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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Ghana

Proposed indicative UNFPA assistance:	\$37.1 million: \$12.8 million from regular resources and \$24.3 million through co-financing modalities or other resources
Programme period:	Five years (2023-2027)
Cycle of assistance:	Eighth
Category:	Tier I

I. Programme rationale

1. The population of Ghana is 30.8 million, of which 50.7 per cent are female.¹ Its population is also predominantly young, with 73.4 per cent aged 0-35 years old. Although Ghana is a lower-middle income country, poverty is still a major concern. The incidence of poverty is 7.8 per cent and 39.5 per cent in urban and rural areas, respectively. The Gini coefficient increased from 42.3 in 2012-2013 to 43.5 per cent in 2016-2017, indicating that income is concentrated among a small group in the country. As in many other developing countries, poverty has been worsened by the emergence of the COVID-19 pandemic and the ensuing socioeconomic disruptions. Due to the pandemic, Ghana experienced slow growth with the economy only increasing marginally at a rate of 0.4 per cent in 2020 compared to 6.5 per cent 2019. Multidimensional poverty is prevalent among young people; the country's multidimensional poverty index of 0.204 indicates that young people experience more deprivation than adults (0.189).² Poverty and gender inequality are drivers of youth vulnerability. They exacerbate already fragile socioeconomic indices and hamper efforts to address inequalities, improve lives and achieve the three transformative results in line with the International Conference on Population and Development (ICPD) Programme of Action and consequently the 2030 Agenda for Sustainable Development. The eighth country programme is a proposal to design innovative interventions that mitigate the socioeconomic vulnerability of adolescents and youth, particularly adolescent girls. There is evidence that adolescent girls living in rural areas from poor families and with lower levels of education have generally poor socioeconomic indices. Addressing exclusion and inequalities, including socioeconomic and geographic deprivations, are key priorities of the Government. The country programme will target vulnerable groups, including adolescents and youth, especially in rural areas and for those with low educational attainment.

2. Although the maternal mortality ratio dropped from 520 maternal deaths per 100,000 live births in 2007 to 310 maternal deaths per 100,000 live births in 2017,³ it is still high. Adolescents aged 15-19 and youth aged 20-24 account for 7.3 per cent and 15.6 per cent of maternal deaths in Ghana, respectively. The main causes of maternal death (among 15-49 year olds) are haemorrhage (34 per cent), hypertensive disorders (17 per cent), unsafe abortion (7 per cent) and obstructed labour/raptured uterus (5 per cent). Contributory factors to maternal mortality include high unmet need for family planning, gender inequalities, child marriage, adolescent pregnancy, urban-rural disparities in skilled birth attendance (urban 90.6 per cent: rural 68.9 per cent), and low access to quality services, particularly emergency obstetric and newborn care. The high rate of adolescent pregnancy, especially among girls living in rural areas, is a major cause of maternal mortality among adolescents. The majority of adolescent pregnancies are unintended, increasing the young people's risk of poor maternal health outcomes, including unsafe abortion. Induced abortion is the cause of 4 per cent of all maternal deaths. Induced abortion among young people increased from 3 per cent among those aged 15-19 to 16 per cent among those aged 20-24. Basic emergency obstetric and newborn care is available in 13 health facilities per 500,000 population, lower than the World Health Organization (WHO) minimum recommended acceptable level of 194 per 500,000 population.⁴ The country programme will target interventions to reduce adolescent pregnancies and make a dent in maternal mortality. In addition to the high maternal mortality ratio, obstetric morbidities are high. Obstetric fistula remains a challenge, with an estimated 700-1,300 new cases annually. The current model for addressing obstetric fistula through treatment camps is suboptimal and not sustainable.

3. The unmet need for family planning among adolescents (50.9 per cent) is above the national average (29.9 per cent), with urban 28.7 and rural 31.1 per cent, respectively.⁵ Unmet need for family planning is highest among married women in the lowest wealth quintile (31.2 per cent) as compared to those in the highest wealth quintile (25.3 per cent), mostly affecting less educated

¹ Ghana Statistical Service, 2021.

² Ghana Statistical Service and National Development Planning Commission, 2020.

³ Ghana Statistical Service, 2018.

⁴ Ghana Statistical Service, 2011.

⁵ Ghana Statistical Service, 2015.

women and girls in rural areas. The modern contraceptive prevalence rate among married women increased marginally from 22.2 in 2014 to 25 per cent in 2017⁶. Among married adolescents (aged 15-19) and young people (aged 20-24) the modern contraceptive prevalence rate is 23.8 and 27.3 per cent, respectively. This low rate is compounded, among others, by myths and misconceptions, low quality of services (method information index 47 per cent) and low healthcare provider coverage. Childbearing involves adolescents aged 15-19 who are pregnant with their first child (teenage pregnancy) and have had a live birth (mothers). Childbearing increased from 14.1 per cent in 2014 to 14.4 per cent in 2017. It is higher in rural areas (26.6 per cent) than in urban areas (12.5 per cent). In spite of clear evidence that comprehensive sexuality education has a positive impact on sexual and reproductive health and rights, notably in contributing to reducing sexually transmitted infections, HIV and unintended pregnancies, comprehensive sexuality education is strongly opposed by some sections of the population due to misconceptions and negative social norms. HIV prevalence among young people (aged 15-24) in 2019 was 2.1 per cent (male) and 3.6 per cent (female). Comprehensive knowledge of HIV/AIDS among young people (aged 15-24) is 19.9 per cent for females and 27.2 per cent for males.⁷ Promoting comprehensive sexuality education and scaling up family planning to reduce unmet need will position Ghana to lower HIV/AIDS prevalence and adolescent pregnancies, thereby contributing to reducing maternal mortality.

4. Gender inequalities are still deeply rooted in the country's social system owing to patriarchy and socialization. Ghana ranked 135 out of 189 countries in gender equality, with a gender equality index of 0.538. About 28 per cent of women report experiencing at least one type of domestic violence. Evidence shows that 30 per cent of women experience sexual violence at least once in their lifetime. Domestic violence has been compounded by the COVID-19 pandemic, with a 3.7 per cent increase in cases. Among adolescents (aged 15-19), physical violence (47.6 per cent) and sexual violence (38 per cent) were alarmingly high.⁸ Physical and sexual violence among young people (aged 20-24) was 47 per cent and 40.4 per cent, respectively. In addition, child marriage among adolescents aged 20-24 in 2016 was 19.3 per cent. Gender inequalities, gender-based violence and harmful practices, including child marriage, affect demand for services among adolescents and increase the risks of adolescent pregnancy and maternal mortality. Ghana has signed, ratified and enacted critical human rights laws and policies on sexual and reproductive health and rights, gender, youth and vulnerable groups, including persons with disabilities, among others. As reflected in the common country analysis (CCA), these legal frameworks to protect different vulnerable groups from human rights abuses are inadequately coordinated, implemented and monitored. Additionally, low participation of women and young people in critical decision-making structures limits their ability to influence the national agenda. For instance, in 2018 less than 5 per cent of assembly members were women and, according to 2020 elections, only 14.5 per cent of parliamentarians are women.

5. Humanitarian crises increase the vulnerability of women and girls to gender-based violence, adolescent pregnancies and sexually transmitted infections/HIV and have the potential to increase maternal mortality. Ghana hosts 11,891 refugees and 61,000 internally displaced people as a result of political instability in neighbouring countries, internal conflicts and climate change related to natural and human-induced disasters, such as annual floods. The refugee and internally displaced persons community mimic the poor national socioeconomic indices, yet the minimum initial service package for reproductive health in emergencies is inadequately integrated in the national humanitarian preparedness and response system.

6. Although data on different vulnerabilities is available, it is largely stand-alone data with little or no linkages between different variables to adequately provide evidence on those left behind, particularly those furthest behind. There is inadequate disaggregated data to define discrimination, geography, governance, socioeconomic status, shocks and fragility. To shape effective responses, Ghana requires an enhanced system of data management to inform policy design, planning, advocacy and decision-making to track progress towards the three

⁶ Ghana Statistical Service, 2018.

⁷ Ghana Statistical Service, 2015.

⁸ Ghana Statistical Service, 2016.

transformative results, particularly for those furthest behind, and the related Sustainable Development Goals.

7. The evaluation of the seventh country programme, 2018-2022, highlighted key lessons that suggest: (a) emerging innovations and digital technologies are playing an increasingly important role as platforms for sharing sexual and reproductive health and rights information. Among the five-years-and-older population, 92.7 per cent use mobile phones to access the internet and 78.2 per cent use the Internet to access information; (b) although digital technologies present opportunities to create awareness and increase knowledge of sexual and reproductive health and rights, especially among young people, and have the potential to impact sexual and reproductive health and rights outcomes, differential technological advancements may widen gender and geographical inequalities and affect achievement of the three transformative results; (c) partnership with community leaders is critical to ensuring acceptance and implementation of sexual and reproductive health and rights interventions for young people; (d) working with youth in multiple capacities as beneficiaries, advisors, partners and leaders empowers young people by allowing them to engage in more transformative activities.

8. Building on these lessons, the eighth country programme, 2023-2027, will: (a) support innovation and digitalization to leverage technological advances, including investments in scaling up existing web-based digital platforms (such as the WAWABA application) that help young people access sexual and reproductive health and rights information and services; (b) support Ghana to develop an enhanced data management system to track populations left behind to inform policy design, planning and advocacy, including by using disaggregated data from the 2021 population and housing census and other socioeconomic surveys; and (c) ensure continued partnership with relevant government and community stakeholders, including traditional and religious leaders, women and young people to foster sustainability and an enabling environment that promotes and protects the rights of young people.

II. Programme priorities and partnerships

9. The premise of the eighth country programme, 2023-2027, as reflected in the theory of change is that, if knowledge and skills of adolescents on sexual and reproductive health and rights increase (high family planning method information index, comprehensive knowledge on HIV, etc.) through gender-sensitive comprehensive sexually education for both in and out-of-school adolescents, and availability of quality adolescent and youth-friendly services increase in rural areas, then unmet need for family planning will be reduced among adolescent girls thanks to increased contraceptive use. The increase in contraceptive use will reduce adolescent unplanned pregnancy and fertility, including adolescents living in rural areas, from poor families, and with less education attainment. The reduction in adolescent pregnancy would significantly impact maternal deaths in adolescents aged 15-19 and youth aged 20-24, consequently reducing the country's maternal mortality ratio. The eighth country programme aligns with national, regional and global priorities as articulated in the relevant policy frameworks. Notably, the programme aligns with the UNFPA strategic plan, 2022-2025, that seeks to accelerate the reduction of preventable maternal death, unmet need for family planning, and gender-based violence and harmful practices. It also aligns to the pillars of the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2022-2025, namely: inclusive economic growth and transformation, inclusive access to services, especially for those left behind, and promoting a peaceful Ghana and subregion. Consequently, the country programme contributes to national priorities, including creating a wealthy, inclusive, sustainable, equitable, resilient, healthy and disciplined society. In addition, the country programme aligns to the ICPD Programme of Action, the national voluntary commitment made by the Government at the Nairobi Summit on the 25th anniversary of ICPD (ICPD+25), and the SDG policy framework.

10. The overall vision of the country programme is to improve the health and well-being of women, young people and vulnerable groups. The programme will draw from its comparative advantages and empower adolescent girls, women and young people with information, education and services that enable them to achieve their full potential. This will help achieve universal access to sexual and reproductive health and rights and accelerate implementation of the ICPD

Programme of Action. The programme pathway will focus on ending preventable maternal mortality by addressing other outcomes – ending unmet need for family planning and ending gender-based violence – since the three are interlinked. The programme will directly contribute to the achievement of the national voluntary commitment made by the Government of Ghana at ICPD+25, and the SDGs, specifically Goals 3, 5, 10, 13, 16 and 17 to ultimately end poverty, responding to the first Goal, while aligning with the principles of human rights, universality and leaving no one behind.

11. The development of the eighth country programme was consultative. The target population, key stakeholders and partners, including the Government, non-governmental organizations, adolescents and young people, women and vulnerable populations, were consulted and engaged in the programme design to ensure national ownership and buy-in from the target population. The country programme will focus on supporting the Government to deliver three outputs: (a) strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, and gender-based violence essential services, including in humanitarian settings; (b) strengthened capacity of actors, institutions and systems to address discriminatory gender and social norms; and (c) strengthened skills and increased opportunities for adolescents and youth to ensure bodily autonomy, participation in decision-making and leadership.

12. To achieve the country programme outputs, the eighth country programme will prioritize six critical elements of acceleration: (a) supporting the capacity-building of marginalized adolescents and youth to participate in human rights-based and gender-transformative programming; (b) supporting innovation and digitalization to leverage technological advances in delivering sexual and reproductive health and rights information and services; (c) supporting partnerships, South-South and triangular cooperation to enhance knowledge transfer and leverage skills and expertise for the attainment of outputs; (d) supporting data and evidence-generation systems to inform sexual and reproductive health and rights and gender-based violence programming; (e) supporting national and subnational institutions to use evaluative evidence to design equity-sensitive programmes that target vulnerable groups, including those left furthest behind; and (f) supporting national institutions and systems to build resilience to withstand shocks by integrating preparedness and early action into development programming. The country programme will adopt five modes of engagement: (a) advocacy and policy dialogue; (b) service delivery; (c) partnerships, coordination and South-South and triangular cooperation; (d) capacity development; and (e) knowledge management.

13. The country programme is committed to targeted interventions that will reduce preventable maternal deaths, unmet need for family planning, and gender-based violence and harmful practices to accelerate the three transformative results. The programme will deliver three focused multidimensional outputs: (a) quality of care and services; (b) gender and social norms; and (c) adolescents and youth. Interventions on policy and accountability, humanitarian action, and population change and data will be integrated in the delivery of the selected outputs as cross-cutting mechanisms. The three outputs are critical enablers for the strategic priorities of the UNSDCF: (a) supporting sustainable, resilient and inclusive economic growth and transformation; (b) promoting a peaceful and just Ghana with durable institutions fostering security, social cohesion, human rights and resilience, including through addressing transboundary issues as appropriate; and (c) fostering transparent, accountable, inclusive institutions and systems, including quality integrated digital services delivering a peaceful, cohesive and just society. Specifically, the country programme will prioritize interventions under the following output areas.

- A. Output 1: By 2027, strengthened capacity of national and subnational government systems, institutions through policy and accountability, and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including reproductive health supplies and gender-based violence essential services, informed by evidence, to address gender-based violence and harmful practices across the development-humanitarian-peacebuilding continuum.**

14. Guided by the human rights-based and the gender-transformative approaches, the interventions will address the rights of women and girls, particularly those in rural areas and those furthest left behind. The interventions will also support the capacity-building of government entities to implement policies, strengthen structures, including midwifery training, and work to empower women and girls to exercise their rights, as well as ensure that high-quality sexual and reproductive health services are provided, including in humanitarian contexts. The interventions draw from best practices in how to capitalize on innovative thinking and technology and strengthen data collection and analysis to inform policy development and the health system and improve the quality of care and sexual and reproductive health services.

15. The interventions will specifically include: (a) building capacity of the health system to monitor selected family planning and emergency obstetric and newborn care indicators to enhance evidence-based advocacy, policy, planning and accountability and accelerate progress towards ending unmet need for family planning and preventable maternal and perinatal deaths; (b) supporting the delivery of new and lesser-used contraceptives, including nationally rolling out the self-injectable contraception known as DMPA-SC, which enables women to take charge of their reproductive intentions; (c) enhancing the capacity of health facilities designated as model health centres in the network of practice framework to provide quality basic emergency obstetric and newborn care services; (d) enhancing the capacity of the national preceptorship and mentorship system to bridge the gap between pre-service training and practice of midwifery; (e) strengthening the capacity of selected regional health facilities to deliver routine obstetric fistula repairs; (f) enhancing the capacity of the national and subnational maternal and perinatal death surveillance and response mechanism; (g) strengthening the capacity of national, subnational and community disaster-response systems to integrate the minimum initial service package in their humanitarian action plans; (h) strengthening the capacity of the health system to roll out the integrated supply chain management system to the lowest level of health care delivery; (i) strengthening the capacity of national and subnational systems to effectively roll out and coordinate implementation of the essential services package for women and girls subjected to violence; (j) supporting the health service to establish the maternal and perinatal deaths surveillance and response tool and confidential enquiry system for maternal death at the national and subnational levels

B. Output 2: By 2027, strengthened mechanisms and capacities of government and non-government actors, institutions and data systems to address discriminatory gender and social norms to advance gender equality and women's decision-making, across the development-humanitarian-peacebuilding continuum.

16. These interventions will include: (a) supporting effective implementation and coordination of laws, policies and frameworks that promote gender equality and empower women and girls; (b) strengthening national and subnational institutions, including national non-governmental organizations and women rights organizations to deliver integrated gender-based violence information, prevention and response services; (c) enhancing the capacity of vulnerable adolescent girls to participate in gender-transformative programming to build their agency; (d) building effective partnerships with relevant stakeholders, including faith-based organisations, traditional leaders, women and youth groups, men and boys to challenge discriminatory gender and sociocultural norms; and (e) supporting innovative data management information systems and programmes, including digital systems, to respond to gender-based violence and harmful practices.

C. Output 3: By 2027, strengthened skills, opportunities and data systems for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital, including in humanitarian settings.

17. These interventions will include: (a) building the capacity of young people, especially girls, through meaningful participation and engagement in decision-making processes, programme design and implementation, towards achievement of the ICPD agenda; (b) strengthening the capacity of relevant government institutions, schools and youth-focused civil society

organizations (CSOs) and youth networks to provide sexual and reproductive health and rights information and adolescent and youth-friendly sexual and reproductive health and rights services to young people, including the vulnerable, following a culturally sensitive human rights-based approach; (c) enhancing the skills and sexual and reproductive health and rights knowledge of young people (especially vulnerable groups) and provision of services, including through digital platforms; (d) strengthening the capacities of community structures (such as parent groups and networks, traditional and religious leaders) to support young people's bodily autonomy, leadership and participation; (e) strengthening the capacity of government, CSOs, and public and private institutions to establish or scale up innovations that address sexual and reproductive health and rights/gender-based violence for young people, including the vulnerable; (f) supporting institutions to develop and implement youth-friendly policies and programmes focused on accountability that improve social and sexual and reproductive health outcomes for young people; and (g) supporting youth leadership programmes that build the capacity of young people to participate in decision-making, making informed choices about their bodily autonomy, and increasing their opportunities in the job market.

III. Programme and risk management

18. This country programme document outlines contributions of UNFPA to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels for country programmes are prescribed in the UNFPA policies and procedures and the internal control framework. The country programme also contributes to the achievement of UNSDCF outcomes and is accountable to relevant outputs at the country level.

19. However, several risks stand in the way of achieving programme outputs, including: (a) opposition to change, false narratives and counter-movements to expanding sexual and reproductive health and rights services, including pushback on comprehensive sexuality education; (b) constricted fiscal space resulting in reduced domestic financing of programmes; (c) differential technological advancements widening gender and geographical inequalities; and (d) limited civil society action to demand accountability. To mitigate these risks, the country programme will: (a) support innovative digital solutions that present alternative opportunities for delivering information and services to young people; (b) support co-monetization approaches as incentives to funding sexual and reproductive health and rights programmes; (c) support to developing an enhanced data management system to track populations left behind and inform policy design, planning and advocacy; and (d) support capacity building of CSOs to monitor accountability frameworks and demand accountability for rights, resources and results.

20. The Ministry of Finance and UNFPA will jointly coordinate planning, implementation, monitoring and evaluation of the programme, applying a results-based management approach, in accordance with government regulations and UNFPA guidelines and procedures. The country programme partnership and resource mobilization plan focuses on national execution as the main implementation arrangement and advocates for increased domestic financing. Innovative financing will be implemented to cultivate a robust and differentiated portfolio of donors supporting the country programme. The programme will be accelerated and implemented in partnership with selected government ministries, departments and agencies, regional coordinating councils, and metropolitan, municipal and district assemblies. In addition, UNFPA will engage academia, the private sector, the media, youth-led organizations, traditional leaders, CSOs and faith-based organizations in programme implementation. UNFPA will select implementing partners based on their strategic relevance and ability to deliver high-quality results, with performance monitoring and periodically adjusted implementation arrangements. Routine assurance activities will be undertaken to enhance programme delivery and guide capacity-building and quality assurance.

21. UNFPA will collaborate with other United Nations organizations in the spirit of delivering-as-one and participate in joint programming, interagency working groups, results groups and high-level meetings of the UNSDCF. The country office will follow the UNFPA People Strategy to ensure the country office attracts personnel with the appropriate skill set to deliver results, and

it will seek technical support from the regional office and headquarters, as needed. The country office will engage young people, women and other vulnerable groups in human rights initiatives as relevant to the context and in line with the country programme. An integrated resource mobilization strategy will be developed in consultation with strategic partners to leverage local additional resources.

22. The technical and programmatic structure of the country office will be strengthened to ensure appropriate skill sets and capacity for programme implementation. UNFPA will allocate resources for skills development to strengthen staff effectiveness, including for South-South and triangular cooperation or peer-to-peer support.

23. UNFPA will regularly assess operational, sociopolitical and fraud risks associated with the programme, and it will define and implement a risk mitigation plan. In consultation with the Government, the United Nations system and other partners, UNFPA will conduct programme criticality assessments and may reprogramme resources to respond to emerging issues, such as pandemics, natural disasters and ethnic conflicts, and build synergies to keep Ghana safe and peaceful by implementing measures that prevent the occurrence of violent extremism as observed in neighbouring countries.

24. As a human rights-based organization, UNFPA will work with relevant partners and advocacy groups to promote and advance the rights of minorities and vulnerable populations and address sensitive issues utilizing data and innovation.

IV. Monitoring and evaluation

25. UNFPA will participate in the Government and United Nations country team reviews and evaluations of the UNSDCF, the United Nations scorecards and the voluntary national review. Jointly with other United Nations organizations, UNFPA will continue to invest in surveys and collect and analyse data to inform policies.

26. with other United Nations organizations and partners, UNFPA will conduct both real-time and field monitoring visits to assess and report on results achieved and how the interventions are meeting the needs of the target populations. The country office will support efforts to monitor and report on the SDGs, specifically those related to UNFPA mandate areas. UNFPA will implement quality-assurance activities to ensure accountability and strengthen a results-based management culture, including routine harmonized approach to cash transfers and programme monitoring and reporting. Strategic information system planning, monitoring and reporting will be done and documented to maintain programme quality.

27. Thematic evaluations using the methodological approach of the Evaluation Office will be conducted to generate evidence to ensure accountability and promote a learning culture. Annual programme planning and review meetings will be undertaken in a participatory manner to assess progress and contribution to outcome-level results. The country office will also conduct surveys and research studies in thematic areas, such as youth and gender, to generate evidence to assess results achieved and inform programming.

28. The country programme will provide technical and financial support to implementation of large-scale data collection operations in coherence with the national strategy for statistics development in order to ensure availability of quality data for development. National sources of data and evidence will be used alongside available international sources to track progress of the national voluntary commitment made by the Government at ICPD+25 towards achieving the three transformative results and the related SDGs. There will be a midterm review conducted of the country programme, highlighting innovation, sharing good practices, and ensuring accountability for programme results.

RESULTS AND RESOURCES FRAMEWORK FOR GHANA (2023-2027)

NATIONAL PRIORITY: Social development: Creating an equitable, healthy and disciplined society.				
UNSDCF OUTCOME INVOLVING UNFPA: Outcome 1: By 2025, people in Ghana particularly, women, youth, persons with disabilities and the furthest behind enjoy an inclusive and transformed economy that creates decent jobs and sustainable livelihoods reducing inequality; Outcome 2: By 2025, people in Ghana, particularly those furthest behind, have access to and use quality, resilient, inclusive, equitable, sustainable, innovative and digitized social services, supported by well managed and accountable institutions and governance systems; Outcome 3: By 2025 people in Ghana benefit from transparent, accountable, inclusive institutions and systems, including quality integrated digital services delivering a peaceful, cohesive and just society.				
RELATED UNFPA STRATEGIC PLAN OUTCOME: By 2025, reduction in the unmet need for family planning has accelerated; reduction of preventable maternal deaths has accelerated; reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<p>UNSDCF outcome indicators:</p> <ul style="list-style-type: none"> • Proportion of currently married women with unmet need for family planning <i>Baseline: 29.9%; Target: 10.5%</i> • Proportion of currently married women using modern contraceptives <i>Baseline: 25%; Target: 40.3%</i> • Maternal mortality ratio <i>Baseline: 310 deaths per 100,000 live births; Target: 125 deaths per 100,000 live births</i> • Proportion of births attended by skilled health personnel <i>Baseline: 79%; Target: 91%</i> • Proportion of women and girls in union aged 15-49 subjected to one form of sexual and domestic violence <i>Baseline: 27.7% (2021); Target: 22.2%</i> 	<p>Output 1: By 2027, strengthened capacity of national and subnational government systems, institutions through policy and accountability, and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including reproductive health supplies and gender-based violence essential services, informed by evidence, to address gender-based violence and harmful practices across the development-humanitarian-peacebuilding continuum</p>	<ul style="list-style-type: none"> • Total couple-years of protection serviced by UNFPA contraceptives <i>Baseline: 208,413; Target: 833,652</i> • Number of designated emergency obstetric and newborn care facilities monitoring selected emergency maternal obstetric and newborn care indicators <i>Baseline: 0; Target: 22</i> • Number of selected health centres in disaster-prone districts equipped to implement the minimum initial service package at the onset of a crisis <i>Baseline: 0; Target: 5</i> • Number of accredited midwifery training schools implementing preceptorship and mentorship training programmes in line with the Ministry of Health standard guidelines <i>Baseline: 0; Target: 10</i> • Number of sexual and reproductive health studies and research reports produced with the support of UNFPA <i>Baseline: 0; Target: 5</i> 	<p>Ministry of Health (MOH), Ghana Health Service (GHS), National Health Insurance Scheme (NHIS), National Youth Authority (NYA), Ministry of Gender, Children and Social Protection (MOGCSP), National Development Planning Commission (NDPC), National Population Council (NPC), Ghana Statistical Services (GSS), CSOs; National Disaster Management Organization (NDMO), Ministry of Youth and Sports (MOYS), Nursing and Midwifery Council, midwifery associations, the media, development partners (such as Japan International Cooperation Agency (JICA) and Korean International Cooperation Agency (KOICA); United Nations system, youth-led organizations; regional coordinating councils, metropolitan, municipal and district assemblies</p>	<p>\$10.8 million (\$3.5 million from regular resources and \$7.3 million from other resources)</p>

	<p>Output 2: By 2027, strengthened mechanisms and capacities of actors, institutions and data systems to address discriminatory gender and social norms to advance gender equality and women’s decision-making across the development-humanitarian-peacebuilding continuum</p>	<ul style="list-style-type: none"> • Number of vulnerable adolescent girls reached with innovative health, social and economic asset-building programmes/interventions <i>Baseline: 0; Target: 30,000</i> • Number of laws, policies and frameworks supported by UNFPA that respond to gender equality and women’s and girls’ empowerment <i>Baseline: 10; Target: 13</i> • Number. of institutions strengthened to provide gender-based violence response and services <i>Baseline: 0; Target: 3</i> • Number of stakeholders in identifiable groups engaged on discriminatory gender and sociocultural norms based on standard engagement tools <i>Baseline: 0; Target: 2,500</i> • Number. of functional gender-based violence data management information systems <i>Baseline: 3; Target: 5</i> 	<p>MOGCSP, Domestic Violence and Victim Support Unit (DOVVSU), MOH, GHS, NYA, NDPC, NPC, GSS; JICA; United Nations system, youth-led organizations, regional coordinating councils, metropolitan, municipal and district assemblies, the media, academia, faith-based organizations, traditional and religious leaders, CSOs</p>	<p>\$14.4 million (\$4.6 million from regular resources and \$9.7 million from other resources)</p>
	<p>Output 3: By 2027, strengthened skills, opportunities and data systems for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital, including in humanitarian settings</p>	<ul style="list-style-type: none"> • Number of institutions supported to implement youth friendly policies and programmes <i>Baseline: 0; Target: 17</i> • Number of young people reached with sexual and reproductive health information and services using traditional and innovative digital platforms <i>Baseline: 0; Target: 500,000</i> • Number of young people with capacity to participate in decision making processes with UNFPA support <i>Baseline: 0; Target: 50,000</i> • Number of community structures equipped to address adolescent and youth sexual and reproductive health issues <i>Baseline: 0; Target: 80</i> • Number of thematic and research reports on youth produced with the support of UNFPA <i>Baseline: 0; Target: 3</i> 	<p>Ministry of Education (MOE)/Ghana Education Service (GES), MOYS/NYA, MOH/GHS, MOGCSP, NDPC, NPC, National Service Scheme (NSS), GSS; United Nations system, youth-led and focused organizations, youth networks, regional coordinating councils, metropolitan, municipal and district assemblies, academia, CSOs</p>	<p>\$10.8 million (\$3.5 million from regular resources and \$7.3 million from other resources)</p>