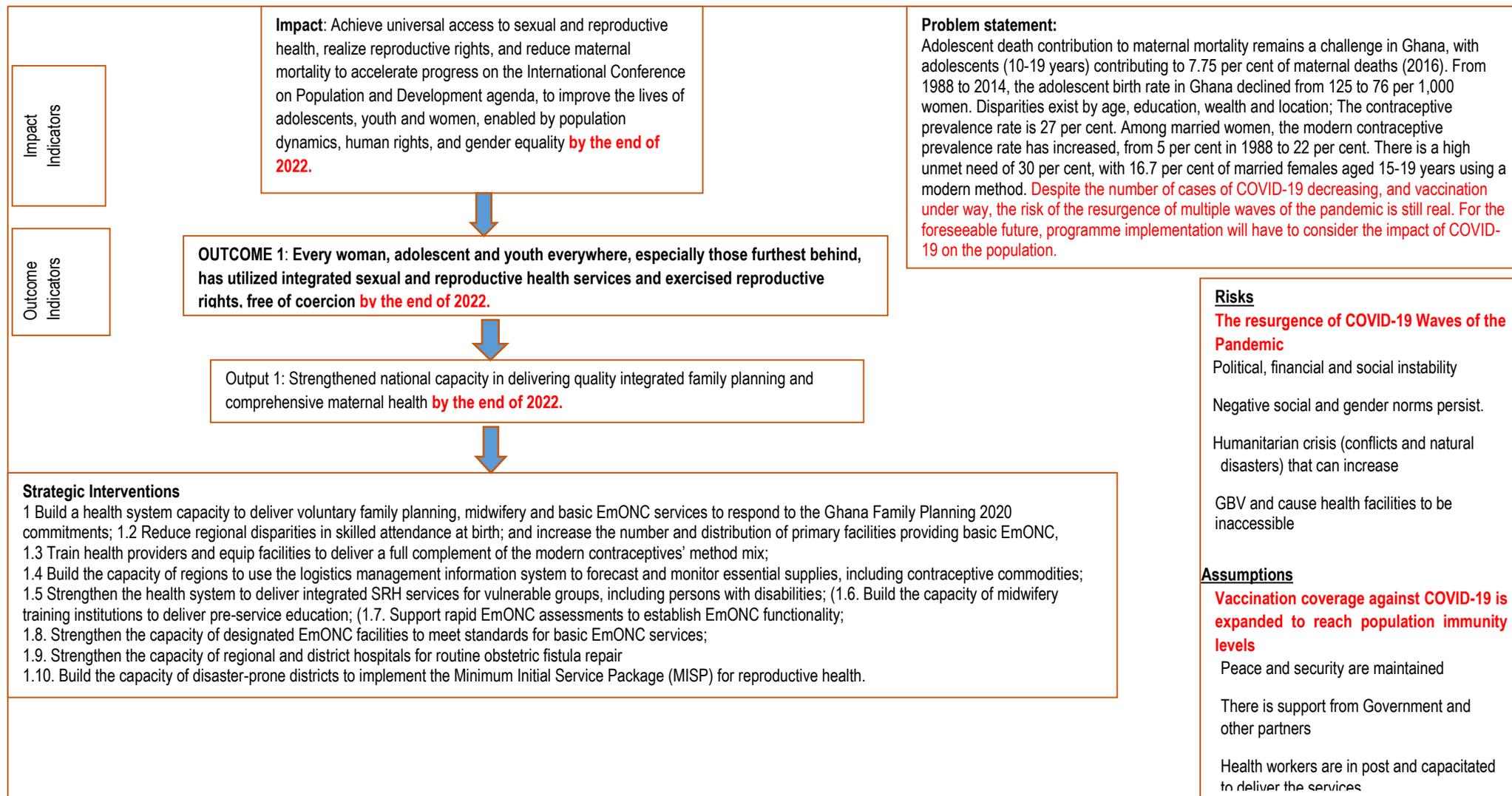
IPs interviewed during the evaluation mentioned that the partnership with UNFPA allowed them to participate in different coordination groups and understand what the developments are in SRH and GBV areas at the national level. Through the groups, they become updated on the procedures, tools and implementation strategies and cope within their entities at an early stage. They added that UNFPA provided technical support on the GBV working group at the policy level and at the field level, providing strategies for coordination, implementation and access to information and services.

Furthermore, UNFPA was well positioned and actively participating where possible within the UN coordination groups, retreats and discussions to advocate for SRH and GBV issues where possible. For example, within the youth group, UNFPA had been active in supporting the coordination of all the reporting and the planning of the UNCT leading to the establishment of the UN Interagency Group on youth. As a fast-track country, the implementation of the UN Youth strategy enabled better coordination and reporting of results. It also strengthened the implementation of Delivering as One among the UN Agencies in Ghana.

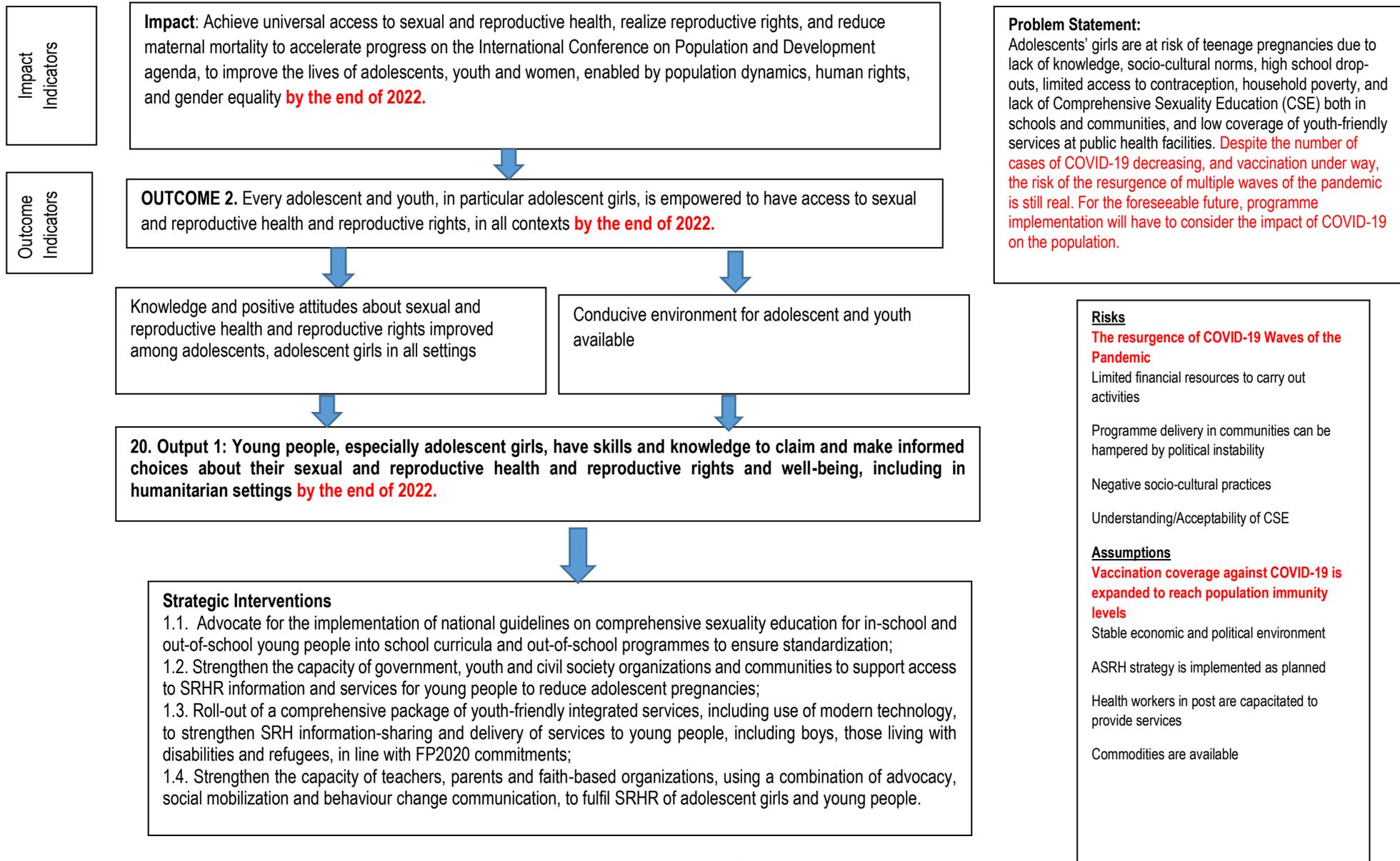
UNFPA through its 7th CP took concrete strides on building capacities at local and national levels in Ghana, primarily on SRH services, empowerment of youth, GBV response, PD information management systems and policy development. Over the multiple years of the CP, these efforts increased the ability of people, organisations and the government to address humanitarian needs, risks and vulnerability. At the same time, development capacity building efforts ensured to maximize effectiveness, resilience and country ownership to manage and deliver SRH and GBV products and services to the target groups at the longer term. The evaluation accounted for interconnected capacity development results at the individual, organizational and enabling environment levels.

Annex 5: Theory of Change (Reconstructed)

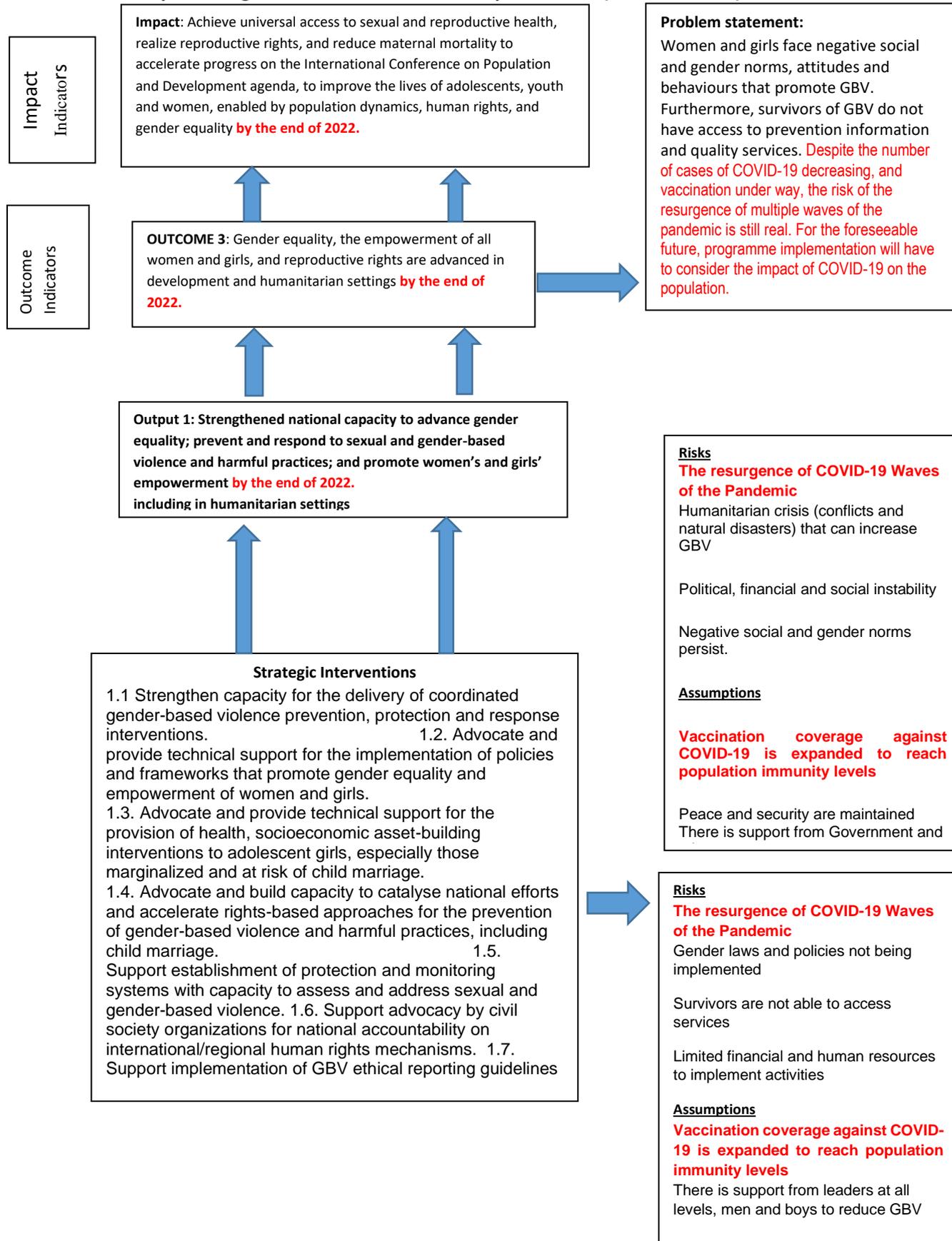
Outcome 1: Theory of Change for Sexual and Reproductive Health and Rights



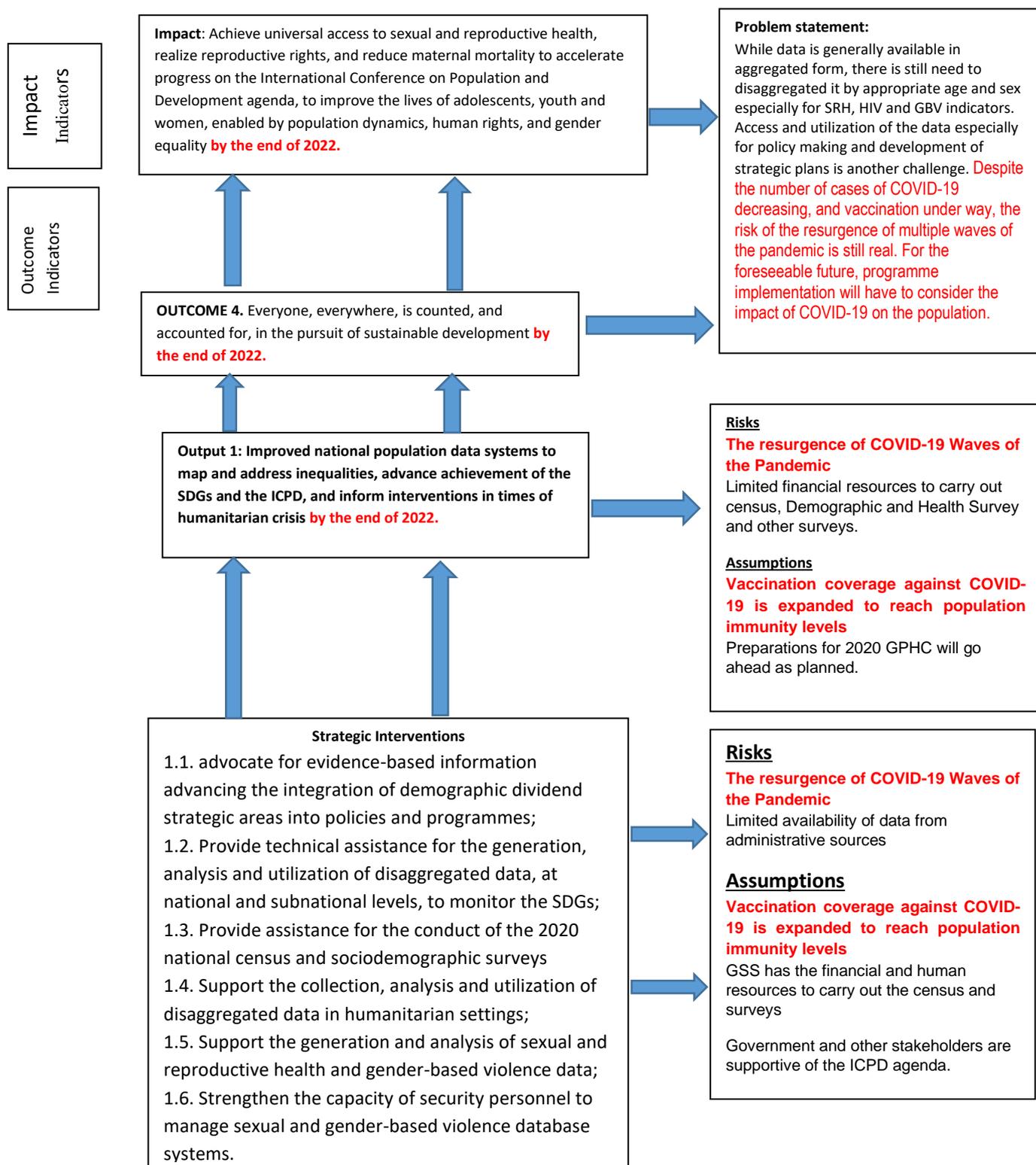
Outcome 2 Theory of Change: Adolescents and Youth (Reconstructed)



Outcome 3 Theory of Change: Gender and Women’s Empowerment (Reconstructed)



Outcome 4 Theory of Change: Population and Development (Reconstructed)



Annex 6: Stakeholders' Map

| Donor | Implementing agency | | | | | | | Other partners | | | | | | | Rights holders | Other |
|--|-----------------------------------|--------------|-----------|-----|----------|----------|-------|----------------|-----------|---|-----|---------------|------------|-------|----------------|-------|
| | Gov | Local NGO | Int'l NGO | WRO | Other UN | Academia | Other | Gov | Local NGO | Int'l NGO | WRO | Other UN | Academia | Other | | |
| OUTCOME 1: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS | | | | | | | | | | | | | | | | |
| UNFPA Strategic Plan (2018-2021) Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence. | | | | | | | | | | | | | | | | |
| CPAP Output1: Strengthened national capacity in delivering quality integrated family planning and comprehensive maternal health information and services, in particular for adolescents and youth, including in humanitarian settings (Atlas Project: e.g., ZZT05, ZZT06) | | | | | | | | | | | | | | | | |
| | GHS RCCs GSS NPC RCCs | PPAG PAYD | | | | | CHAG | | | Jhpiego FHI360 SWISS Red Cross Ghana Red Cross | | WHO UNICEF | UG RIPS | | | |
| OUTCOME 2: ADOLSCENTS AND YOUTH | | | | | | | | | | | | | | | | |
| UNFPA Strategic Plan (2018-2021) Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts. | | | | | | | | | | | | | | | | |

CPAP Output 1. Young people, especially adolescent girls have skills and knowledge to claim and make informed choices about their SRHR and well-being, including in humanitarian settings
(Atlas Project: e.g., UZJ29, UQA72, UQA70, UCJ18, NOA71, CHA28ZWE)

| | | | | | | | | | | | | | | | |
|--|-------------|------------------------------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|
| | NYA RCCs | PPAG HFFG PAYDP SAA | | | | | | | | | UNICEF, UNESCO , UNDP, UNAIDS | UG UCC | | | |
|--|-------------|------------------------------|--|--|--|--|--|--|--|--|--|-----------|--|--|--|

OUTCOME 3: GENDER EQUALITY AND WOMEN’S EMPOWERMENT

UNFPA Strategic Plan (2018-2021) Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

CPAP Output 1: Strengthened national capacity to advance gender equality; prevent and respond to sexual and gender-based violence and harmful practices; and promote women’s and girls’ empowerment, (ATLAS Project, UCJ18, UZJ29, FPA90), including in humanitarian settings (Atlas Project: e.g. ESA35).

| | | | | | | | | | | | | | | | |
|--|-----------------------------------|------------------------|--|--|--|--|--|--------------------|--|---------------|--|-----------|--|--|--|
| | MOGCSP DOVVSU, RCCs, GHS | INGH, PAYDP PPAG | | | | | | Kayayei Network | | FIDA Ghana | UNICEF IOM UNHCR UNDP UNGT GEST | UG UCC | | | |
|--|-----------------------------------|------------------------|--|--|--|--|--|--------------------|--|---------------|--|-----------|--|--|--|

| | | | | | | | | | | | | | | | | |
|--|-------------|--|--|--|--|--|--|--|------------|-----------------|--|--|--|----------------------|--|--|
| | | | | | | | | | | | | | | | | |
| OUTCOME 4: POPULATION AND DEVELOPMENT | | | | | | | | | | | | | | | | |
| UNFPA Strategic Plan (2018-2021) Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development. | | | | | | | | | | | | | | | | |
| CPAP Output 1: 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. | | | | | | | | | | | | | | | | |
| | GSS NDPC | | | | | | | | NPC BDR | Pop. Council | | | | UG, KNUST, UCC | | |

*WRO= Women's Rights Organisation

UNFPA GHANA

COUNTRY OFFICE – KEY INFORMANT INTERVIEW

General Introduction - Purpose of the evaluation

Thank you very much for taking the time to talk with us about your work with UNFPA. We anticipate that it will take approximately one hour to respond to these questions. We also want to assure you that your answers are confidential and will only be analysed by pooling together all the data and findings. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA so please feel free to share your views and perceptions as we are sure they will enrich this evaluation.

Before we get started, perhaps you can introduce yourself and tell us a bit about your role with UNFPA.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- a. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including in humanitarian settings?
- b. How well does the UNFPA activities/work support the national structures that are in place?
- c. How is the humanitarian/development context reflected in the CP?

2. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. To what extent is the CP7 aligned to national development strategies and priorities in Ghana?
- b. To what extent is the CP7 aligned to national priorities (including the UNSDP 2018-2022, sectoral priorities, and coherence with needs of target groups)?
- c. To what extent is the CP7 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2022)?

- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights-based approaches?

3. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 7th CP?
- b. To what extent was the country office able to adapt the level and allocation of its resources with a view to mitigating the consequences of the COVID 19 crisis?
- c. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?

- c. What are the main comparative strengths of UNFPA in Ghana; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era the UNSDP and changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) coordination mechanisms and outside of the UN mechanisms?
- b. To what extent did the UNFPA Ghana CO contribute to ensuring programme complementarity, seeking synergies and undertaking joint initiatives among UN funds and programmes?

7. Objective: Coverage

Possible questions:

- a. To what extent have UNFPA humanitarian interventions systematically reached the most vulnerable and marginalised groups (women and adolescents and youth with disabilities; etc), with a focus in Ghana?
- b. How well does the 7th Country programme integrate aspects of (a) leaving no one behind (b) south South-South and Triangular Cooperation and c) Human-Development Nexus.

8. Objective: Interviewee recommendations

Possible questions:

- a. Is there anything else you would like to mention?
- b. Are there any specific recommendations you would like to mention?

UNFPA GHANA

COUNTRY OFFICE – KEY INFORMANT INTERVIEW GUIDE FOR OPERATIONS AND COMMUNICATION

General Introduction - Purpose of the evaluation

Thank you very much for taking the time to talk with us about your work with UNFPA. We anticipate that it will take approximately one hour to respond to these questions. We also want to assure you that your answers are confidential and will only be analysed by pooling together all the data and findings. Should we need to directly quote you, this will only happen after receiving a written consent from you.

We would also like to stress that we are a team of independent evaluators and as such we do not work with UNFPA so please feel free to share your views and perceptions as we are sure they will enrich this evaluation.

Before we get started, perhaps you can introduce yourself and tell us a bit about your role with UNFPA.

Core interview: objectives of the interview guide transformed into questions

9. Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- d. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including in humanitarian settings?
- e. How well does the UNFPA activities/work support the national structures that are in place?
- f. What role did Communications/Operations play in the CP7?

10. Objective: Role played

Possible questions:

- f. In what way did your work support the following thematic areas:
 - i. Sexual and reproductive health and rights/ FP
 - ii. Gender equity and empowerment?
 - iii. Adolescents and Youth
 - iv. Population and Development

11. Objective: Challenges (Challenges faced in playing roles towards the achievement of outcomes).

Possible questions:

- c. What challenges did you face in playing your role in Communications/Operations?
- d. Were the planned activities successfully implemented?

12. Objective: Lessons Learnt

Possible questions:

- d. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- e. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- f. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

13. Objective: Interviewee recommendations

Possible questions:

- c. Is there anything else you would like to mention?
- d. Are there any specific recommendations you would like to mention?

**UNFPA Ghana – Sexual Reproductive Health and Rights
Key Informant Interview Guide for Implementers of the Programme**

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate GoG/UNFPA's 7th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- a. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- b. Who was consulted regarding the design?
- c. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. To what extent is the CP7 aligned to national priorities in Ghana (Coordinated Programme of Economic and Social Policies 2017-2024 and the Medium-Term Development Policy Framework 2018-2021; the African Union 2063 agenda)?
- b. To what extent is the CP7 aligned to national priorities (including the UNSDP 2018-2022, sectoral priorities, and coherence with needs of target groups)?
- c. To what extent is the CP7 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2022)?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights-based approaches?

3. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 7th CP?
- b. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Ghana; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of the UNSDP and changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) coordination mechanisms?

7. Objective: Interviewee recommendations

**UNFPA Ghana – Sexual Reproductive Health and Rights
Key Informant Interview Guide for Other Key Players**

UN Agencies, Donors, and Organisations that are not implementing the programme but are key players in the sector (Resident Coordinator, others in humanitarian assistance)

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate GoG/UNFPA's 7th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- g. How relevant do you perceive UNFPA's work to be in regard to national objectives and priorities including the humanitarian situation for refugees?
- h. How well does the UNFPA activities/work support the national structures that are in place?

2. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. To what extent is the CP7 aligned to national priorities in Ghana (Coordinated Programme of Economic and Social Policies 2017-2024 and the Medium-Term Development Policy Framework 2018-2021; the African Union 2063 agenda)?
- b. To what extent is the CP7 aligned to national priorities (including the UNSDP 2018-2022, sectoral priorities, and coherence with needs of target groups)?
- c. To what extent is the CP7 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2022)?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights-based approaches?

3. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Please comment how and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 7th CP?
- b. Please comment to what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Ghana; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of the UNSDP and changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) coordination mechanisms?

7. Objective: Interviewee recommendations

UNFPA Ghana - Reproductive Health and Rights

Focus Group Discussion for adolescents and youth

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate GoG/UNFPA's 7th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country's development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken

Possible questions:

- a. What were, and are your priority needs as far as adolescent sexual reproductive health is concerned?

2. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

3. How well does the activity/work of UNFPA fit in with the adolescents and youth in this district?
4. What effect do you think the work should have, with which groups?

5. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Did your work receive the needed support from UNFPA?
- b. Did the youth network receive any other support in connection with the UNFPA work and who provided this support?

6. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. Can you provide examples of success of the approach/activity (e.g. box game, peer counseling) both long term and short term?

- b. How useful are these activities to communicate the RH messages?
- c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

7. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Can the youth networks carry on the work without UNFPA?
- b. What will help the youth networks to carry on the SRH work on their own?

8. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. Do you work with other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

9. Objective: FGD group recommendations

UNFPA Ghana - Reproductive Health and Rights
Focus Group Discussion for women of reproductive age (15-54 years) / girls

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate GoG/UNFPA's 7th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country's development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken

Possible questions:

- a. What were, and are your priority needs as far as sexual reproductive health and rights is concerned?

2. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. How well does the activity/work of UNFPA fit in with the needs of women / girls in this district?
- b. What effect do you think the work should have, with women / girls?

3. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Did the women / girls or your groups receive the needed support from UNFPA?
- b. Did the women / girls or your groups receive any other support in connection with the UNFPA work and who provided this support?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. Can you provide examples of success of the approach/activity (e.g. box game) both long term and short term?
- b. How useful are these activities to communicate the SRH messages?

- c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Can the women / girls or your groups carry on the work without UNFPA?
- b. What will help women / girls or your groups to carry on the SRH work on their own?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

7. Objective: FGD group recommendations

UNFPA - Reproductive Health and Rights
Focus Group Discussion for men and men action groups (MAGs)

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate GoG/UNFPA's 7th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country's development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken

Possible questions:

- a. What were, and are your priority needs as far as sexual reproductive health and rights is concerned?

2. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. How well does the activity/work of UNFPA fit in with the needs of men and MAGs in this district?
- b. What effect do you think the work should have, with men /MAGs?

3. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Did the men or MAGs receive the needed support from UNFPA?
- b. Did the men and MAGs receive any other support in connection with the UNFPA work and who provided this support?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. Can you provide examples of success of the approach/activity (e.g. box game) both long term and short term?
- b. How useful are these activities to communicate the SRH messages?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Can the men and MAGs carry on the work without UNFPA?
- b. What will help the men and MAGs to carry on the SRH work on their own?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

7. Objective: Lessons learnt and best practices

Possible questions:

- a. What would have done differently with the same resources?
- b. What was the most and least successful approach in the delivery of CP outputs?
- c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

8. Objective: FGD group recommendations

**UNFPA - Reproductive Health and Rights
Focus Group Discussion for refugees (women or men)**

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate GoG/UNFPA's 7th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country's development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken

Possible questions:

- a. What were, and are your priority needs?
- b. How well have you been consulted about your needs?

2. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. Did you help plan the services you have received?
- b. What effect do you think the work should have, with which groups?

3. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Did you receive the services when you needed them? Were there delays?
- b. Did you receive what you expected? Were you consulted afterwards about your use of the items and services?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. Can you provide examples of success of the services or activities?
- b. How do you think the activities can be improved?

- c. What was helpful for you regarding your health (psychosocial support, learning, access to contraceptives, birth spacing)?
- d. Will the activities/services be useful in the future?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Can you carry on the work without UNFPA?
- b. What will help you carry on the SRH work on your own?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. Do you receive support from other UN agencies and/or can you say how well the activities are coordinated, overlapping or gaps identified?

7. Objective: Lessons learnt and best practices

Possible questions:

- a. What would have done differently with the same resources?
- b. What was the most and least successful approach in the delivery of CP outputs?
- c. What are the lessons and good practices that should be continued and/or replicated elsewhere?

8. Objective: FGD group recommendations

UNFPA Ghana – Gender Equality
Key Informant Interview Guide for Implementers of Gender Equality Component

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate GoG/UNFPA’s 7th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country's development results and to draw key lessons from past and current cooperation and provide clear options for the future.

Core interview: objectives of the interview guide transformed into questions

14. Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- i. How relevant do you perceive UNFPA’s work to be in regard to national objectives and priorities including the humanitarian situation for refugees?
- j. How well does the UNFPA activities/work support the national structures that are in place?

15. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- g. To what extent is the CP7 aligned to national priorities in Ghana (Coordinated Programme of Economic and Social Policies 2017-2024 and the Medium-Term Development Policy Framework 2018-2021; the African Union 2063 agenda)?
- h. To what extent is the CP7 aligned to national priorities (including the UNSDP 2018-2022, sectoral priorities, and coherence with needs of target groups)?
- i. To what extent is the CP7 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2022)?
- j. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response?
- k. To what extent has the programme integrated gender and human rights-based approaches?

16. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- d. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 7th CP?
- e. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

17. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- e. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- f. What are the key lessons learnt and best practices that can contribute to the knowledge base of the UNFPA and partners and be applied in future programme and policy development?

18. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- g. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- h. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- i. What are the main comparative strengths of UNFPA in Ghana; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of the UNSDP and changing aid environment?

19. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- c. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) coordination mechanisms?

20. Objective: Interviewee recommendations

UNFPA - Gender Equality
Focus Group Discussion for Beneficiaries (Separately for women, men, and young people, community structures including community activists, male action groups)

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate GoG/UNFPA's 7th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country's development results and to draw key lessons from past and current cooperation and provide clear options for the future. We will be talking to many stakeholders including programme beneficiaries.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken

Possible questions:

- a. What were, and are your priority needs as far as gender equality and empowerment?

2. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. What were, and are your priority needs in respect to gender equality and women empowerment?
- b. How well were you consulted about your needs? Possible probes: How were you involved in the development of the programme?

3. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- a. Were you receiving services in a timely manner/whenever you needed them?
- b. Did the agency/ institution seek your feedback on the services/activities being implemented?
- c. How well did the agency/institution use this feedback to improve services/activities?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. How well has the programme managed to support your gender equality and women empowerment needs? Possible probes: What changes has this programme brought about in your lives?

- b. What are the key lessons learnt and best practices that can contribute to the knowledge base of the UNFPA and partners and be applied in future programme and policy development?
- c. Are there any changes that should have been made in order to improve services or activities?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. Are you engaged in gender equality and women empowerment activities by other agencies or individuals?
- b. Do they work together?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. How well has the programme been able to work within existing community structures?
- b. Do you think the existing structures are able to take on work/part of the work that is being implemented?

7. Objective: FGD group recommendations

**UNFPA Ghana - Population and Development (PD)
Key Informant Interview Guide for Implementers of the PD Component**

General Introduction - Purpose of the evaluation

I am (we are) part of a three-person team to evaluate GoG/UNFPA's 7th Country Programme (2018-2022) to help UNFPA plan the next country programme. It is an independent evaluation and this is a confidential interview to understand how well UNFPA has positioned itself with the communities and national partners to add value to the country's development results and to draw key lessons from past and current cooperation and provide clear options for the future.

Core interview: objectives of the interview guide transformed into questions

1. Objective: Rationale for the project and activities undertaken (needs assessments, value added, targeting of the most vulnerable, extent of consultation with targeted people, ability and resources to carry out the work, gender sensitivity)

Possible questions:

- a. What work are you involved in with UNFPA Ghana?
- b. How did you decide to undertake this work, what were the indications that it would be effective and would reach the target population?
- c. Who was consulted regarding the design?
- d. What other actors have been involved, how does this activity contribute to that of others?

2. Objective: Relevance of the project/activities to both national government and UNFPA policies and strategies and how they address different and changing national contexts

Possible questions:

- a. To what extent is the CP7 aligned to national priorities in Ghana (Coordinated Programme of Economic and Social Policies 2017-2024 and the Medium-Term Development Policy Framework 2018-2021; the African Union 2063 agenda)?
- b. To what extent is the CP7 aligned to national priorities (including the UNSDP 2018-2022, sectoral priorities, and coherence with needs of target groups)?
- c. To what extent is the CP7 aligned to the SDGs pertaining to the most vulnerable women, adolescents and youth; the Programme of Action of the International Conference on Population and Development (ICPD); and UNFPA Strategic plans (2018 – 2022)?
- d. To what extent has UNFPA been able to respond/adapt to changes in national needs and contexts, including humanitarian emergencies and COVID-19? What was the quality of such a response?
- e. To what extent has the programme integrated gender and human rights-based approaches?

3. Objective: Efficiency of use of UNFPA resources (partners, staff, money, global experience) in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results.

Possible questions:

- f. How and to what extent has the Country Office made use of its funding, personnel, administrative arrangements, time and other inputs to optimise achievement of results described in the 7th CP?
- g. To what extent did the intervention mechanisms (partnership strategy; execution/implementation arrangements; joint programme modality) foster or hinder the achievement of the programme outputs, including those specifically related to advancing gender equality and human rights as well as those with gender and human rights dimensions?

4. Objective: Effectiveness of the approaches/activities/projects (The extent to which intended outputs have been achieved and the extent to which these outputs have contributed to the achievement of the outcomes).

Possible questions:

- a. To what extent did the interventions supported by UNFPA in all programmatic areas contribute to the achievement of planned results (outputs and outcomes)? Were the planned geographic areas and target groups successfully reached?
- b. What are the key lessons learnt and best practices that can contribute to the knowledge base of the UNFPA and partners and be applied in future programme and policy development?

5. Objective: Sustainability of the benefits from UNFPA support likely to continue, after CP has been completed

Possible questions:

- a. To what extent did the programme build capacity for Government structures and other partners to be able to maintain the change made by the programme interventions, if any?
- b. To what extent have the partnerships built by UNFPA promoted national ownership of supported interventions, programmes and policies?
- c. What are the main comparative strengths of UNFPA in Ghana; and how can these strengths and lessons learned from the previous CPs be used for strategic positioning for future CP development in humanitarian and development nexus, in the era of new generation UNDAF and changing aid environment?

6. Objective: Existence and functioning of coordination mechanisms

Possible questions:

- a. To what extent has the UNFPA Country Office contributed to the functioning and consolidation of United Nations Country Team (UNCT) coordination mechanisms?

7. Objective: Interviewee recommendations

Annex 8: CPE Agenda

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|-----------------------------------|---|---|---|--|--|---|
| DESIGN PHASE¹¹⁷ | | | | | | |
| Day 1: (25 May 2021) | 11h00-12h00 Evaluation Team meeting with Country Representative; Deputy Country Representative; and CO Programme Staff. | Evaluation Team; Country Representative; Deputy Country Representative; and Programme Staff | Remote Access | Evaluation Team and UNFPA Ghana Country Office | Evaluation Brief | Evaluation Team brief on CPE expectations; clarification of ToR; clarification of team member roles. |
| Day 2 (26 May 2021) | 08h00-18h00 Document review | Document review | Remote Access | Evaluation Team | Initial Document review | Document review and identification of additional documents needed for the CPE. |
| Day 3: (28 May 2021) | 11h30-12h30 Evaluation Team meeting with Deputy Country Representative; and CO Programme Staff. | Evaluation Team; Deputy Country Representative; and Programme Staff | Remote Access | Evaluation Team and UNFPA Ghana Country Office | Evaluation Brief | Discussion on re-allocation of days because of the pull-out of the Gender Expert; further clarification of ToR and Clarifying contractual issues. |
| Day 4: (29 May 2021) | 09h00-10h00 Evaluation Team 11h00-14h00 ET internal work 14h30-18h00 Document review and drafting design report | Evaluation Team internal meeting ET preparatory work Evaluation Team internal work | Remote Access Individual residences | Document Review Inception/ Design Report | Document Review Inception/ Design Report | Review of the ToR; review of individual agendas; Listing of documents to obtain from UNFPA Ghana office. Understanding the UNFPA Ghana 7 th CP (2018-2022) Development of the design report |
| Day 5: (30 May 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |

¹¹⁷ During the Design Phase, document review and compilation of the Inception/ Design Report are conducted simultaneously. Document Review continues throughout the Evaluation process until the Final Evaluation Report is completed and submitted.

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|------------------------|--|-------------------------------------|--------------------------|------------------------------|-----------------------------|-------------------------------------|
| Day 6: (1 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 7: (2 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 8: (3 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 9: (4 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 10: (5 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 11: (6 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 12: (7 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 13: (10 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 14: (13 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 15: (15 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 16: (17 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 17: (20 June 2021) | 08h00-18h00 Document review and drafting design report | Evaluation Team internal work | Remote Access | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| | Further consultation on design report | Evaluation Manager | Remote Access | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 18: (21 June 2021) | 08h00-13h30 | Evaluation Team internal meeting | Remote Access | Inception/ Design Report | Inception/ Design Report | Development of the design report |

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|------------------------|--|----------------------------------|--------------------------|------------------------------|-----------------------------|---|
| | Further consultation on design report | | | | | |
| | 14h00 Submit draft design report & meet with M & E Analyst | Evaluation Team | Remote Access | Inception/ Design Report | Inception/ Design Report | Submission of the design report for review by CO |
| Day 19: (22 June 2021) | 08h00-18h00 Further Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 20: (23 June 2021) | 08h00-18h00 Further Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 21: (24 June 2021) | 08h00-18h00 Further Document review and drafting design report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Development of the design report |
| Day 22: (25 June 2021) | 09h00-12h00 Receive and address the input & comments from EM on draft design Report | Evaluation Team internal work | Remote Access | Inception/ Design Report | Inception/ Design Report | Improvement on the draft design report |
| Day 23: 26 June 2021) | 08h00-18h00 Further document review; address comments; finalise guides for KIIs and FGDs | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Improvement on the draft design report |
| Day 24: 28 June 2021) | 08h00-18h00 Further document review; address comments; finalise guides for KIIs and FGDs | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Improvement on the draft design report |
| Day 25: (1 July 2021) | 08h00-18h00 Finalise draft design report (including finalising guides for FGDs, interviews; annexes) | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Improvement on the draft design report |
| Day 26: 2 July 2021) | 08h00-18h00 Finalise draft design report (including finalising guides for FGDs, interviews; annexes) | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Improvement on the draft design report |
| Day 27: 3 July 2021) | 08h00-18h00 Finalise draft design report (including finalising guides | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Improvement on the draft design report |

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|--|--|-------------------------------------|-------------------------------|----------------------------------|------------------------------------|--|
| | for FGDs, interviews; annexes) | | | | | |
| Day 28: (4 July 2021) | 08h00-17h00 Finalise and submit 2 nd draft Design Report to EM | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Improvement on the draft design report |
| Day 29: (5 July 2021) | 08h00-18h00 Preparation of presentation to ERG | Evaluation Team | Remote Access | Inception/ Design Report | Inception/ Design Report | |
| Day 30: 6 July 2021 | 14h00-16h00 Present CPE Design Report in general briefing session (plenary) | ERG members; CO technical heads | Remote Access | Inception/ Design Report | Inception/ Design Report | Present Design Report; validation of the evaluation matrix, the intervention logic and the overall agenda |
| | 15h30-18h30 Incorporate comments on the Inception/ Design Report | Evaluation Team internal meeting | Remote Access | Inception/ Design Report | Inception/ Design Report | Finalisation of the design report |
| Day 31: (7 July 2021) | 08h00-18h00 Finalise Inception/ Design Report | Evaluation Team internal work | Individual residences | Inception/ Design Report | Inception/ Design Report | Finalisation of the design report |
| | 14.00 Submit Final Inception/ Design Report | Team Leader | Remote Access | Inception/ Design Report | Inception/ Design Report | Receipt and approval of final Design Report |
| | 14.30-15.30 Brief consultation meeting on field work logistics with EM | Mr Eric A Okrah | Remote Access | Inception/ Design Report | Inception/ Design Report | Final agreement on field work logistics |
| FIELDWORK PHASE | | | | | | |
| The times indicated (where possible) are tentative. UNFPA Ghana CO please provide and confirm these times for each of the programme areas for the ET. | | | | | | |
| a) Management and CO Staff Interviews: | | | | | | |
| Day 32: (8 July 2021) | 9h15-09h45 Interview with Country Representative | Niyi Ojuolape | UNFPA Ghana Country Office | Country Representative | CO interview: Senior Management | Detailed brief to the Evaluation Team on management & coordination of CP |
| | 10h00-10h30 Interview with Deputy Country Representative | Agnes Kayitankore | UNFPA Ghana Country Office | Deputy Country Representative | CO interview: Senior Management | Detailed brief to the Evaluation Team on management & coordination of CP |

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|----------------------|--|------------------------|---|--|--|--|
| | 11h00-12h00 Interview with Chief Technical Specialist, Maternal Health/Family Planning (Head) | Ismael Indifuna | UNFPA Ghana Country Office | Chief Technical Specialist, Maternal Health/Family Planning (Head) | CO interview: SRH&R | Detailed brief to the Evaluation Team on the actual portfolio being implemented |
| | 12h30-13h30 Interview with Programme Specialist | Mammah Tenii | UNFPA Ghana Country Office | Programme Specialist (Head) | CO interview: GEWE | Detailed brief to the Evaluation Team on the actual portfolio being implemented |
| | 14h00-15h00 Interview National Programme Analyst, Monitoring and Evaluation | Eric Okrah | UNFPA Ghana Country Office | National Programme Analyst, Monitoring and Evaluation (Head) | CO interview: PD (including M&E) | Detailed brief to the Evaluation Team on the actual portfolio being implemented |
| | 15h30-16h30 Interview with National Programme Analyst, Adolescent Sexual and Reproductive Health | Adjoa Yenyi | UNFPA Ghana Country Office | National Programme Analyst, Adolescent Sexual and Reproductive Health (Head) | CO interview: AY | Detailed brief to the Evaluation Team on the actual portfolio being implemented |
| Day 33 (9 July 2021) | 09h00-10h00 Interview with National Programme Analyst, Adolescent Sexual and Reproductive Health | Michael Ige | UNFPA Ghana Country Office | National Programme Analyst, Adolescent Sexual and Reproductive Health (Head) | CO interview: Youth /Leaders Fellowship Programme (YOLE) | Detailed brief to the Evaluation Team on the actual portfolio being implemented |
| | 10h30-11h30 Interview with National Programme Analyst, Communication | Doris Mausie Aglobitse | UNFPA Ghana Country Office | National Programme Analyst, Communication (Head) | CO interview: Communication | Detailed brief to the Evaluation Team on the actual portfolio being implemented |
| | 12h00-13h00 Interview with Head (Operations) | Daisy Gaye | UNFPA Ghana Country Office | Head: Operations | CO interview: Operations | Detailed brief to the Evaluation Team on the actual portfolio being implemented |
| | 15h30-16h30 Interview with former Deputy Country Representative | Erika Goldson | <i>Current location:</i> UNFPA Nigeria Country Office | Deputy Country Representative (UNFPA Nigeria CO)/ former Deputy Country Representative (UNFPA Ghana CO) | CO interview: Senior Management | Detailed brief to the Evaluation Team on management & coordination of CP from the perspective of the former DCR. |

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|---|--|-----------------|--------------------------|------------------------------|--|---|
| Day 34: (10 July 2021) | 09h00-18h00 Further document review | Evaluation Team | Individual residences | Document review | Document review | Document review |
| Day 35: (11 July 2021) | 09h00-18h00 Further document review | Evaluation Team | Individual residences | Document review | Document review | Document review |
| b) Government/ Semi-Government IPs Interviews:¹¹⁸ | | | | | | |
| Day 36: (19 July 2021) | 09h00-10h00 Meeting with Ghana Health Service (GHS) | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Government counterpart on SRHR programmes |
| | 10h30-11h30 Meeting with Ghana Education Service (GES) | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Implementing partner at national level on gender equality, and empowerment of women & girls |
| | 12h00-13h00 Meeting with Ghana Statistical Service (GSS) | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Government counterpart on PD programme |
| | 14h00-15h00 Meeting with Alliance for Reproductive Health | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Implementing partner at national level on gender equality, and empowerment of women & girls |
| Day 37 (20 July 2021) | 09h00-10h00 Meeting with Domestic Violence and Victim Support Unit (DOVSSU) | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Implementing partner at national level on gender equality,GBV, and empowerment of women & girls |
| | 10h30-11h30 Meeting with National Development Planning Commission (NDCP) | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Implementing partner at national level on PD |
| | 12h00-13h00 Meeting with Ministry of Gender, Children and Social Protection (MoGCSP) | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Implementing partner at national level on gender equality,GBV, and empowerment of women & girls |
| | 14h00-15h00 Meeting with Department of Gender | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Implementing partner at national level on gender equality and GBV |

¹¹⁸ IP interviews in this category will be conducted simultaneously by the team of 2 CPE Consultants.

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|--|--|----------------|----------------|------------------------------|--|---|
| | 09h00-10h00 Meeting with Domestic Violence and Victim Support Unit (DOVSSU) | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Implementing partner at national level on gender equality, GBV, and empowerment of women & girls |
| c) Sub-National IPs Interviews: | | | | | | |
| Day 38: (21 July 2021) | 09h00-10h00 Meeting National Youth Authority (NYA) | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Government counterpart on AY programmes |
| | 10h30-11h30 Meeting Ministry of Planning | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Government counterpart |
| | 12h00-13h00 Meeting National Population Council | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Government counterpart |
| | 14h00-15h00 Meeting Ministry of Local Government and Rural Development | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Government counterpart |
| | 15h30-16h30 Meeting Ministry Finance | Focal Person | Remote Meeting | Focal Person | Government/ Semi- Government Counterpart | Government counterpart |
| Day 39: (22 July 2021) | 09h00-10h00 Meeting with Ministry of Health | Focal Person | Remote Meeting | Focal Person | Sub-national level Implementing Partner | Implementing partner at sub- national level on gender equality, GBV, and empowerment of women & girls |
| | 10h30-11h30 Meeting with PPAG | Focal Person | Remote Meeting | Focal Person | Sub-national level Implementing Partner | Implementing partner at sub- national level on gender equality, GBV, and empowerment of women & girls |
| | 15h30-16h30 Meeting with Hope for Future Generations | Focal Person | Remote Meeting | Focal Person | Sub-national level Implementing Partner | Implementing partner at sub- national level on SRH&R and FP |
| Day 40: (23 July 2021) | 09h00-10h00 Meeting with PAYD | Focal Person | Remote Meeting | Focal Person | Sub-national level Implementing Partner | Implementing partner at sub- national level on GEWE and AY |

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|--|--|--------------------------------|--------------------------------|--------------------------------|--|--|
| | 10h30-11h30 Meeting with INCH | Focal Person | Remote Meeting | Focal Person | Sub-national level Implementing Partner | Implementing partner at sub- national level on AY (PASS Project) |
| d) Funding Agencies Interviews: | | | | | | |
| Day 41: (26 July 2021) | 12h00-13h00 Meeting with SIDA | Focal Person | Remote Meeting | Focal Person | Funding Partner | Funding Partner |
| | 14h00-15h00 Meeting with Norway | Focal Person | Remote Meeting | Focal Person | Funding Partner | Funding Partner |
| | 15h30-16h30 Meeting with EU | Focal Person | Remote Meeting | Focal Person | Funding Partner | Funding Partner |
| Day 42: (27 July 2021) | 09h00-10h00 Meeting with Australia High Commission | Focal Person | Remote Meeting | Focal Person | Funding Partner | Funding Partner |
| | 10h30-11h30 Meeting with DFID | Focal Person | Remote Meeting | Focal Person | Funding Partner | Funding Partner |
| | 12h00-13h00 Meeting with Netherlands Development Corporation | Focal Person | Remote Meeting | Focal Person | Funding Partner | Funding Partner |
| | 14h00-15h00 Meeting with KOICA | Focal Person | Remote Meeting | Focal Person | Funding Partner | Funding Partner |
| | 15h30-16h30 Meeting with UNDP | Focal Person | Remote Meeting | Focal Person | Funding Partner | Funding Partner |
| e) UN Agencies Interviews: | | | | | | |
| UN Agencies Interviews: Day 43: 28 July 2021 | UN Agencies Interviews: | UN Agencies Interviews: | UN Agencies Interviews: | UN Agencies Interviews: | UN Agencies Interviews: | UN Agency |
| | Day 43: 28 July 2021 | Day 43: 28 July 2021 | Day 43: 28 July 2021 | Day 43: 28 July 2021 | Day 43: 28 July 2021 | UN Agency |
| | 12h00-13h00 Meeting with WHO | Focal Person | Remote Meeting | Focal Person | UN Agency | UN Agency |
| | 15h30-16h30 Meeting with UNHCR | Focal Person | Remote Meeting | Focal Person | UN Agency | UN Agency |
| Day 44: 29 July 2021 | 09h00-10h00 Meeting with USAID | Focal Person | Remote Meeting | Focal Person | UN Agency | UN Agency |
| | 10h30-11h30 Meeting with IOM | Focal Person | Remote Meeting | Focal Person | UN Agency | UN Agency |

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|--|---|------------------------------------|--------------------------|------------------------------|-----------------------|------------------------------|
| | 12h00-13h00 Meeting with UN Gender Team (UNGT) | Focal Person | Remote Meeting | Focal Person | UN Agency | UN Agency |
| f) Programme Beneficiaries: Focus Group Discussions (FGDs) ^{119,120} | | | | | | |
| Day 45: 2 August 2021 COSTAL ZONE | 09h00-10h00 FGD session with beneficiaries of SRH&R programme | Beneficiaries – SRH&R programme | FGD conducted at site | FGD | FGD | Final beneficiaries on SRH&R |
| | 11h00-12h00 FGD session with beneficiaries of GEWE programme | Beneficiaries – GEWE programme | FGD conducted at site | FGD | FGD | Final beneficiaries on GEWE |
| | 14h00-15h00 FGD session with beneficiaries of the AY programme | Beneficiaries – AY programme | FGD conducted at site | FGD | FGD | Final beneficiaries on AY |
| Day 46: 4 August 2021 FOREST ZONE | 09h00-10h00 FGD session with beneficiaries of SRH&R programme | Beneficiaries – SRH&R programme | FGD conducted at site | FGD | FGD | Final beneficiaries on SRH&R |
| | 11h00-12h00 FGD session with beneficiaries of GEWE programme | Beneficiaries – GEWE programme | FGD conducted at site | FGD | FGD | Final beneficiaries on GEWE |
| | 14h00-15h00 FGD session with beneficiaries of the AY programme | Beneficiaries – AY programme | FGD conducted at site | FGD | FGD | Final beneficiaries on AY |
| Day 46: 6th 2021 SAVANNAH ZONE | 09h00-10h00 FGD session with beneficiaries of SRH&R programme | Beneficiaries – SRH&R programme | FGD conducted at site | FGD | FGD | Final beneficiaries on SRH&R |
| | 11h00-12h00 FGD session with beneficiaries of GEWE programme | Beneficiaries – GEWE programme | FGD conducted at site | FGD | FGD | Final beneficiaries on GEWE |

¹¹⁹ It is planned that the FGDs in the 3 Zones will be conducted by 3 trained Field Teams in each of the 3 Zones and under the supervision and leadership of CPE Consultants.

¹²⁰ FGDs will be conducted in the local language of the beneficiaries that they are comfortable with and will be transcribed verbatim during the data collection phase.

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|--------------------------------------|---|----------------------------------|--------------------------|------------------------------|-----------------------|---|
| | 14h00-15h00 FGD session with beneficiaries of the AY programme | Beneficiaries – AY programme | FGD conducted at site | FGD | FGD | Final beneficiaries on AY |
| REPORTING PHASE¹²¹ | | | | | | |
| Day 47: (9 August 2021) | 09h00-18h00 Data Analysis | Evaluation Team internal work | Remote Access | Data Analysis | Evaluation Report | To produce useable information /results from raw data to inform the draft evaluation report |
| | 08h00-18h00 Compilation of the different parts of drafting evaluation report | Evaluation Team internal work | Remote Access | Evaluation Report | Evaluation Report | Internal presentation of preliminary results by each evaluator and preparation of a joint presentation |
| Day 48: (10 August 2021) | 09h00-18h00 Data Analysis | Evaluation Team internal work | Remote Access | Data Analysis | Evaluation Report | To produce useable information /results from raw data to inform the draft evaluation report |
| | 08h00-18.00 Compilation of the different parts of drafting evaluation report | Evaluation Team internal work | Remote Access | Evaluation Report | Evaluation Report | Internal presentation of preliminary results by each evaluator and preparation of a joint presentation |
| Day 49: (11 August 2021) | 09h00-18h00 Data Analysis | Evaluation Team internal work | Remote Access | Data Analysis | Evaluation Report | To produce useable information /results from raw data to inform the draft evaluation report |
| | 08h00-18h00 Compilation of the different parts of drafting evaluation report | Evaluation Team internal work | Remote Access | Evaluation Report | Evaluation Report | Internal presentation of preliminary results by each evaluator and preparation of a joint presentation |
| | 08h00-18h00 Compilation of the different parts of drafting evaluation report | Evaluation Team internal work | Remote Access | Data Analysis | Evaluation Report | Internal presentation of preliminary results by each evaluator and preparation of a joint presentation |
| Day 50: (12 August 2021) | 09h00-18h00 Data Analysis | Evaluation Team internal work | Remote Access | Evaluation Report | Evaluation Report | To produce useable information /results from raw |

¹²¹ Data analysis and compilation of the Evaluation Report will be conducted simultaneously wherein secondary data will be validated and triangulated with primary data from interviews and FGDs.

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|-------------------------------|--|---------------------------------|---------------|------------------------------|-----------------------|--|
| | | | | | | data to inform the draft evaluation report |
| | 08h00-18h00 Finalise drafting of evaluation report | Evaluation Team internal work | Remote Access | Data Analysis | Evaluation Report | Synthesis of the evaluation findings |
| Day 51 (13 August 2021) | 10h00 Draft CPE Report submitted to UNFPA Ghana for review | Team Leader | Remote Access | Evaluation Report | Evaluation Report | Submission to EM of the Draft Evaluation Report |
| Day 52: (16 August 2021) | 08h00-18h00 Feedback received from CO and incorporation of comments in the draft Evaluation Report | Evaluation Team internal work | Remote Access | Evaluation Report | Evaluation Report | Synthesis of the evaluation findings |
| Day 53: (17 August July 2021) | 09h00-12h00 Morning: Presentation of draft Evaluation Report in a plenary session with ERG and CO staff | CO staff and members of the ERG | Remote Access | N/A | Evaluation Report | Presentation of the CPE findings and recommendations; open discussions (workshop) with CO staff and RG members |
| | 14h00-15h00 Afternoon: Evaluation Team internal wrap-up meeting | Evaluation Team | | | Evaluation Report | Analysis of the outcome of the workshop; distribution of tasks; next steps |
| Day 54: (18 August 2021) | 08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation Report and Final PowerPoint Presentation | Evaluation Team | Remote Access | N/A | Evaluation Report | Production of Second Draft Evaluation Report |
| Day 55: (19 August 2021) | 08h00-18h00 Incorporation of comments from ERG and prepare second draft Evaluation Report and PowerPoint presentation | Evaluation Team | Remote Access | N/A | Evaluation Report | Production of Second Draft Evaluation Report |
| Day 56: (22 August 2021) | 08h00-18h00 Submit second draft CPE Report to EM | Evaluation Team | Remote Access | N/A | Evaluation Report | Submission of the second draft of the Evaluation Report to the EM in Ghana CO |
| Day 57: (23 August 2021) | 10h00 Further comments as received from Ghana CO | Evaluation Team | Remote Access | N/A | Evaluation Report | Evaluation Report |

| Date | Activity/ institution | People to meet | Location | Location Link with the CP | Selection criteria | Justification |
|-----------------------------|---|-----------------|---------------|------------------------------|-------------------------|---|
| | based on second draft Evaluation Report | | | | | |
| | 08h00-18h00 Address the comments and finalise CPE report | Evaluation Team | Remote Access | N/A | Evaluation Report | Evaluation Report |
| Day 58: (24 August 2021) | 08h00-18h00 Address the comments and finalise CPE report | Evaluation Team | Remote Access | N/A | Evaluation Report | Evaluation Report |
| Day 59: (25 August 2021) | 08h00-18h00 Address the comments and finalise CPE report | Evaluation Team | Remote Access | N/A | Evaluation Report | Evaluation Report |
| Day 60: (26 August 2021) | 08h00-18h00 Address the comments and finalise CPE report | Evaluation Team | Remote Access | N/A | Evaluation Report | Evaluation Report |
| Day 61: (27 August 2021) | 08h00-18h00 Address the comments and finalise CPE report | Evaluation Team | Remote Access | N/A | Evaluation Report | Evaluation Report |
| Day 62: (28 August 2021) | 08h00-18h00 Address the comments and finalise CPE report | Evaluation Team | Remote Access | N/A | Evaluation Report | Evaluation Report |
| Day 63: (29 August 2021) | 08h00-18h00 Address the comments and finalise CPE report | Evaluation Team | Remote Access | N/A | Evaluation Report | Evaluation Report |
| Day 64: (30 August 2021) | 10h00 Submit Final CPE Report to the EM in UNFPA Ghana Country Office. | Team Leader | Remote Access | N/A | Final Evaluation Report | Submission of the Final Evaluation Report to the EM, UNFPA Ghana Country Office. |
| Project close-out | | | | | | |