

GHANA

COUNTRY PROFILE

UNFPA-UNICEF
Global Programme to
End Child Marriage

© UNICEF Ghana



Belgium
partner in development

Canada



Co-funded by
the European Union



Ministry of Foreign Affairs
and International Cooperation



Government of the Netherlands



Norad



ZONTA
INTERNATIONAL
EMPOWERING WOMEN
THROUGH SERVICE & ADVOCACY

end
child
marriage
A vision. A chance. A future.



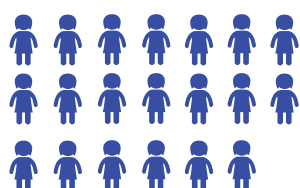
unicef
for every child

GHANA COUNTRY PROFILE

**Ghana is home to
2 million child brides.
Of these, 600,000
married before age 15.**

Source: UNICEF global databases, 2020. Demographic data are from United Nations, Department of Economic and Social Affairs, Population Division (2019), World Population Prospects 2019, Online Edition, Rev. 1.

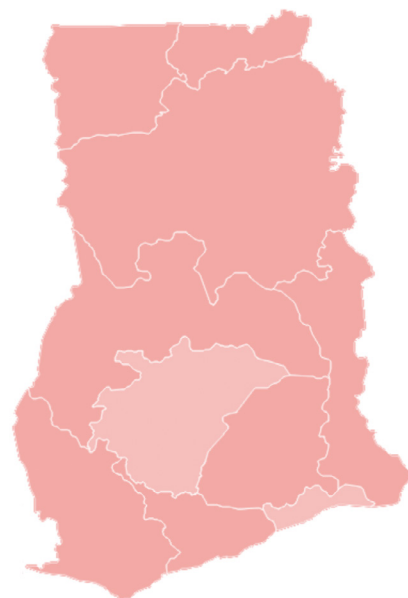
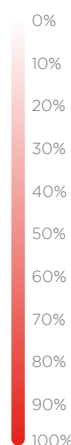
Notes: For details on the calculation of girls and women married in childhood, see: United Nations Children's Fund, Child Marriage: Latest trends and future prospects, UNICEF, New York, 2018. Estimates refer to population year 2019. Values below 2 million are rounded to the nearest hundred thousand.



2 million
Married before age 18



600,000
Married before age 15



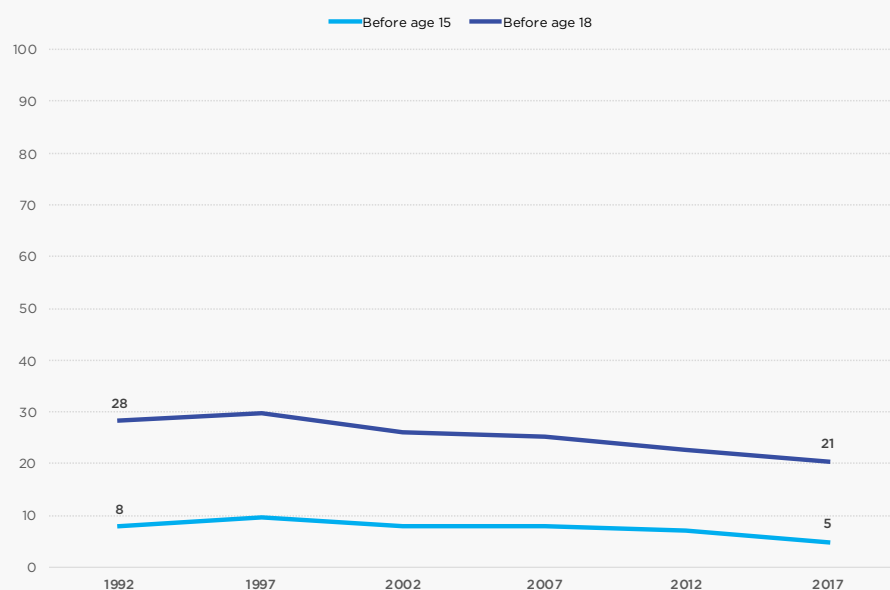
Percentage of women aged 20 to 24 years who were first married or in union before age 18

Note: This map is stylized and not to scale. It does not reflect a position by UNFPA or UNICEF on the legal status of any country or area or the delimitation of any frontiers. Source for child marriage prevalence data is the Ghana Demographic and Health Survey, 2017.

**Percentage of women
aged 20 to 24 years
who were first married
or in union before age
15 and before age 18**

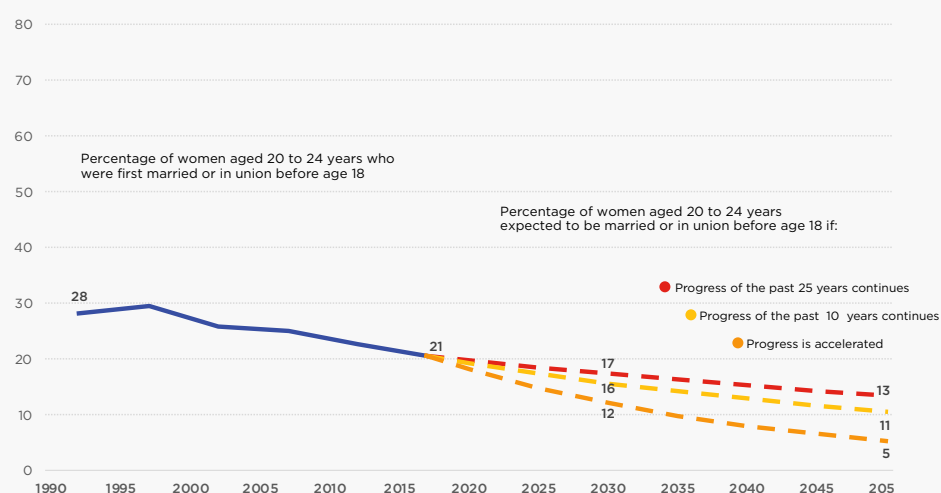
Source: Ghana Demographic and Health Survey, 2017

Note: This trend analysis is based on the prevalence of child marriage across age cohorts, as measured in the latest available survey.



**Projections of
the prevalence of
child marriage**

Source: UNICEF analysis based on the Ghana Demographic and Health Survey, 2017



Message from UNFPA and UNICEF Ghana country representative



Niyi Ojuolape

UNFPA Ghana country representative

The just ended Phase I of the Global Programme in Ghana has been exciting with significant results achieved under the various outcome areas. With a view on the fact that when girls progress, society benefits, the most significant successes achieved by UNFPA were through activities implemented under Outcome 1 on empowering adolescent girls, focusing on innovative and gender-responsive approaches through the safe space methodology to reach adolescent girls with social, health and economic assets. Platforms such as Mentorship and Girls Empowerment Summits/ Regional Girls' Camps, SISTAs Clubs, Kayayei Networks and Coalitions, comprehensive sexuality education fora, sexual and reproductive health information and services outreaches as well as livelihood empowerment sessions, have promoted peer to peer learning, facilitated confidence building and enhanced knowledge on adolescent reproductive health and rights. The focus on out of school marginalized girls proved significant. Network of empowered Kayayei girls have established and managed the integrated Kayayei Enterprise Development Centres, including organization of Kayayei Fairs to contribute to the reduction of the girls' vulnerabilities to co-habitation, marriage, adolescent pregnancies, sexually transmitted infections, transactional sex and sexual and gender-based violence occurrences through alternative livelihood options.

Strategic partnerships were also formed with state institutions and community structures including the Ministry of Gender, Domestic Violence and Victim Support Unit, the Adolescent Health and Development Programme of the Ghana Health Service, Traditional and Religious Councils, Parents Networks as well as Boys' and Men's Groups to provide integrated services that respond to the needs of adolescent girls as well as create the enabling environment for the girls to thrive through the development of policies, frameworks and tools. Such collaboration resulted in the production of the Child Marriage Advocacy Toolkit, the Sexual and Gender-Based Violence Codified Handbook and the National Operational Guidelines and Standards for Adolescent and Youth-friendly Services.

Knowledge products such as infographics on the SISTAs model were also developed mostly as advocacy materials to engage duty bearers at the decentralized level.

As we commence Phase II of the Global Programme, such tested approaches as well as relevant strategies that will ensure integrated programming especially in the era of COVID-19 will be pursued to facilitate a Ghanaian society where girls will live free from child marriages and co-habitation to fulfil their potential and have a chance at a fulfilled lives under the campaign Your Voice, My Voice, Together Against Child Marriage.



Anne-Claire Dufay
UNICEF Ghana country representative

Ghana has made significant strides in the fight against child marriage and we need to keep the momentum. Let us continue imagining a better world for girls, where they can learn, realize their dreams and contribute to productive societies.

Thanks to the commitment of the Government at all levels, the hard work of all actors on the ground and the strategic financial support from partners, the Global Programme to End Child Marriage has been touching the lives of many girls in Ghana.

However, the COVID-19 pandemic has had a negative impact on adolescent girls, as schools have been closed since mid-March 2020. In order not to lose the gains made over the past few years, we therefore need to scale up and accelerate all efforts towards the Sustainable Development Goals target to end child marriage by 2030.

UNICEF remains highly committed to support the Government of Ghana in its commendable efforts to protect and empower girls.

© UNICEF/UNI189832/Quarmyne



Country movement to accelerate action to end child marriage: Key moments and achievements of Phase I

In Phase I, the Global Programme in Ghana deepened partnership with the government to accelerate action to end child marriage and provided data and evidence with advocacy to promote policy change and legal reform at various levels.

Significant achievements in Ghana since the inception of the Global Programme include:

132,034

adolescent girls aged 10-19

have participated in at least one programme intervention aimed at empowering them with skills and information to delay child marriage.

In 2017 the national strategic framework on ending child marriage

was launched by the President and the Ministry of Gender, Children and Social Protection, with support from UNFPA and UNICEF. Further, a Adolescent Pregnancy Strategy was developed in the country during Phase I.

In November 2018, Ghana hosted the second African Union Girls Summit

on ending child marriage with support from the Global Programme.

1,000

adolescent girls aged 10-19

have been supported by the programme to enroll and continue with their education in order to delay child marriage.

Budget and policy briefs on ending child marriage in Ghana

were successfully used to advocate for increased government financing of interventions.

As of now, a total of

3%

of the recurrent budget of the Ministry of Gender, Children and Social Protection has been allocated to support coordination efforts to end child marriages in Ghana.

99,958

individuals in the community

have been engaged and regularly participated in dialogues promoting gender-equitable norms including delaying child marriage.

Over

3.2 million

people in programme areas were reached with mass media campaigns to end child marriage.

A total of

1,243

health and protection service delivery points

have been supported to deliver adolescent- and youth-friendly services, through training and implementation of standard operating procedures (SOPs), including integration into national police training academies and in standard curricula SOPs for handling cases in which children have been victims and/or witnesses of violence against children or sexual and gender-based violence, SOPs which were developed with **Global Programme support in 2018.**

Phase I Country Programme Strategies

The Ghana programme invested in strengthening the linkages across various social services reaching adolescent girls at district level, towards more integrated programming. The aim was to make programming more effective and respond holistically to the multiple, concurrent and interconnected needs that girls face. This was done through coordinated support to system strengthening work across sectors, as well as specific demonstration of integrated initiatives at the district level to test and document 'proof of concept' for government scale-up. Stronger emphasis was placed on facilitating partnerships and exchange between the government and civil society organizations, to ensure that there were more synergies, coherence and sustainable implementation on the ground.

Adolescent girl-focused interventions employed integrated approaches aimed at addressing their multiple concurrent needs, including through community safe spaces, mentoring, peer education, coaching, economic empowerment, networking, etc., to empower and build the agency of girls and provide them with support systems in their communities. In parallel, focus was given to linking and connecting girls with services (e.g. adolescent sexual and reproductive health, education, child protection and gender-based violence services). Conscious efforts were made to identify and reach out to groups of the most vulnerable girls, including adolescent mothers and married girls, girls with disabilities, migrant head porters working in urban markets (kayeyi), out-of-school girls, etc.

In terms of education system strengthening initiatives, the Government of Ghana was supported by UNICEF to advance the following strategic initiatives through complementary funding: development and implementation of national guidelines to address adolescent pregnancy among schoolgirls and promote re-entry for young mothers after childbirth; promotion of a safe learning environment for both boys and girls in schools and the wider community; strengthening the Gender in Education Policy and gender-responsive pedagogy; piloting of initiatives aimed at demonstrating effective girls' education packages/models in resource-constrained environments; integration of comprehensive sexuality education into the national curriculum; and menstrual hygiene management interventions and nutrition (iron and folic acid supplementation) in schools.

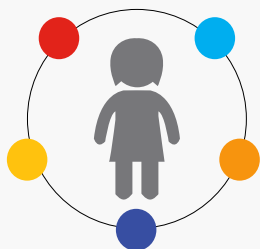


© UNICEF/UNI342033

Community-based engagements led by the government and civil society partners, focused on raising awareness of the negative consequences of child marriage, adolescent pregnancy and other sexual and gender-based violence concerns, increasing knowledge of the legal frameworks, supporting community members and leaders in analysing, reflecting upon and challenging prevalent gender stereotypes and harmful norms that perpetuate violence and abuse, and identifying community-specific root causes and locally owned solutions. This was done through the use of community facilitation toolkits and participatory activities for girls, boys, men and women as well as targeted engagements with identifiable community groups (e.g. traditional and religious leaders, youth and women's groups, etc.). Mass and social media were strategically employed to raise public awareness, create platforms for adolescent girls and thematic experts on which to share views and discuss concerns, needs, and age- and gender-responsive services, as well as mobilize public support for better outcomes for girls' development and protection in Ghana.

The Global Programme strategically supported the Government of Ghana to develop two key national frameworks addressing the interconnected issues of child marriage and adolescent pregnancy. This was done in consultation with a wide range of cross-sectoral ministries, civil society organizations and development partners, recognizing the cross-sectoral nature of solutions which require to be implemented to effectively address both issues. To track progress across sectors and ensure adequate resource allocation at both national and decentralized levels, both national frameworks are costed and include institutional and monitoring and evaluation frameworks.

Country programme strategies



EMPOWER ADOLESCENT GIRLS



Mobilizing and training girls on life skills and sexual and reproductive health



Creating opportunities for girls' alternative learning



Developing girls' skills for employability and financial literacy

ENHANCE THE ACCESSIBILITY AND QUALITY OF HEALTH, EDUCATION AND PROTECTION SERVICES



Integrating in police standard operating procedures and pre-service curricula content on gender, sexual and gender-based violence and adolescent protection, and supporting training thereof



Capacity-building of the social welfare service workforce



Implementing guidelines for training on gender-responsive adolescent-friendly services



Implementing guidelines for pregnancy prevention and school re-entry for adolescent mothers



Capacity-building of education officers

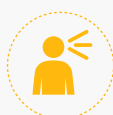
FOSTER AN ENABLING LEGAL AND POLICY FRAMEWORK



Providing data and evidence to promote policy change and legal reform



Supporting development of a national plan of action



Participatory dialogues sessions with community members



Multimedia campaigns

OFFER ECONOMIC SUPPORT AND INCENTIVES FOR GIRLS AND THEIR FAMILIES



Leveraging other funding streams to support education

Evidence generation focused on analysis of data from the Demographic and Health Survey on child marriage prevalence, trends and patterns, as well as data gaps in Ghana (through both primary data collection and secondary data review/compilation); documentation of evidence on what works/what does not work to end child marriage (through formative assessments, programme models evaluations, pre- and post-surveys to measure output and outcome level results, piloting documentation for government adoption and scale-up, video and photo documentation of programme results, etc.); and programme monitoring and documentation of results, including strategic joint monitoring with government agencies and joint partners.



EMPOWERING ADOLESCENT GIRLS WITH SKILLS AND INFORMATION

In 2019:



20,046
adolescent girls
aged 10-19

in programme areas
actively participated in
at least one targeted
intervention

Since 2016:



132,034
adolescent girls
aged 10-19

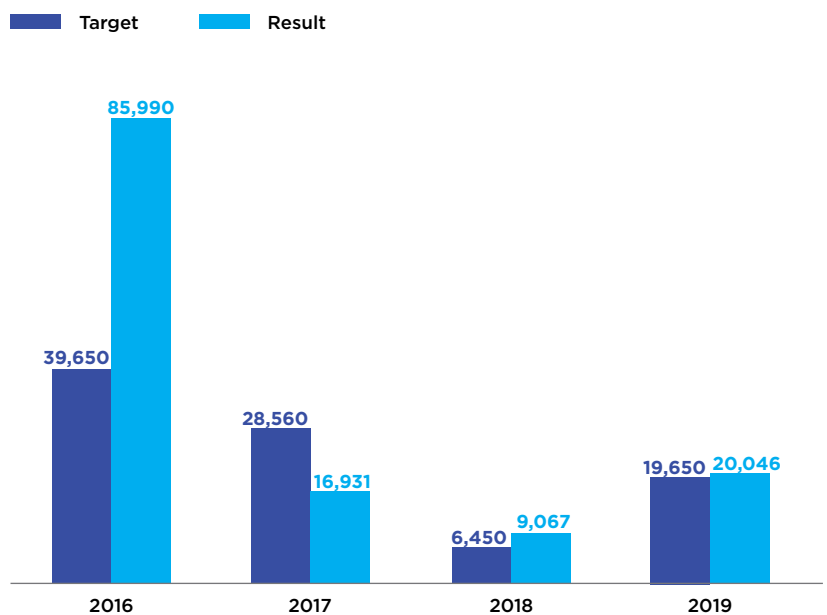
in programme areas have
actively participated in
at least one targeted
intervention

Including 4,091 girls who
were married

Results from 2016–2019 programme implementation

Innovative approaches were used mainly through the safe space model to reach adolescent girls both in and out of school and empower them with social, health and economic assets. Through various interventions, about 132,034 marginalized girls across nine regions of Ghana have been empowered to make informed decisions, improve their economic status and reduce their vulnerabilities to sexual and gender-based violence and its consequences, including child marriages and co-habitation. This include girls who were not necessarily reached with the 31 hours package during the initial year of Phase I (before standardization of the indicator). The girls were reached with information and skills through annual mentorship and girls empowerment summits, regional girls' camps, *SISTAs* clubs, *kayeyi* networks and coalitions, comprehensive sexuality education fora for in and out of school youth, sexual and reproductive health information and services outreaches as well as livelihood empowerment sessions. The different approaches promoted peer-to-peer learning, facilitated confidence-building and enhanced knowledge on adolescent sexual and reproductive health and rights. Also, peer support groups have been formed by some of the girls in their schools and communities to advocate for the rights of girls and to support their peers when they are faced with sexual and gender-based violence or harmful practices, including child marriage.

Number of adolescent girls (aged 10–19) in programme areas
actively participating in at least one targeted intervention



”

My parents depend on the rains for their harvest, so when the rains do not come, the crops fail and they make less profit from the harvest they sell. My father has five other children with his second wife, which makes it difficult for him to take care of us financially. He also believes that women do not contribute any important value to the fortunes of the family, hence he is only interested in providing formal education for his four sons out of the total eleven children. Us girls are expected to stay home and help our mothers with their chores.

When I got my period for the first time, I told my auntie and she coached me on what to do. But she asked that I stay outside the house, only to return when my menstrual cycle ended. It will be an abomination to the gods they served if she allowed me to stay in the house during that time of the month. This went on for a while and it always made me sad.

Our meetings at the 'Safe Space for Girls' programme is something I look forward to on Sunday afternoons. It has helped me a lot. I have learned about the dangers of teenage pregnancy, abortions and child marriage. What I have noticed here is that poverty and inadequate parental control is leading to a lot of adolescent girls having unprotected sexual relationships with their lovers. I want to see that changed in my community.

Victoria Kodoon, 16, Kpandai District, Northern Region

The focus on out-of-school and marginalized girls proved significant to the programme. For instance, UNFPA worked with marginalized out-of-school adolescent girls who work as head porters in urban markets and are at risk of, or are affected by, child marriage. The girls, locally known as the kayeyi, were mobilized through an integrated rights-based strategy that provides them with livelihood training and sexual and reproductive health services. Work with the kayeyi has resulted in establishment of the 'Kayeyi Enterprise Development Centres' (KED Centres), a form of safe space, for the marginalized girls to acquire skills from alternate livelihoods' training, including production and marketing of their products as well as gender-sensitive sexual and reproductive health information and services and rights-based sensitization and empowerment against sexual and gender-based violence, child marriage and co-habitation. Through such support during Phase I, some marginalized girls have been empowered to go back to school.

The Global Programme complemented support with the national Joint Programme for Empowering Adolescent Girls to reach additional girls. Under that programme, girl-centred interventions reached more than 42,990 marginalized girls including pregnant adolescents, adolescent mothers, refugee girls and girls with disabilities.

Challenges

Nationwide opposition to comprehensive sexuality education has induced negative sentiments and pronouncements from all sections of society, including political and religious leadership as well as various civil society actors and groups, which is proving a major challenge. The programme is increasing advocacy efforts and supporting the process of building consensus with key stakeholders to ensure a nationally acceptable guideline is approved.

Lessons learned

Ensuring adolescent girls' well-being and improving their lives in measurable and sustainable ways requires broad cross-sector commitments and integrated approaches. It is also critical to target men and boys as support structures towards addressing child marriage and adolescent girls' vulnerabilities. In addition, there is a need to strengthen the relationship between communities and schools to improve support to girls' education as a means to reducing their risks to pregnancy and marriage.

Again, young people and their agency remain critical to building public awareness and resistance to child marriage. Thus, youth-led advocacy has more meaning to draw attention to their plight and to mobilize the public support needed to reverse the negative culture that sustains child marriage. It is also apparent that the sessions on sexual and gender-based violence-related issues must be expanded both vertically and horizontally to deepen the girls' knowledge in a more gender-responsive and rights-based form, as well as to reach more vulnerable girls in the communities. More awareness is needed of the adolescent- and youth-friendly sexual and reproductive health services to improve access by the girls, and, finally, parent-child communication platforms should be deepened to ensure holistic support to girls.

Shifts in Phase II

The voice and agency of girls will continue to be built through integrated, gender-responsive and rights-based approaches. There will be continuous focus on the inclusion of marginalized girls to reduce their vulnerability, and strategies will be used to ensure the girls themselves engage in more advocacy to highlight their crucial needs and demand relevant services from the state structures as outlined in relevant national laws, policies and frameworks. In addition, the following strategies will be added to the programme:

- Focused training of more young people to lead comprehensive sexuality education for out-of-school adolescents, as well as a focus on engaging the girls themselves as advocates to create awareness through both the media and community sessions, including training and their engagement as community paralegals.
- Interventions will be outlined to specifically reach men and boys, including the formation of boys' mentorship circles to improve support of community structures for the development of girls.
- Conscious efforts will be made to expand reach to neighbouring communities and strategic geographical areas to reverse trends of cross-community transfer of risk and the challenges of child marriage.

EMPOWERING GIRLS THROUGH EDUCATION SUPPORT

In 2019:



1,000

girls

in programme areas
were supported to enroll
and/or remain in primary,
lower secondary or non-
formal education

Since 2016:



1,000

girls

in programme areas
supported to access and
remain in primary or lower
secondary school or non-
formal education

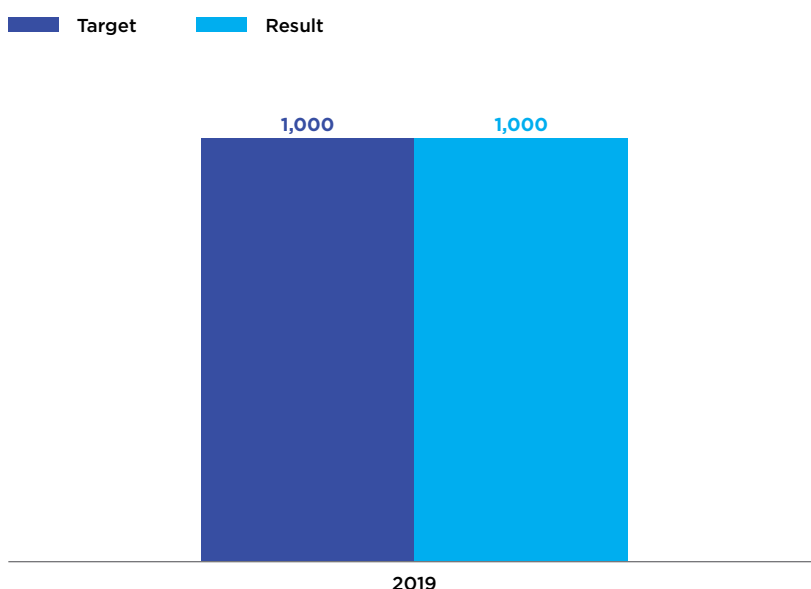
(support only provided in 2019)

Results from 2016–2019 programme implementation

The Global Programme directly supported a total of 1,000 junior high school girls at the beginning of the 2019/2020 academic year. Building on the experience and criteria used by the Girls' Education Unit of the Ghana Education Service (GES) in a similar scholarship programme, the district directorates of GES selected the beneficiary girls using pre-determined criteria focused on various categories of vulnerability. The key considerations were whether the beneficiary was an orphan; had parents who were unemployed; or were enrolled in the Livelihood Empowerment Against Poverty (LEAP) programme (a major social protection programme by the Government of Ghana addressing poverty). Other major considerations included targeting girls in strong need of the support while also being smart; girls who were living with disabilities; adolescent mothers who had returned to school after childbirth; girls living with parents with HIV; or girls from difficult family-situations.

The same cohort of adolescent girls will benefit from financial support throughout the second and third years of junior high school, to ensure academic completion and minimize risks of school dropout. Support packages include school uniforms, school bags, school sandals, supply of sanitary towels and supplementary readers.

Number of adolescent girls in programme areas supported to access and remain in primary or lower secondary school or non-formal education



Challenges

The backlash against the introduction of comprehensive sexuality education in schools in Ghana that encourages adolescent mothers to return to school caused a delay in the roll-out of this scholarship programme as GES leadership were slow to approve the selection of beneficiaries. The backlash mainly stems from the introduction of support to pregnant adolescents and adolescent mothers to go back to school, as they would be able to benefit from the scholarships.

Shifts in Phase II

The main priority remains provision of material and financial support to the selected cohort of 1,000 junior high school girls to ensure they successfully complete school.

”

I dream of becoming a midwife. I want to be there for the young mothers and their babies during childbirth. I feel they need someone at that point in their lives to assure them that their lives are not over. When they see how I overcame my situation to achieve my dreams, they will be inspired.

I am so much more confident now because I have learnt about reproductive health, personal and menstrual hygiene and self-confidence. I am also very grateful for the help in facilitating my re-entry into school.

I thought my life was over. I thought my education was over. Now I have a second chance.

Peace, 16, Katejeli, Northern Region

© UNICEF/UNI194679/Quarmyne



SOCIAL AND BEHAVIOURAL CHANGE COMMUNICATION TO INFLUENCE SOCIAL AND GENDER NORMS

In 2019:



95,686

individuals

(24,914 boys and 18,376 men) in programme areas regularly participated in dialogues promoting gender-equitable norms including delaying child marriage



Over

100,000

individuals

within programme areas were reached with media campaigns on ending child marriage

Since 2016:



99,958

individuals

in programme areas regularly participated in dialogues promoting gender-equitable norms including delaying child marriage

Results from 2016–2019 programme implementation

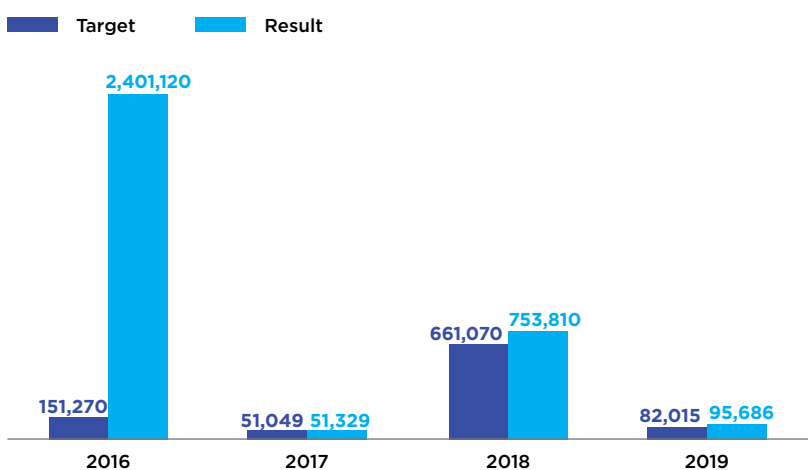
Significant progress was made during Phase I to expand and strengthen interventions aimed at preventing violence, abuse and exploitation of children, including addressing sexual and gender-based violence and harmful practices. Overall, approximately 100,000 community members and stakeholders were engaged through community-based dialogues promoting equitable norms including delaying child marriage in Phase I.

A core thrust of the engagement sessions was to facilitate a paradigm shift for investment in adolescent girls, and create an enabling environment for gender equality and adolescent sexual and reproductive health service delivery in the target communities. The capacity of implementing partners (both government and civil society) also saw a considerable improvement with investments made in training at decentralized levels (regional and metropolitan, municipal and district assemblies [MMDAs]) and equipment of front-line community facilitators/service providers with standard tools, guidance and resources to enhance quality delivery of the programmes in a culturally appropriate, as well as age- and gender-sensitive, manner.

Standard tools, including the Child Marriage Advocacy Toolkit and the Child Protection Community Facilitation Toolkit were used to engage stakeholders of identifiable groups, including traditional leaders, faith-based organizations, family heads, parents' networks known as Community Parents Network Advocacy Groups and women's groups, as well as girls and boys, on their role in ending child marriage.

Additionally, in recognition of men and boys as key influencers in advancing the paradigm shift for investment in adolescent girls, global guidelines for engaging men and boys were contextualized to Ghana and used to engage thousands of men and boys across the country to meaningfully participate in identifying structural inequalities within their respective settings.

Number of individuals in programme areas who regularly participate in dialogues and/or were reached with communication campaigns promoting gender-equitable norms including delaying child marriage



The Girlz Girlz Power TV show was jointly supported by UNFPA and UNICEF to create public awareness on various topics that relate to the development of adolescent girls, recording high viewership as indicated by the statistics of the national TV station.

Emerging changes documented via programme reports indicate that increased awareness of child marriage and other issues related to violence, abuse and exploitation of children is triggering communities to challenge harmful practices, and initiate byelaws and actions to prevent these issues. Community members in programme areas are increasingly becoming child protection advocates, and, in many instances, have formed community child protection committees that oversee the implementation of community-level plans to prevent, address and report violence, abuse and exploitation of children and adolescents in the community, including child marriage.



”

One thing is that, child marriage is not directly practiced in the community. What happens is that, when a child gets pregnant, they marry her off to the one responsible because we used to see it as normal and the right thing to do since that is the path they have “decided to follow”. So parents will just go ahead to give the girl to the boy or man who got her pregnant as a way of relieving themselves from the burden of having to take care of another person (the baby). Both families just come together and solve the problem by joining the two together, and it may not be necessary a marriage ceremony but the girl goes to stay with the boy who got her pregnant.

Through our interactions with International Needs and UNICEF, we got to understand that, pushing a girl into marriage is like adding stones into a sack of stones. It makes matters worse because the girl is not capable of taking care of anyone, neither should her life come to an end because of one mistake. We have been educated on how to raise our children better to prevent teenage pregnancy in the first place and we have taken it upon ourselves to go door-to-door talking to fathers, mothers and the entire community about how teenage pregnancy hinders development.

Male adult, Dunkwa, Gomoa West District. Central Region

Challenges

High enthusiasm demonstrated by stakeholders during engagement sessions resulted in requests for provision of services and facilities, especially for abused girls. Through referrals, such requests are conveyed to the appropriate state institutions but the continuous lack of provision of facilities sometimes lead to a backlash as more girls enhance their knowledge on sexual and gender-based violence and harmful practices, including child marriage.

Lessons learned

Discussions on sexual and gender-based violence and harmful practices continue to attract a lot of sensitivities from community members and stakeholders because of their cultural underpinnings. The production and use of the various toolkits as well as a framework on engaging men and boys were thus useful as the various models and sessions helped participants to think through and analyse the practices, impacts and consequences and agree on solutions and a way forward for necessary changes. It is hoped that such participatory methods will help to sustain changes in attitudes, norms and practices and increase support for and investment in adolescent girls.

Shifts in Phase II

Focus will continue to be on the use of the developed tools for engagement with identifiable groups by UNFPA and partners to track how such groups create an enabling environment in which adolescent girls can thrive. Engagement with men and boys will be expanded with formation of boys' mentorship circles.

Taking into consideration the growing number of and interest in digital platform use for knowledge-sharing and acquisition, youth leaders and networks will be engaged through digital platforms as advocates against child marriage and create opportunities for exchange of information on issues of sexual and reproductive health and rights, sexual and gender-based violence, etc.

© UNICEF/UN0267115/Adatsi



STRENGTHENING PREVENTION AND PROTECTION SYSTEMS

In 2019:



505

service delivery
points

in programme areas
implement guidelines
for adolescent girl-
friendly health and
protection services

Since 2016:



1,243

service delivery
points

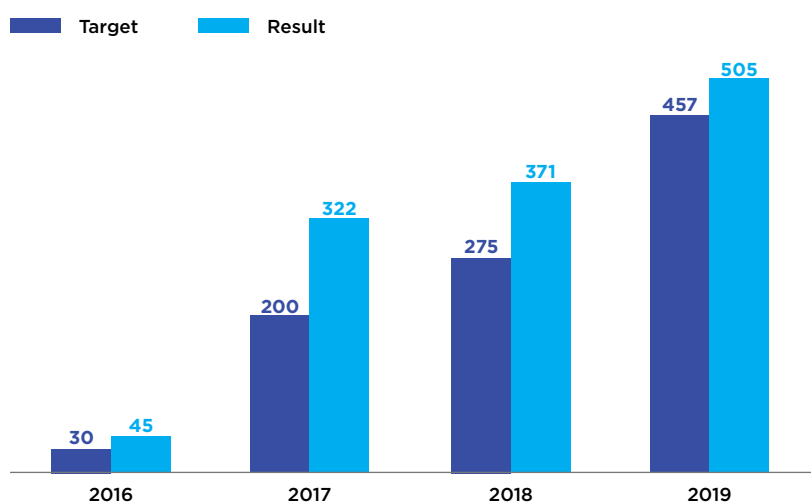
in programme areas
implement guidelines
for adolescent girl-
friendly health and
protection services

Results from 2016–2019 programme implementation

In Phase I, the Global Programme supported the implementation of key national guidelines and standard operating procedures for provision of age- and gender-responsive health and protection information and services to adolescent girls in programme areas. Several initiatives were aimed at demonstrating the impact at decentralized level of integrated services addressing the multiple, interconnected needs of adolescent girls, across health, protection, education and social protection. The Global Programme continued to strategically engage in planning and budgetary dialogues at decentralized levels (MMDAs) to support an increase in resource allocation for service provision to child marriage, sexual and gender-based violence and broader child protection cases. Again, to ensure the provision of quality services, continuous training and capacity-building for service providers, especially in-service training for knowledge enhancement, is critical. Consequently, the programme in Phase I supported the training of both health and protection service providers on youth-friendly service provision and oriented them on issues of child marriage to adequately respond to and prevent it, and enhance the quality of services for girls.

The capacity of 325 service providers from 40 districts in 3 regions on adolescent- and youth-friendly health services was enhanced by UNFPA. The focus was on building linkages between the modules in the Adolescent Health and Development Manual, the Ghana Adolescent Health Service Policy and Strategy and the sections in the Child Marriage Strategic Framework and Adolescent Pregnancy Strategy to ensure services that were provided to the girls were holistic and took into consideration the specific drivers and effects of child marriage.

Number of service delivery points in programme areas
implementing guidelines for adolescent girl-friendly health and
protection services



UNICEF focused investments in the Ghana Health Service Safety Net Programme for pregnant adolescent girls and adolescent mothers. Through Global Programme direct funding, the Safety Net Programme continued to provide a comprehensive plan of care for adolescent pregnant girls and adolescent mothers in two high-burden regions (Northern and Volta regions) and nine districts. Using the Standard Safety Net Training module and the updated adolescent health training manual, the Ghana Health Service was supported to build the skills and knowledge of front-line health workers providing maternal, newborn and child health services in the six districts to provide quality service delivery to pregnant adolescents using a basic package of services. Routine regional supportive supervision to the districts is used to provide ongoing support to adolescent health service providers. At the district level, the District Health Directorate, as part of its routine monthly monitoring, visits health facilities providing the Safety Net Programme services to monitor progress and quality of service delivery.

Consequently, 1,243 health service delivery points are implementing guidelines for adolescent girl-friendly health and protection services.

Challenges

Lack of coordinated sexual and gender-based violence services such as shelters, free medical care and adequate legal aid, as well as weak law enforcement, continue to hamper holistic protection services for victims and survivors of sexual and gender-based violence and harmful practices, including child marriage. Consequently, there have been reports of a backlash in some UNFPA-supported communities who have complained that even though they have been sensitized to access services and report cases, the lack of such services rather increases the vulnerability of survivors and emboldens perpetrators. There are times that such attitudes affect attendance of both sensitization and capacity-building programmes.

In addition, low staff numbers, coupled with transfers in the public service and partners' competing priorities sometimes affect their ability to implement all planned activities as scheduled.

Further, within the Safety Net Programme, the area of referrals to other services (e.g. social protection, health insurance, education, the police and the Domestic Violence and Victim Support Unit [DOVVSU]), by the Ghana Health Service has proven to be the weakest link, and yet very essential. For this reason, an assessment of key challenges, gaps, best practices

and opportunities to strengthen this area will be commissioned in 2020 and will inform Phase II learning and strengthened programming.

Religious taboos about openly discussing sexuality issues are also a major challenge. For instance, the public outcry in 2019 against the introduction of the comprehensive sexuality education in schools was because of entrenched cultural and religious gendered taboos, which often work against females and relate more broadly to adolescent sexuality.

Lessons learned

Adolescent health and protection issues are very cross-sectoral and there is the need to further strengthen the collaboration between health, education, child protection and social protection sectors to ensure that the challenges faced by adolescent girls are addressed holistically and in an integrated manner, to respond to girls' multiple, concurrent and interconnected needs. As health services often are the entry point for many adolescents, it is essential for the health sector to strengthen the linkages and referrals with the other sectors. Consequently, support for enhancing service provision should not be done in isolation but informed by other developments in learning in the sectors so as to maximize the capacity of service providers to render holistic and well-integrated services.

Shifts in Phase II

The health and protection systems will continue to be strengthened through support for knowledge management and capacity-building for service providers, but with a strong emphasis on development and review/update of standardized frameworks and manuals such as Protocols for Peer Counselling and the Adolescent Health and Development Facilitators Manual. The DOVVSU sexual and gender-based violence and sexual and reproductive health manual will also be updated after an assessment to ensure standardized content is integrated into police training schools for continuous training of all police officers on sexual and gender-based violence case management. Child marriage issues will also be integrated into all awareness-raising campaigns undertaken by the Ghana Police Service.

Support will also focus on the scale-up of the Safety Net Programme to all the service delivery points/health facilities in the entire Northern region. This approach will ensure regional-level ownership and facilitate the scale-up of programmes by the Ghana Health Service.

STRENGTHENING LEGISLATIVE AND POLICY FRAMEWORKS



The country
has a costed
national action
plan on
**ending child
marriage**



© UNICEF/UNI342043

Results from 2016–2019 programme implementation

Through strategic and consistent engagement and advocacy by UNFPA and UNICEF, the Government of Ghana continues to place elimination of child marriage by 2030 high on the political agenda despite changes in government leadership since 2016. Further, Ghana launched its first National Campaign to end child marriage in 2016, and under the auspices of the African Union continental campaign on ending child marriage, hosted the high-level African Girls Summit, specifically focusing on child marriage, in 2018. Such platforms have provided avenues and opportunities to further boost advancements in a legislative- and policy-enabling environment in the country.

Further, the Global Programme invested in strategic advocacy to increase the Government of Ghana's resource allocation (both financial and human resources) to support national efforts and coordination of child marriage initiatives across the country. As evidence, for the first time in 2018 and then replicated in 2019, the Government of Ghana allocated a small but symbolic budget as well as an increased number of full-time staff to the Ministry of Gender, Children and Social Protection for its coordination function on ending child marriage.

Through the Global Programme, the government is being supported to play its convening and coordination role. For instance, support has been provided annually to organize a national stakeholders' review meeting on ending child marriage in Ghana. At the review meeting, progress made by major partners, both from government agencies and civil society organizations is reported to determine the overall national progress and to agree on national priorities for the following year based on the national strategic framework for ending child marriage. Such fora, bringing together more than 70 stakeholders from government, civil society, faith-based organizations, academia, development partners, etc., provide a unique opportunity to also commonly reflect upon and develop a Ghana-contextualized Theory of Change to End Child Marriage and an updated 2020–2021 National Operational and Monitoring and Evaluation Plan to end child marriage to identify priority strategies and guide national efforts across sectors.

In addition, Global Programme resources have been supporting the Ministry of Gender, Children and Social Protection to organize quarterly steering committee meetings with all relevant partners as outlined in the Adolescent Pregnancy Strategy, to track progress and strategize on resolving challenges. During Phase I, the Global Programme supported development of a 5-Year Adolescent Pregnancy Strategy (2018–2022) with corresponding institutional frameworks to track the progress of implementation. These frameworks are national documents aimed at implementing various interventions to address child marriage and the increasing rate of adolescent pregnancy.

Challenges

Challenges remain with limited government ownership and responsibility in terms of sufficient resource allocation for coordination and implementation of key frameworks and policies at both national and decentralized levels.

Lessons learned

Experience often shows that many plans and strategies are not effectively implemented to achieve the stated objectives. Consequently, to ensure that the interventions are effectively implemented and coordinated, strategic and evidence-based advocacy for allocation of resources at both national and decentralized levels remains critical.

Shifts in Phase II

Phase II will see continued technical support to the Government of Ghana to conduct cross-sectoral analysis of budget expenditures related to ending child marriage, and more broadly child protection, to inform strategic advocacy for increased resource allocation. Technical support will continue to be directed to strengthen the government's critical function at both national and decentralized levels in coordination of implementation of the national action plans on ending child marriage as well as adolescent pregnancy across sectors. This will include support in 2020 for the dissemination of the new 2020–2021 Operational and monitoring and evaluation plan for child marriage with cross-sectoral stakeholders.

© UNICEF/UNI190827/Quarmyne



STRENGTHENING DATA AND EVIDENCE

Results from 2016–2019 programme implementation

During the inception phase of the Global Programme, UNFPA invested in conducting the ‘Situational Analysis of Adolescent Girls and Young Women in Ghana’. Findings from the analysis informed and underpinned programme interventions of UNFPA and partners in the Global Programme and also guided subsequent implementation of programmes focused on adolescent girls and young women. In addition, in 2018, the UNFPA-supported SISTAs empowerment module was assessed to identify lessons and good practices, as well as gaps, to assure a robust programming model and guide the replication/scaling up of the strategy in other targeted regions and districts.

In 2017, UNICEF, in partnership with the government and civil society, commissioned an external formative assessment of strategies and approaches to address child marriage implemented during 2014–2016. The findings of the assessment critically highlighted successful approaches and lessons learned, as well as current gaps and recommendations for programme improvement. Recommendations have informed strategies on programming for adolescent girls and are being used for advocacy to ensure cross-sectoral linkages to holistically address inter-related drivers of child marriage. Findings were also used to develop a cross-sectoral programme proposal on adolescent sexual and reproductive health and development for the Government of Ghana, and inform the development of the 2018–2019 workplan of the Global Programme.

During 2018, UNICEF drafted a budget and policy brief on ending child marriage in Ghana and started sharing it with government and development partners to advocate for the same. During 2019 budget discussions, the Ministry for Gender, Children and Social Protection confirmed that the government would allocate specific funding for implementation of the national strategic framework to end child marriage (2017–2026). This was subsequently confirmed when the budget for 2019 was released in November 2018. In 2019, UNICEF engaged the Ministry of Finance and the Ministry for Gender, Children and Social Protection through 2020 budget advocacy briefs for all key child

rights sectors, including child protection. This resulted in confirmation by the ministries of funding allocation into the 2020 fiscal year. As of now, a total of 3 per cent of the recurrent budget of the Ministry for Gender, Children and Social Protection has been allocated to support coordination efforts to end child marriages in Ghana. This is expected to be replicated over the 2020–2022 period.

Ghana Statistical Services was supported to modify its sampling criteria for the Multiple Indicator Cluster Survey and the Demographic and Health Survey to ensure adequate sampling of the 20–24-year-old girls cohort, ensuring that national prevalence statistics on child marriage in Ghana are now aligned with the global Sustainable Development Goal target 5.3, which will be further reflected in sampling methodologies for the upcoming Census 2020 and the Demographic and Health Survey 2021.

In 2017, the programme supported documentation of evidence of what works and what does not work using formative assessments, programme model evaluations, pre- and post-surveys to measure output and outcome level results, piloting documentation for government adoption and scale-up, video and photo documentation of programme results, etc. Evidence generated by formative assessments on the SISTAs clubs and the study ‘Strategies and Approaches to End Child Marriage in Ghana’ (2018) is being presented widely and used to advocate with national stakeholders working on ending child marriage and promoting girls’ rights, to inform their programming and increase provision of coordinated quality services to adolescent girls, particularly at decentralized levels.

Challenges

During Phase I, a lack of district data on child marriage and other critical indicators on adolescent girls was a challenge to making strategic programme decisions. The support and advocacy from the Global Programme with the Ghana Statistical Service has highlighted these challenges, which have been noted for subsequent national surveys, etc.

Shifts in Phase II

Knowledge-sharing and exchange programmes will be intensified and change stories will be documented to demonstrate impact and enhance advocacy for scale-up and adoption by the government of some of the result-oriented interventions.

COMMUNICATIONS TO END CHILD MARRIAGE

Stories and videos

- [Youth Voices: Securing the future of women in Africa by standing with girls today](#)
- [Girlz Girlz Power Talk Show - Leadership & Mentorship](#)

Social media posts

- [Today, I met Faustina & her 6-month old baby girl in Komenda. Faustina was pregnant at 16 & dropped out of school](#)
- [Keeping girls in schools will help to prevent child marriages. When girls do better, we all do better](#)
- [Challenging harmful gender norms is one of the ways to #endchildmarriage and #endviolence against children](#)
- [Today, we joined Ghana's 1st Lady, H.E. @RAkufoAddo to launch the 'Because I Want To Be' initiative for the Labadi & Teshie communities](#)

IMPLEMENTING PARTNERS

NAME OF IMPLEMENTING PARTNER	TYPE OF PARTNER	PARTNER FOCUS AREA	MAIN PARTNER
International Needs Ghana (INGH)	International NGO	Women's rights	Both
Planned Parenthood Association Ghana (PPAG)	International NGO	Youth rights	UNFPA
Society for Women Against AIDS in Africa (SWAA)	Regional NGO	Women's rights	UNFPA
Purim African Youth Development Platform (PAYDP)	Local NGO	Youth rights	UNFPA
NORSAAC	Local NGO	Children's rights, youth rights, women's rights	Both
Ghana Health Service, Ministry of Health	Government body		Both
Ministry of Gender, Children and Social Protection	Government body		UNICEF
Ghana Education Service, Ministry of Education	Government body		UNICEF
National Council for Curriculum and Assessment	Government body		UNICEF
Department of Community Development and Department of Social Welfare	Government body		UNICEF
Ghana Statistical Services	Government body		Both

PROGRAMME IMPLEMENTATION AREAS

GEOGRAPHIC AREA	Output 1.1: Life-skills and economic support	Output 1.2: Education support	Output 2.1: Social and behavioural change	Output 3.1: Quality health and protection services	Output 3.2: Quality education services
Central	■	■	■		
Northern	■	■	■	■	■
Upper East	■	■	■		
Volta	■	■		■	■
Ashanti	■	■	■		
Brong-Ahafo	■	■	■		
Upper West	■	■			
Greater Accra	■	■	■		

© UNICEF/UNI47793/Asselin





GHANA

© UNICEF/UN194674/Quarmyne



Belgium
partner in development

Canada



Co-funded by
the European Union



Ministry of Foreign Affairs
and International Cooperation



Government of the Netherlands



Norad



ZONTA
INTERNATIONAL
EMPOWERING WOMEN
through service & advocacy

end
child
marriage
A vision. A chance. A future.



unicef
for every child