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United Nations Population Fund

Country programme document for Ghana

Proposed indicative UNFPA assistance: \$20.4 million: \$7.8 million from regular resources and \$12.6 million through co-financing modalities and/or other resources, including regular resources

Programme period: Five years (2018-2022)

Cycle of assistance: Seventh

Category per decision 2013/31: Red

Proposed indicative assistance (in millions of \$):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.5	7.3	7.8
Outcome 2	Adolescents and youth	3.1	1.7	4.8
Outcome 3	Gender equality and women's empowerment	1.5	2.96	4.4
Outcome 4	Population and development	1.5	0.7	2.2
Programme coordination and assistance		1.2	-	1.2
Total		7.8	12.6	20.4



I. Programme rationale

1. The population of Ghana is estimated at 28.3 million (2016), with an annual growth rate of 2.5 per cent; 51 per cent is female. Although the incidence of poverty decreased from 31.9 per cent in 2005/2006 to 24.2 per cent in 2013/2014, poverty is prevalent in many areas. The Gini coefficient increased from 0.373 (1991/1992) to 0.423 (2012/2013).
2. Ghana has a youthful population, with children aged 0-14 years and young people aged 15-24 years representing 38.3 per cent and 20 per cent, respectively. Growth is due to a high fertility rate relative to a declining child mortality. From 1988 to 2014, the total fertility rate declined from 6.4 births to 4.2 births per woman. High child dependency (67.3 per cent) is a barrier to development. While 48 per cent of 15-24-year-olds are unemployed, the youthful population structure presents opportunities for harnessing the demographic dividend.
3. Ghana did not achieve its Millennium Development Goal 5 target on reducing maternal mortality of 190 per 100,000 live births. The maternal mortality ratio decreased from 760 to 319 per 100,000 live births from 1990 to 2015. Although the national skilled-delivery rate was high (73 per cent in 2014), disparities across regions curtailed its impact on maternal mortality reduction. Skilled delivery rates range from 92.1 per cent in the Greater Accra Region to 36.4 per cent in the northern region, due to limited access to basic emergency obstetric care. An emergency obstetric and newborn care (EmONC) assessment (2010) found that only 13 out of 485 basic facilities provided basic EmONC. Obstetric fistula is a challenge, with an estimated incidence of 700-1,300 cases annually.
4. Adolescent death contribution to maternal mortality remains a challenge in Ghana, with adolescents (10-19 years) contributing to 7.75 per cent of maternal deaths (2016). From 1988 to 2014, the adolescent birth rate in Ghana declined from 125 to 76 per 1,000 women. Disparities exist by age, education, wealth and location; 17 per cent of rural adolescents, 23 per cent with no education, compared with 11.5 per cent in urban areas, and 6.72 per cent with secondary level education, respectively, have already begun child birth.
5. The contraceptive prevalence rate is 27 per cent. Among married women, the modern contraceptive prevalence rate has increased, from 5 per cent in 1988 to 22 per cent. There is a high unmet need of 30 per cent, with 16.7 per cent of married females aged 15-19 years using a modern method. Disparities exist in modern contraceptive prevalence rates in the Northern Region (10.8 per cent) and Ashanti Region (20.8 per cent) due to sociocultural perceptions and an uneven capacity to deliver a complete method mix of modern contraceptive services. Ghana is committed to improving the modern contraceptive prevalence rate among sexually active married and unmarried adolescents by 2020, from 16.7 per cent and 31.5 per cent to 20 per cent and 35 per cent, respectively.
6. Ghana has policies and laws that promote gender equality and prevent sexual and gender-based violence, such as the National Gender Policy and the Domestic Violence Act. 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, 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). From 2014 to 2017, the proportion of women in public positions increased from 23 per cent to 25.3 per cent, below the national target of 40 per cent.
7. Despite an increase in generation of national statistical information on socioeconomic variables, there is a dearth of disaggregated data at the district level to address development gaps. More data gathering and analysis, including census and demographic health surveys, are needed to address disparities. Ghana requires an enhanced system of data management and coordination to monitor the Sustainable Development Goals (SDGs) for evidence-based policy.
8. Ghana is at risk of annual floods and conflicts. The country hosts 10,000 refugees from Côte d'Ivoire, Liberia and Sudan, with high incidence of teenage pregnancies and limited access to family planning; this will continue to be addressed under the new programme.
9. The previous country programme 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.

10. Achievements include 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. The programme supported the review of the National Youth Policy, the development of adolescent's sexual and reproductive health (SRH) standards, setting out 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 established; some 3,330 adolescent girls in the targeted five regions accessed integrated SRH services between 2012 and 2015.

11. Lessons learned include: (a) decentralized national structures deliver direct benefits by addressing needs of local communities in coherent programme implementation; (b) support to government data systems ensures availability and use of data for evidence-based programming; and (c) support to policy development provides the basis for advocacy and programming to address SRHR, youth and gender issues.

12. An in-depth review of the country programme and stakeholder consultations recommended: (a) strengthening programme design to increase access to family planning, to harness the demographic dividend; (b) strengthening disaggregated and decentralized data generation, analysis and use for policy development, advocacy, planning and reporting on the SDGs; (c) scaling up interventions to focus on the implementation of policies and to achieve financing efficiency for SRHR and gender equality; and (d) 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'.

13. The Ghana coordinated programme of economic and social policies 2017-2024 and the national medium-term development policy framework 2018-2021, aligned with the SDGs, identifies women, girls, children and people with special needs as the most marginalized section of the population. It will advance an equitable and healthy society through gender equality, women's empowerment and universal access to health care including reproductive health.

14. Domestic resource constraints constitute a risk for programme implementation; however, the new country programme is justified by the necessities and opportunities to mobilize resources to address gaps, lessons learned and challenges.

II. Programme priorities and partnerships

15. The proposed country programme is aligned 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. 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.

16. The new programme was developed in collaboration with the Government, civil society, academia, United Nations agencies and other strategic partners, and will build on existing partnerships; the country office has developed a partnership plan elaborating areas of collaboration. The programme will cover 30 districts within the 10 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 will utilize 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 will be implemented in a strong policy and partnership environment conducive to reproductive health and the rights of women and young people, focusing on family planning.

17. 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 will be implemented in an integrated manner to advance the demographic dividend agenda and address humanitarian preparedness and response.

18. Within a shared vision and sound partnership arrangement, UNFPA will use advocacy and policy dialogue, capacity development and knowledge management as modes of engagement.

A. Outcome 1: Sexual and reproductive health

19. *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 will build 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. Interventions will include: (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 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.

B. Outcome 2: Adolescents and youth

20. *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.* The programme contributes to: (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 organizations 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 organizations, using a combination of advocacy, social mobilization and behaviour change communication, to fulfil SRHR of adolescent girls and young people.

C. Outcome 3: Gender equality and women's empowerment

21. *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.* Interventions will include: (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 organizations for national accountability on international/regional human rights mechanisms.

D. Outcome 4: Population and development

22. *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.* Interventions will include: (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.

III. Programme and risk management

23. 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 with respect to country programmes are prescribed in the UNFPA policies and procedures, and the internal control framework.

24. 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 and UNFPA guidelines and procedures.

25. National execution is the preferred implementation arrangement; it will be implemented in partnership with academia, the private sector and media as well as youth-led and civil society organizations. In consultation with the Government, UNFPA will select implementing partners based on their strategic relevance and ability to deliver high-quality outputs, with performance monitoring and periodically adjusted implementation arrangements.

26. UNFPA will coordinate activities with other United Nations agencies, within the context of 'Delivering as One', and participate in joint programming, results groups and high-level meetings of the UNSDP. The country office will seek technical support from the regional office, headquarters and other units, as needed. An integrated resource mobilization strategy will be developed in consultation with strategic partners to leverage locally additional resources.

27. The UNFPA country and decentralized offices include basic management and development posts funded from the UNFPA institutional and programme budgets. UNFPA staff will provide technical and operational expertise to implement the programme. In line with the recommendations of the realignment mission of April 2017, UNFPA will allocate resources for skills development to strengthen staff effectiveness, using South-South cooperation or peer-to-peer support.

28. UNFPA will regularly evaluate operational, sociopolitical and fraud risks associated with the programme, and will define and implement a risk mitigation plan. In consultation with the Government, UNFPA will conduct programme criticality assessments, and may reprogramme interventions to respond to emerging issues and unexpected circumstances.

IV. Monitoring and evaluation

29. UNFPA and its partners will develop and implement a monitoring and evaluation plan aligned with national systems and the UNSDP monitoring and evaluation framework to track and report programme results. The programme will implement a performance monitoring and evaluation process, with quarterly reviews and a final country programme evaluation, in accordance with the UNFPA results-based management approach.

30. With the Government and other stakeholders, the programme will embark on joint monitoring to track results, ensure transparency, and engender greater accountability and

ownership. Feedback from annual and midterm reviews will be used to improve programme performance, effectiveness and accountability.

RESULTS AND RESOURCES FRAMEWORK FOR GHANA (2018-2022)

National priority: Social development: Creating an equitable, healthy and disciplined society UNSDP outcome 3: Government of Ghana delivers equitable, quality and financially sustainable social services Indicator: <i>Maternal mortality ratio: Baseline: 319 per 100,000 live births; Target: TBD</i>				
UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> 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: 30; Target: 25</i> 	<u>Output 1:</u> 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	<ul style="list-style-type: none"> Number of designated EmONC facilities in targeted regions equipped to meet standards for basic EmONC <i>Baseline: 8; Target: 92</i> Health facilities equipped to provide routine fistula repair services <i>Baseline: 5; Target: 8</i> Couple years of protection for sexually active adolescents and youth 15-24 years <i>Baseline 49,019; Target: 67,769</i> Number of disaster-prone districts that have capacity to implement MISP at the onset of a crisis <i>Baseline: 4; Target: 10</i> 	Ministry of Health; Ghana Health Service; civil society, youth-led organizations; United Nations agencies; regional/district councils; Fistula Task Team	\$7.8 million (\$0.5 million from regular resources and \$7.3 million from other resources)
National priority: Social development: Creating an equitable, healthy and disciplined society UNSDP outcome 3: Government of Ghana delivers equitable, quality and financially sustainable social services Indicator: Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods. <i>Baseline: 39% (2014); Target: TBD</i>				
Outcome 2: Adolescents and youth <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group <i>Baseline: 14%; Target: <10%</i> 	<u>Output 1:</u> 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	<ul style="list-style-type: none"> Number of adolescents and youth benefiting from comprehensive sexuality education and information in school or community settings <i>Baseline : 0; Target: 250,000</i> Number of adolescents and youth with disabilities reached with knowledge and skills to advocate for their reproductive rights <i>Baseline: 0; Target: 250</i> Number of teachers trained to deliver comprehensive sexuality education in accordance with national guidelines <i>Baseline: 0; Target: 3,600</i> 	Ministry of Health; Ghana Health Service; Ministry of Education; National Youth Authority; United Nations agencies; youth-led/civil society organizations; media; academia	\$4.8 million (\$3.1 million from regular resources and \$1.7 million from other resources)
National priority: Social development: Creating an equitable, healthy and disciplined society UNSDP outcome 4: Marginalized and vulnerable populations demand and utilize social services Indicator: Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18. <i>Baseline: 21%; Target: 18%</i>				
Outcome 3: Gender equality and women's empowerment <u>Outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of every partnered women and girls aged 15 years 	<u>Output 1:</u> Strengthened national capacity to advance gender equality; prevent and respond to sexual and gender-based violence and harmful practices; and promote	<ul style="list-style-type: none"> Number of people reached with gender-based violence prevention, protection and response programmes/interventions <i>Baseline: 3,000; Target: 10,500</i> Number of policy processes/frameworks that 	Ministry of Gender; Domestic Violence Unit; United Nations agencies; civil society organizations	\$4.4 million (\$1.5 million from regular resources and \$2.96 million)

and older subjected to physical, sexual, psychological or economic violence, and by age <i>Baseline: 27.7%; Target: 22%</i>	women's and girls' empowerment, including in humanitarian settings	promote gender equality and empower women and girls <i>Baseline: 5; Target: 10</i> <ul style="list-style-type: none"> Number of adolescent girls especially those marginalized and at risk of child marriage reached with health, social and economic asset-building programmes/interventions <i>Baseline: 9,239; Target: 18,239</i> 		from other resources)
<p>National priority: Social development: Creating an equitable, healthy and disciplined society</p> <p>UNSDP outcome 7: Transparent, accountable institutions at all levels that protect the rights of all people</p> <p>Indicator: Extent to which updated sex-disaggregated data is produced, disseminated and used to monitor progress on national development goals aligned with SDGs</p>				
<p>Outcome 4: Population and development</p> <p><u>Outcome indicator(s):</u></p> <ul style="list-style-type: none"> Census conducted in line with new international standards <i>Baseline: 0; Target: 1</i> 	<p><u>Output 1:</u> 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</p>	<ul style="list-style-type: none"> Number of census monographs produced <i>Baseline: 6; Target: 11</i> Number of functional protection and monitoring systems with the capacity to address sexual and gender-based violence and harmful practices <i>Baseline: 11; Target: 31</i> Number of security personnel trained in the management of sexual and gender-based violence and harmful traditional practices data management system <i>Baseline: 40; Target: 620</i> Number of population profiles to harness the demographic dividend <i>Baseline: 0; Target: 10</i> 	Statistical Service; Ministry of Gender; Domestic Violence Unit; United Nations agencies	<p>\$2.2 million (\$1.5million from regular resources and \$0.7 million from other resources)</p> <hr/> <p>Programme coordination and assistance: \$1.2 million from regular resources</p>